

Prison Rape Elimination Act (PREA) Audit Report

Adult Prisons & Jails

☐ Interim ☒ Final

Date of Report December 2, 2020

Auditor Information

Name: Robert Manville	Email: robertmanville9@gmail.com
Company Name: Correctional Management and Communication	
Mailing Address: 168 Dogwood Drive	City, State, Zip: Milledgeville, Ga.
Telephone: 912-286-0004	Date of Facility Visit: October 23 - 25 , 2020

Agency Information

Name of Agency: Management and Training Corporation		Governing Authority or Parent Agency (If Applicable): Click or tap here to enter text.	
Physical Address: 500 N. Marketplace Drive		City, State, Zip: Centerville, UT 84014	
Mailing Address: 500 N. Marketplace Drive		City, State, Zip: Centerville, UT 84014	
The Agency Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: www.mtctrains.com			

Agency Chief Executive Officer

Name: Scott Marquardt
Email: scott.marquardt@mtctrains.com
Telephone: 801-693-2600

Agency-Wide PREA Coordinator

Name: Heather Manuz	
Email: heather.manuz@mtctrains.com	
Telephone: 801-693- 2600	
PREA Coordinator Reports to: Scott Marquardt	Number of Compliance Managers who report to the PREA Coordinator 25

Facility Information

Name of Facility: Arizona State Prison-Marana

Physical Address: 12610 West Silverbell Road

City, State, Zip: Marana, Arizona 85653

Mailing Address (if different from above):

Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Facility Is:

☐

Military

☒

Private for Profit

☐

Private not for Profit

☐

Municipal

☐

County

☐

State

☐

Federal

Facility Type:

☒

Prison

☐

Jail

Facility Website with PREA Information

www.mtctrains.com

Has the facility been accredited within the past 3 years?

☒

Yes

☐

No

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

☒

ACA

☒

NCCHC

☐

CALEA

☒

Other (please name or describe: Corrections Education Association (CEA)

☐

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
ADC comprehensive Audit; MTC Comprehensive Audit

Warden/Jail Administrator/Sheriff/Director

Name: Jeremy Casey

Email: jeremy.casey@mtctrains.com

Telephone: 520/616-4541

Facility PREA Compliance Manager

Name: Stormy Genzman

Email: stormy.genzman@mtctrains.com

Telephone: 520/616-4585

Facility Health Service Administrator ☐ N/A

Name: Marissa Gonzales

Email: marissa.gonzales@mtctrains.com

Telephone: 520/616-4569

Facility Characteristics		
Designated Facility Capacity:	506	
Current Population of Facility:	335	
Average daily population for the past 12 months:	487	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	18 - 77 years of age	
Average length of stay or time under supervision:	119 days	
Facility security levels/inmate custody levels:	Minimum	
Number of inmates admitted to facility during the past 12 months:	626	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	623	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	626	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A	

Number of staff currently employed by the facility who may have contact with inmates:	106
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	42
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	0
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	115
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	25
Physical Plant	
Number of buildings: Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	4
Number of inmate housing units: Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	2
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	0
Number of open bay/dorm housing units:	10
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	4
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams		
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)	
Investigations		
Criminal Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0	
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity	
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe Criminal Investigative Unit: <input type="checkbox"/> N/A	
Administrative Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	Click or tap here to enter text.	
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity	
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police	

- | | |
|--|---|
| | <input type="checkbox"/> A U.S. Department of Justice component
<input type="checkbox"/> BOP OIA, (Office of Internal Affairs) =
<input type="checkbox"/> N/A |
|--|---|

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, and observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

Arizona State Prison - Marana (ASP - Marana) was audited for compliance with the Prison Rape Elimination Act from October 23 through October 25, 2020. The facility contacted Corrections Management and Communication LLC to conduct a PREA audit. The facility Posted notices of the audit on several occasions and updated due to the changing of audit dates. The final updated was on June 17, 2020. The facility was originally scheduled to be audited in May, 2020 but was moved to the later date due to orders of Arizona Governor and CDC recommendations for travel restriction due to the COVA 19 Pandemic. The facility had sent Pre-Audit Questionnaire in April. An updated Pre-Audit Questionnaire was completed in September 2020. Prior to the on-site visit, the PREA Compliance Manager and facility staff forwarded agency and institution policies and supporting documentation, including the completed Pre-Audit Questionnaire, administrative reports, contracts, incident reports, memorandums, brochures, staff rosters, staffing plans, training information, and other reference materials for examination. Arizona Department of Correction's policies are provided in the form of Program Statement which are included in the Statement of Work required for contract compliance by MTC in managing Arizona State Prison - Marana. MTC policies and ASP - Marana policies and directives were provided for standards that as required for compliance with mandates such as Agency PREA Coordinator and Facility PREA compliance manager. Updates of the Pre audit questionnaire, investigations and updated policies and directives were also discuss Arizona State Prison-Marana prior to the beginning of the audit. ASP - Marana houses offenders from Arizona Department of Corrections (ADC).

Notices of the upcoming audit and the Auditor's contact information were re posted throughout the institution on August 3, 2020. This is the third PREA audit for this facility. Upon arrival at the facility, an in-briefing meeting was held with the Warden, Chief of Security, and Facility PREA Compliance Manager. The standards used for this audit became effective August 20, 2012.

The tour of Arizona State Prison - Marana included the intake processing areas, all housing units, the special housing unit, the health services department, recreation, food service, facility support areas, education, visiting rooms and programming areas. During the tours, it was noted that there was sufficient staffing to ensure a safe environment for inmates and staff.

Signs were posted in English and Spanish that indicated employees of the opposite gender were present in the housing units. Inmates can shower, dress and use the toilet without exposing themselves to employees of the opposite gender. Postings, regarding PREA violation reporting and the agency's zero-tolerance policy toward sexual abuse and sexual harassment were prominently displayed in all housing units, meeting areas and throughout the facility. Audit notice postings with the PREA auditor's contact information were in the same areas. The auditor did not receive any correspondence from inmate or staff.

A total of twenty two (22) randomly selected correctional staff members were interviewed, to include employees from all three shifts. Lieutenants or Sergeants from all shifts were included in the interview process as part of the specialized staff. All were aware of the agency's zero-tolerance policy and their responsibilities to protect inmates from sexual abuse/sexual harassment and could explain their new employee and annual PREA training and their duties as first responders as part of a coordinated response. Specialized staff members were also interviewed. This includes MTC Director, MTC PREA Coordinator, the Warden, Facility PREA Compliance Manager, ADC Investigator, and Human Resource Specialist, Intake staff, Medical Administrator, Medical Clinical Director, Training Officer, Retaliation Monitor, three (3) Correctional Program Officers, Chaplain and Chief Security. Arizona Department of Corrections PREA Coordinator was also interviewed. All interviewed staff demonstrated an understanding of the PREA and their responsibilities under this program, relative to their position or roles with the organization and employment status. Also staff from the Sarah House to provide advocacy and emotional support related to sexual abuse which may be used at the inmate's request. The advocacy group indicated they had been contacted to provide advocacy resources, however MOU has not been signed. This was confirmed by the PREA compliance manager.

A total of thirty inmates were selected to be interviewed. The interviewed inmates were of various ages, nationalities and ethnic backgrounds. Inmate random interviewed inmates included inmates housed in every dormitory in each program. The below offenders were determined to be a target population:

Targeted population

Populations	Targeted population	Total Available on date of audit	Total Interviewed
Transgender	0	0	0
Allegation of Sexual Abuse	1	1	1
Allegation of Sexual Harassment	0	0	0
Victimization	3	3	3
Gay	4	3	3
Segregation for PREA	0	0	0
Disabled	2	2	2
Deaf	0	0	0

Cognitive	0	0	0
LEP	N/A	4+	4+
Total Random Inmates			20
Total Population	335		31

**The facility has an above average number of offenders that are part of the targeted population of Limited English Proficient. Therefore, the auditor did not use the LEP as a random part of the sample but used translation services for any offender that reported as LEP during the initial PREA introduction.*

There were no inmates in Protective Custody for any PREA related issue.

Based on interviews with offenders it was determined that the offender population had been appropriately educated. The offenders were knowledgeable regarding the agency's sexual abuse and sexual harassment response policies. The offenders were able to provide multiple ways of reporting allegations of sexual abuse and sexual harassment. With the exception of the one inmate that was in protective custody all offenders interviewed felt safe within the facility and had confidence in staff's ability to protect them from and respond to sexual abuse and sexual harassment.

File Review:

Fifteen (15) employee training records were reviewed. Included in the employee training records included random monitors (direct care staff), supervisors and PREA Compliance manager.

Fifteen (15) background clearance files including five (5) new hired staff, five (5) staff that had been employed at ASP - Marana more than five (5) years, and five (5) files of staff that had been promoted during the last 12 months.

Fifteen (15) resident's records were reviewed. These records included the following information.

- Identification Number
- Identification Number Date of Birth
- Date of Arrival
- Date of Screening
- Date of Follow-up Screening
- Date of Initial PREA notification
- Date of PREA orientation

Two (2) volunteers file.

Ten Supervisor and management daily, weekly and month security (PREA) rounds log books

Investigations

During the audit period, there was one reported allegation of sexual abuse/sexual harassment. That occurred at this facility. This incident was investigated by ADC Criminal Investigative Unit and was determined to be unfounded.

Facility Characteristic

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Arizona State Prison - Marana is located north of Tucson, Arizona. Arizona State Prison - Marana is operated by the Management and Training Corporation (MTC). The facility houses male inmates for Arizona Department of Corrections.

The inmate housing consists of dormitory style housing units and 4 short term holding cells. Unit I houses four (4) Pods while Unit II houses six (6) pods. Although the dorms are open bay style, the bed areas have half walls to provide more privacy to the inmates living in the pod.

Each dorm unit provides basic furnishings, shower facilities, and common TV areas. All showers and commodes at ASP - Marana have panels, shower curtains and screens to enhance privacy. Located in each dormitory next to all inmate telephone areas are postings of the PREA Report Line and the Rape Crisis Center telephone numbers.

A Control Center monitors all traffic entering and exiting the two housing units as well as the main control room that monitors cameras and controls access to the facility. Numerous cameras control the perimeter and are placed throughout the facility to monitor the security

Upon arriving at the facility inmates are individually taken to an office for shake down and to be issued clothing. There is a room for inmate's privacy during the shakedown. There were zero-tolerance posters displayed in the intake area.

New arrivals receive printed information regarding the facility's PREA program and watch a video that provides additional information about the program. The design of the prison permits inmates to shower, change clothes and use toilet facilities with an adequate degree of privacy and avoid cross-gender viewing.

The Health Services Department contains treatment rooms and dental office. There is a bulletin board that contains PREA information located in the waiting area. There are correctional officers assigned to the health care area, whenever inmates are in this area. The health services program is operated by MTC. The health services program is staffed 24 hours per day, seven days per week. The clinic area is located to provide easy access to the inmate population.

There are recreation areas located on this compound. These recreational areas include an activity center, music rooms, exercise equipment and an outside recreation area.

The Education area contains classrooms and support services. The Education department provides various programs for the inmates, including:

ABE
ESL
GED
Life Skills- Financial Peace University
Inside Out Dads
Life Skills Education
Substance Abuse Treatment
Vocational
NCCER

The vocational area is located inside the secure area of the facility. The vocational is an open bays with no blind spots noted during the facility tour.

The Food Service Department has a dining room with a food service preparation area attached. All areas of food service are under constant surveillance with cameras, mirrors or staff supervision. There are zero-tolerance posters in all food service areas. The food service program at ASP - Marana is managed by Trinity Food Services.

The laundry area had a bulletin board with PREA information including zero-tolerance and PREA audit notices.

The Visitation room is a large seating area with no blind spots noted. It is under supervision of staff whenever offenders visit. There are PREA information located in the visitation room.

Work activity is a very important component of the Marana's program. It is designed to teach inmates employability skills and help them become accustomed to a work ethic. These programs include inmate work opportunities both inside the prison and outside of the prison on work details. Several outside work crews support the Towns of Marana and Oro Valley Arizona, in areas such as landscaping, water department maintenance, and the Northwest Regional Airport and AZ highway crews. The facility also has agreements with the AZ National Guard, AZ Correctional Industries and Eastern Style Builders to provide inmate work crews.

ASP - Marana is accredited by the American Correctional Association and The Correctional Education Association.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

Standards Exceeded

Number of Standards Exceeded: 3

List of Standards Exceeded:

Standard 115.17: Hiring and promotion decisions **Standard 115.34:** Specialized training: Investigations **Standard 115.42:** Use of screening information

Standards Met

Number of Standards Met: 42

Standards Not Met

Number of Standards Not Met:

List of Standards Not Met:

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? ☒ Yes ☐ No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

Management & Training Corporation (MTC) Policy 903E.02 Sexual Safety in Prisons (PREA)
 ADOC Policy - 125 Sexual Offender Reporting
 Memo designating MTC PREA Coordinator / MTC organization chart
 Memo designating ASP - Marana PREA Compliance Manager /
 ASP - Marana organization chart
 MTC Comprehensive Data FP-3-E2
 Staff PREA Cards

Management Training Corporation (MTC) published the agency policy serial # 903E.02, Sexual Safety in Prisons. The policy mandates a zero tolerance toward all forms of sexual abuse and sexual harassment. The policy outlines procedures and expectations related to MTC's approach to preventing, detecting and responding to sexual abuse and sexual harassment. It is developed in compliance with the PREA standards for adult prisons and jails and includes of prohibited behaviors regarding sexual assault and sexual harassment for staff and inmates.

The policy also included sanctions for staff and inmates found to have participated in prohibited behaviors. Staff members who are found to have perpetrated sexual abuse or sexual harassment are disciplined in accordance to Employee Discipline policy and Facility Rule of Conduct and subject to employment termination. Employees, Contractors and Volunteers are also subject to criminal prosecution.

The policy includes a description of the agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates.

Inmates who are found to have perpetrated sexual abuse or sexual harassment are disciplined in accordance with sanctions outlined in the facility's inmate handbook.

Arizona published ADC Policy - 125 Sexual Offender Reporting with the same requirements as MTC. Each agency has a PREA coordinator that oversees the PREA programs and reports to a high level staff in each agency.

MTC memorandum, warden memorandum and a facility organizational chart meet the requirements of this standard. The agency's zero tolerance against sexual abuse is clearly established and the policy outlines the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment allegations. The agency policy and organization chart establishes an upper-level PREA coordinator for the company who has sufficient time and authority to develop, implement, and oversee MTC's efforts to comply with the PREA standards in all MTC operated facilities. The Warden will appoint a PREA Compliance Manager who will be responsible for ensuring all elements of this policy are met in a coordinated, interdisciplinary fashion. ASP - Marana Warden issued a memorandum to establish a PREA compliance manager with responsibility to coordinate with the Agency PREA coordinator to oversee the implementation and management of the Prison Rape Elimination Act.

MTC and ADC policies outline a zero-tolerance policy for all forms of sexual abuse and sexual harassment. Inmates are informed orally about the zero-tolerance policy and the PREA program during in-processing and additional admission and orientation presentations. The orientation is offered in English and in Spanish. Additional program information is contained in the PREA Handbook, and postings distributed throughout the facility (observed during the tour). All written documents are available in English and Spanish. Additional interpretive services are available for inmates who do not speak or read English. Both institution staff and inmates are provided with a wealth of opportunities to become aware of PREA policies and procedures. All employees receive initial training and annual training, as well as updates throughout the year. The institution meets the standards with all the programs they have implemented to ensure the inmates and staff understand its position on zero-tolerance and how to prevent and intervene in sexual abuse, sexual assaults or sexual harassment. Compliance was determined by review of policies, memorandums, orientation power point presentations, posters, PREA handbook and interviews with staff, contractors, volunteers and inmates.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☐ Yes ☐ No ☒ NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

Memo re: Additional Contracts for the confinement of inmates
ADC Contract Agreement

The agency and facility meet the mandates of this standard. ASP - Marana does not contract with external entities for the confinement of offenders. A monitor is assigned to the facility by ADC. ASP - Marana does not have authority to contract for confinement of offenders. Compliance was determined by review of Performance Work Statement, Program Statement and interviews with MTC PREA coordinator and ASP - Marana PREA compliance manager and Warden.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?

☒ Yes ☐ No

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

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
☐ Yes ☐ No ☒ NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

MTC Policy 903E.02 Sexual Safety in Prisons (PREA)
 ADC Policy 524 Employee Assignment and Staffing
 Program Performance Work Statement
 Staffing/Relief Factors
 Staffing Plan re: Adequate Levels of Staffing
 Staffing Plan
 Shift Rosters
 Vacancy Rate Report for past 12 months

Security Roster & Activity Log re: Supervisor Rounds & Staffing Deviations (All Shifts)
Weekly Departmental Rounds
ADC/MTC - Annual Reviews & Audits
Locations of cameras Video and Monitoring Technology Updates
Copies of officers' log books showing unannounced rounds by supervisors on all shifts
Upper Level Management unannounced rounds

MTC and ASP - Marana policy and the ADC contracting agreement require the facility to review the staffing plans on an annual basis. Interviews with the Warden and executive staff revealed compliance with PREA and other safety and security issues are always a primary focus when they consider and review their staffing plans. The facility has a Staffing Report that is developed for each pay period. The facility provides a monthly reports that include mandatory posts and hold over staffing to meet the mandatory posts. This report also includes the number of positions authorized, the number filled, the number vacant, recruitment efforts, and any staffing concerns during the pay period. The Warden meets weekly with the executive staff, including the Chief of Security and the Human Resource Manager (HRM) to address staffing issues. The latest staffing plan dated 11/25/2019 includes a total of 106 Full-Time Staff. The facility utilizes Trinity Food Services to provide meals. These staff are not part of the facility's staffing plan. The facility has established mandatory and mandatory as needed posts. The facility utilizes hold over staff and supervisory staff to cover all mandatory and mandatory as needed posts.

The institution has been provided with all necessary resources to support the programs and procedures to ensure compliance with the PREA standards. The audit included staff interviews and the review of rosters. Supervisory and Administrative staff members routinely make unannounced rounds. These rounds are documented in Unit Logs located in each housing unit. Supervisory staff were noted during the tour of the facility, when moving one part of the facility to another to interview staff and when reviewing cameras in the facility's central control room.

There have been no judicial findings of inadequacy from federal investigative agencies or findings of inadequacy from internal or external oversight bodies relevant to this standard. When programs are offered, staffing is increased to provide additional supervision.

The review of Institution Duty Officer (IDO) unannounced PREA rounds logs confirmed that intermediate-level or higher-level supervisors, including shift supervisors and department heads, conduct and document such visits throughout the institution, during the day, at night and on the weekends. Additionally, the IDO was interviewed. IDO visits areas of the facility during days, evenings, and weekends. The IDO documents the visits in logbooks located in the housing unit control room. Staff members are prohibited from alerting other employees regarding unannounced rounds. Interviews with inmates and housing unit officers also confirmed that random, unannounced rounds are conducted by Institution Duty Officers daily, including nights and weekends. An examination of policy

and supporting documentation and all interviews confirm compliance with this standard.

Compliance was further determined by staff interviews conducted during the tour of all areas of the facility and interviews with the Chief of Security, Warden, Human Resource Manager and correctional staff; the review of documented staffing rosters; and daily supervisory documentation. A comprehensive tour of the facility was conducted during the audit that included looking for blind spots, reviewing camera coverage, and available staff in areas that inmates are assigned. All areas of the facility were observed while going throughout the facility to meet with staff on the first, second, and third shifts and to interview inmates.

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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POLICY AND DOCUMENT REVIEWED:

Performance Work Statement / Statement of Non-Applicability

ASP - Marana does not house youthful offenders. Further compliance was provided through Statement of Non-Applicability, and interviews with Warden and Staff.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
☒ Yes ☐ No

2. 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
 a. ☐ Yes ☐ No ☒ NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) ☐ Yes ☐ No ☒ NA

5. 115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) ☐ Yes ☐ No ☒ NA

115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially 302s requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

MTC Policy 903E.02 Sexual Safety in Prisons (PREA)

ADC Policy 708 Searches

Security Staff Sign In Sheet

Training Power Point

Lesson Plan - Contraband, Clothed and Unclothed Searches, & Cell Searches

Staff sign in sheets

Lesson Plan Cross Gender, Transgender, Intersex (Power Point)

Memo opposite Gender Announcement

Arizona State Prison - Marana Policy mandates that Cross-gender strip or cross-gender body cavity searches are prohibited, except in emergency situations or when performed and documented by a medical practitioner. Officers are required to document all cross-gender strip searches and cross-gender visual body cavity searches. Interviews with staff confirmed that they were aware of the prohibition of visual body cavity or strip searches of the inmates of the opposite sex except in exigent circumstances and never for the purpose of examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Staff interviews also confirmed that all officers have been trained to conduct cross-gender pat searches. Staff interviews indicated they received cross-gender pat search training during initial and annual training. The facility allows transgender offenders to determine staff gender for pat searches. The facility does not allow cross gender pat searches except in emergency situations. In cases when a cross gender pat search occurs staff must document the incident on pat search logbook. The auditor observed that each unit has individual stalls for privacy in utilizing the toilets. The facility has implemented a policy that all opposite gender staff working the units will announce themselves prior to walking the range to allow inmates the opportunity to prepare themselves from a privacy perspective. Control room will document announcement were made and will also make announcement with person of the other gender enter the housing units. Inmates interviewed acknowledged they were allowed to shower, dress and use the toilet without being viewed by staff of the opposite gender. Staff and inmates interviewed indicated employees of the opposite gender announce their presence before entering a housing unit. Unit staff also announce the possibility of opposite gender staff entering the housing units at the beginning of each shift. Additionally, the auditor observed written notifications which clearly stated the possibility of opposite gender staff routinely entering the units posted in the unit common areas. The postings were written in both English and Spanish. Staff members were aware of the policy prohibiting the search of a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. During the past 12 months, there were no exigent circumstances that required cross-gender viewing of an inmate by a staff member. The living areas have showers with partitions that provides for inmate privacy while showering. Some toilet areas have partitions with door to allow inmates to use the restroom without being viewed by staff. Other bathroom areas have routine doors with a sink. Based on the review of policies, training and notices regarding the presence of female

staff in the units, observation of the showering/dressing areas and interviews with staff and inmates, it has been determined that ASP - Marana meets the expectation of this standard.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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POLICY AND DOCUMENT REVIEWED:

Management & Training Corporation (MTC) Policy 903E.02 Sexual Safety in Prisons (PREA)

ADC Policy – 704 Inmate Regulations
MTC Institutional Order 108 American with Disabilities
Inmate Handbook (English and Spanish)
Language Assistance Guidelines
Memo Regarding Inmates with Disabilities
Memo Regarding Non Use of Inmate Interpreters
Language Line Personal Interpreter Usage Charges
Intake Packet for Non-English Speaking Inmate
Photographs of PREA Poster
Staff Training

Management & Training Corporation (MTC) MTC Policy 903E.02 Sexual Safety in Prisons (PREA) and Arizona Department of Corrections Policy – 704 Inmate Regulations mandates that the facility shall not discriminate against offenders with known disabilities and shall provide reasonable accommodations to ensure access to programs, activities, and services in accordance with the Americans with Disabilities Act and the provisions established in this Directive. The Sexual Abuse Assault Prevention and Intervention Program also establishes local facility to respond to needs of inmates with Disabilities or Limited English Proficiency: Upon identification of an inmate with a disability which prevents them from reading or understanding inmate PREA educational materials, staff conducting initial intake screenings coordinate with other staff as needed to obtain appropriate accommodations addressing the inmate's disability (i.e. referral to medical as appropriate).

Through policy and practice, the facility staff ensures that inmates with all disabilities listed in 115.16a have an equal opportunity to participate in and benefit from all ASP - Marana of the facilities efforts to prevent, detect and respond to sexual abuse and sexual harassment. The disabled inmates interviewed stated they were instructed about PREA compliance and felt safe from sexual abuse. All PREA related information (written information), including postings, brochures and handouts are available in English, and Spanish. The institution has access to additional languages written material if required. Staff also may read information to inmates when necessary. The facility does not rely on inmate interpreters, inmate readers or other types of inmate assistants in the performance of first responder duties or during the investigation of an inmate's sexual abuse/sexual harassment allegations. Interviews with first responders, medical, mental health and investigative staff confirmed their awareness of the prohibition of using inmate interpreters for PREA compliance functions. Interviews with over 10 non-English proficient inmates confirmed the availability and use of the staff interpreters and telephonic interpretive services. Interviews with staff and inmates and an examination of policy/supporting documentation also confirm compliance with this standard. The facility also employs staff members who are bi-lingual in languages other than English.

Compliance of this standard was confirmed by review of institutions policies contracting services for language interpretation services and interviews with staff and disabled inmates. The demographics of the offender population includes a large number of Hispanic offenders. Interviews with 10 Hispanic offenders confirmed that there was not a language barrier when needing to communicate with staff. There were over 25 (estimated) bilingual staff available during the audit.

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? ☒ Yes ☐ No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers

for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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POLICY AND DOCUMENT REVIEWED:

Performance Work Statement
MTC Policy 903E.02 Sexual Safety in Prisons
MTC Standard Operating Procedure
Memo: Background Checks
New Hire Background Checks
Promotions – PREA Questions
Staff Background Checks every Five (5) years

Policy 903E.02 Sexual Safety in Prisons requires all employees, contractors and volunteers have had criminal background checks completed. The background checks are requested by the HR manager and completed by Arizona State Prison - Marana. Selected applicants undergo background checks through the National Criminal Information Center (NCIC). The NCIC check is done on newly hired staff, new volunteers and contractors and then repeated every five years for staff. Volunteers and contractors have background checked annually. Checks are performed by the Arizona Department of Corrections with results sent to the facility by the Arizona Department of Corrections.

The facility does not hire or promote anyone who may have contact with detainees or offenders, and does not enlist the services of any contractor or volunteer that may have contact with detainees or offenders, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; 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 if the person has been civilly or administratively adjudicated to have engaged in the activity. Incidents of sexual harassment are considered in determining whether to hire or promote anyone or to enlist the services of any contractor or volunteer, who may have contact with inmates. MTC Employee Handbook, and MTC Interview Questions mandates that employees, contractors and volunteers are required to receive background check. The HR Manager provided an interview questionnaire entitled PREA Interview Questions that all applicants are asked PREA related questions required by the standards. These applications are maintained in confidential files and made available to the auditor during the on-site audit. The auditor reviewed samples of PREA related questions being documented. The facility staff asked applicants and employees who may have contact with inmates directly about previous misconduct; they use a form to document. The facility also imposes upon employees a continuing affirmative duty to disclose any misconduct related to PREA. MTC policy prohibits

staff from material omissions and the provision of materially false information. This may result in grounds for termination. Interviewed HR staff confirmed that the facility will provide information on employment hired and released dates and other basic information; however, they are prohibited for giving detail information on employee substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer who may request this information. The HR staff advised that the MTC cooperate office is contacted by proposed employers to request any information beyond the basic information provided above. MTC mandates that information is provided based on prevailing laws.

MTC requires the facility not to hire or promote anyone who may have contact with inmates, and does not enlist the services of any contractor who may have contact with inmates as listed in this standard to include the following provisions as stated in the PREA standards:

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; to include persons who are mentally ill or disabled or retarded or chronically ill or handicapped, or institution providing skilled nursing or intermediate or long-term care or custodial or immaterial care.
2. 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
3. Has been civilly or administratively adjudicated to have engaged in the activity described in subsection

Employees, volunteers and contractors have a duty to disclose such misconduct. Material omissions regarding this type of misconduct would be grounds for termination. The submission of false information by any applicant is grounds for not hiring the applicant. The human resource manager confirmed that the agency attempts to contact prior employers for information on substantiated allegations of sexual abuse or resignations which occurred during a pending investigation of sexual abuse. Interviews with staff and a review of documentation (PREA Screening Form) confirm compliance with this standard. Ten new staff member, five promoted staff and five staff that have over five years tenure personnel files were reviewed and found to have completed background checks prior to employment, promotion or after five years of service. Five contracting staff background checks were also reviewed. Exceeded compliance was determined through reviewing personnel files, company policy, statement of work, and interviews with HR staff and PCM and Warden. The personnel staff maintain up to date spread sheets of every staff, volunteers and contractor, including contractors who are escorted when at the facility.

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing

facilities since August 20, 2012, or since the last PREA audit, whichever is later.)

☐ Yes ☐ No ☒ NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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POLICY AND DOCUMENT REVIEWED:

Management and Training Corporation (MTC) Policy 903E.02 Sexual Safety in Prisons –
Physical Plant Diagrams Indicating Camera Placement
Memo of Fact

Management and Training Corporation (MTC) Policy 903E.02 Sexual Safety in Prisons requires that when designing or acquiring any new facility and in planning and substantial expansion or modification of existing facilities, the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse.

Interviews with the PREA Compliance Manager and Warden indicated that was no major expansion during the past four years. The facility Management Team indicated when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the plan will consider how the technology may enhance the facility's ability to protect inmates from sexual abuse. The facility has made additional enhancement to the cameras in blind areas identified during past PREA audits. Compliance was determined by review of camera system, interviews with Warden.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
☐ Yes ☐ No ☒ NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☐ Yes ☐ No ☒ NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☐ Yes ☐ No ☒ NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) ☐ Yes ☐ No ☒ NA
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by Information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

Management and Training Corporation (MTC) Policy 903E.02 Sexual Safety in Prisons
ADC Policy DO - 125 Sexual Offender Reporting
Performance Work Statement
Investigative and Arrest Authority
Collection & Preservation of Evidence Protocol
ADC Policy 608 Criminal Investigations Responsibility/ Certification of Training
Memo of Fact – Administrative/Criminal Investigations
Memo of Fact – Forensic Examinations
Memo of Fact – SANE/SAFE
Arizona Department of Corrections Contract with outside agencies
Letters – Efforts made to Outside Agency; SACASA
Staff Advocacy Certificates

MTC Policy, 903E.02, Ensuring Safe Prisons, Paragraph 9, Evidence Protocol and Forensic Medical Examinations, a) through e), provides for the following; to the extent MTC is responsible for investigating allegations of sexual abuse, MTC will follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The Facility does not house youth. MTC offers all victims or sexual abuse access to forensic medical examinations whether on-site or at an outside facility without financial cost, where evidentiary or medically appropriate. Examinations are required to be performed by Sexual Assault Forensic Examiners or Sexual Assault Nurse Examiners, where possible. If they are not available the exam can be performed by other qualified medical practitioners. MTC has to document their efforts to provide SAFEs or SANES. MTC will attempt to make available a victim advocate from a rape crisis center and if a rape crisis center is not available or unwilling to provide victim advocate services, the agency will make available to provide these services, a qualified staff member from a community based organization, or a qualified MTC staff member. If a staff member is used, the staff member's qualifications will be documented and maintained. If MTC is not responsible for investigating allegations of sexual abuse and relies on another agency to conduct these investigations, MTC will request, through agreement or MOU, that the responsible agency follow PREA requirements for evidence protocol and forensic examinations. MTC Policy, 903E.02, Ensuring Safe Prisons, Paragraph 9, Evidence Protocol and Forensic Medical Examinations, a) through e), provides for the following; to the extent MTC is responsible for investigating allegations of sexual abuse, MTC will follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The Facility does not house youth. MTC offers all victims or sexual abuse access to forensic medical examinations whether on-site or at an outside facility without financial cost, where evidentiary or medically appropriate. Examinations are required to be performed by Sexual Assault Forensic Examiners or Sexual Assault Nurse Examiners, where possible. If they are

not available the exam can be performed by other qualified medical practitioners. MTC has to document their efforts to provide SAFE's or SANE's. MTC will attempt to make available a victim advocate from a rape crisis center and if a rape crisis center is not available or unwilling to provide victim advocate services, the agency will make available to provide these services, a qualified staff member from a community based organization, or a qualified MTC staff member. If a staff member is used, the staff member's qualifications will be documented and maintained. If MTC is not responsible for investigating allegations of sexual abuse and relies on another agency to conduct these investigations, MTC will request, through agreement or MOU, that the responsible agency follow PREA requirements for evidence protocol and forensic examinations. ADC Policy DO - 125 Sexual Offender Reporting, Arizona Department of Corrections, Department Order, 608, Criminal Investigations, and ADC Policy 601 Administrative Investigations and Employee Discipline mandate that an administrative and/or criminal investigation will be completed for all allegations of sexual abuse or sexual harassment. The Criminal Investigator for Arizona Department of Corrections CIU was interviewed. He stated that CIU team member would report to the facility following a Criminal act such as Sexual Assault and would take control of the investigations. Working with local law enforcement a SANE forensic examination would occur at Tucson Medical Center.

The processes for conducting an investigation described by the investigators was comprehensive and specific and evidenced the investigators had an excellent knowledge and ASP - Marana of the investigative process. They indicated that if a staff resigns prior to the completion of an investigation or if the inmate is transferred to another facility the investigation process continues. They also described how they would investigate additional five years. The protocols were reviewed and found to be in line with National Protocol for Sexual Assault Medical Forensic Examinations. Staff interviewed were very knowledgeable of the evidence protocols, and could explain the protocol for obtaining useable evidence when an inmate alleged sexual abuse.

Arizona Department of Corrections Department Order, Sexual Offense Reporting, requires Wardens to request investigations as outlined in Department Order #608, Criminal Investigations and provide written notification to the Division Director for Offender Operations through the appropriate Regional Operations Director when an investigation involving a staff on inmate sexual assault allegation is opened. Once the criminal investigation is initiated, an administrative investigation will be initiated as outlined in Department Order # 601, Administrative Investigations and Employee Discipline. Investigations of inmate sexual assaults shall be actively pursued and closed upon exhaustion of all evidence processes and investigative leads. Arizona Department of Corrections Department Order, 608.03, Crime Scene Preservation, 608.05, Preservation of Biological Evidence and Retention Periods, provide directions for preserving potential evidence so that it can be collected with no contamination or degrading of the evidence. These Department Orders also discuss protecting physical evidence, crime scene investigation and preservation of biological evidence. All the investigators for the Department have received training in conducting investigations in confinement settings. An interview with a Criminal Investigations Unit Investigator confirmed that he has received specialized training including training in a classroom setting as well as on-line. Criminal Investigators are also certified as Peace Officers and are able to make arrests. Policy outlines a uniform protocol for collecting and preserving evidence.

This facility provided multiple documents to demonstrate their efforts to secure outside

advocacy emotional support services. There is no doubt they have gone well beyond due diligence to secure those services for the inmates. The facility developed a MOU however it could not be signed by the Southern Arizona Sexual Assault Center. The PREA Compliance Manager then attempted to secure training for staff to serve as victim advocates. An email from the Arizona Coalition to End Sexual and Domestic Violence advised the PREA Compliance Manager to complete a webinar provided by Just Detention International. Documentation was provided by Just Detention International confirming Marana staff completed the webinar, Reaching Behind Bars: Crisis Intervention for Incarcerated Survivors". The link for advocacy training was provided. The facility also provided a certificate to confirm that a staff completed advocacy training provided by the Arizona Coalition to End Sexual and Domestic Violence, dated June 20, 2020. The facility reached out to Just Detention for training on staff advocacy services and has staff attend a webinar sponsored by Just Detention for advocacy services. The PREA Compliance Manager also provided an email to the Arizona Department of Corrections PREA Coordinator soliciting advice in securing advocacy services. The facility has requested assistance with the Arizona Coalition against Sexual Abuse and the South Arizona Coalitions against Sexual Abuse for providing advocacy Services. The latest attempt was with the Sarah House Advocacy program in Tucson. The auditor called the Sarah House and verified that they had been contacted by the facility. Presently the facility has two trained advocacy staff and the mental health staff would report to the hospital if necessary. The Tucson Medical Center were contacted by the auditor. The staff at the medical center indicated that there were mental health professionals on duty and would assist in the forensic examination by explaining the procedure, providing support to the victim and provide advocacy services as part of the medical center's SANE protocol.

A review of training records confirmed that the Facility Investigative unit staff have received appropriate investigator training on the investigation of sexual abuse and harassment in a confinement settings. Interviews with staff, local hospital nurse, local rape crisis center advocate and an examination of documentation confirmed compliance with this standard. Correctional and medical staff members were interviewed concerning this standard and all were knowledgeable of the procedures required to secure and obtain usable physical evidence when sexual abuse is alleged. Staff members were also aware of the staff responsible for conducting PREA investigations. Staff carry a First Responder card to provide reminders and expected responses to sexual abuse.

Compliance was determined through review of policy, documentation of training records, and request for a MOU with advocacy program and SANE staff and interviews with ASP - Marana staff. Further compliance was determined by sexual abuse investigation in 2019 - 2020.

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

Performance Work Statement

MTC Policy 903E.02 - Sexual Safety in Prisons

ADC Policy 608 Criminal Investigations Responsibility/ Certification of Training

Memo of Fact

MTC Policy, 903E.02, Ensuring Safe Prisons. If administrative or criminal investigations of alleged sexual abuse are performed by an entity other than MTC, efforts will be made to obtain the agency's investigative policy and MTC will be responsible for making the entity aware of investigative requirements under PREA. There have been no referrals in the past 12 months.

Administrative and/or criminal investigations are completed on all allegations of sexual abuse/sexual harassment. All allegations of sexual abuse or sexual harassment shall be investigated by trained investigators under ADC Policy 608 Criminal Investigations Responsibility/ Certification of Training. The investigator confirmed that the investigative staff utilize a uniform evidence protocol. ADC Policy DO - 125 Sexual Offender Reporting and Arizona Department of Corrections, Department Order, # 608, Criminal Investigations, # 608.02, requires all on-site criminal activity to be referred to the Criminal Investigation Unit (CIU) for possible investigation. Arizona Department of Corrections, Department Order, # 608.08 outlines the procedures for responding to an allegation involving sexual abuse. PREA. Arizona Department of Corrections Department Order, 125, Sexual Offense Reporting, 126.06, Investigations 1.2, requires Wardens to request investigations as outlined in Department Order # 608, Criminal Investigations, and provide written notification to the Division Director for Offender Operations through the appropriate Regional Operations Department Order # 801, Administrative investigations and Employee Discipline requires investigations of inmate on inmate sexual assaults to be actively pursued and closed upon exhaustion of all evidence processes and investigative leads. Administrative investigations will include an effort to determine whether staff actions or failure to act contributed to the abuse. This is documented in the investigation report and includes a description of the physical and testimonial evidence and investigative facts and findings. Criminal investigations are documented in a written report that contains a description of physical, testimonial and documentary evidence. The Inspector General retains all written reports. Interviewed staff stated they have been trained to report everything for investigation, including reports, knowledge, allegations and suspicions of sexual abuse or sexual harassment. Facility Staff and CIU affirmed they are trained to accept reports from all sources, including third parties and anonymous reports.

A review of documentation and staff interviews confirmed compliance with this standard. A review of training documents confirmed that all investigators received instruction in conducting sexual assault investigations in confined spaces/prisons. Interviews with staff, as well as an examination of policy/supporting documentation, confirm compliance with this standard.

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No

- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

Performance Work Statement

MTC Policy 903E.02 - Sexual Safety in Prisons

MTC Policy 901D.02 (A1, D1) Training Requirements

ADC Lesson Plan (PREA)

Training and roll call meetings address the requirements of this standard.

Annual Refresher Training Packet:

PREA Training Curriculum

Pre-Service/In-Service Orientation Training Schedule & Roster re: PREA Training

Prison Rape Elimination Act - Training Acknowledgement

In-service Pre-Service Summary Review Test re: PREA Knowledge

All staff is provided an Employee Manual which includes information on all areas of PREA training and protocol for sexual abuse prevention, intervention, reporting, protecting the inmates, and preserving the possible crime scene. Training includes:

- ☐ A zero-tolerance policy for sexual abuse and sexual harassment
- ☐ How to fulfill staff responsibilities under agency sexual abuse and sexual

harassment prevention, detection, reporting, and response policies and procedures.

- ☐ Inmates' right to be free from sexual abuse and sexual harassment.
- ☐ Employees' right to be free from retaliation for reporting sexual abuse and sexual harassment.
- ☐ Dynamics of sexual abuse and sexual harassment in confinement.
- ☐ Common reactions to sexual abuse and sexual harassment victims.
- ☐ How to detect and respond to signs of threatened and actual sexual abuse.
- ☐ How to avoid inappropriate relationships with inmates.
- ☐ How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates.
- ☐ How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
- ☐ How to conduct a Cross Gender Pat Search

Newly hired employees receive training relative to the PREA standards during their initial training in a classroom setting. Yearly refresher training is required for all staff, utilizing a Computer-Based PREA training program. Contractors and volunteers are provided training relative to their duties and responsibilities by the facility PREA Compliance Manager. A review of the training curriculum, training sign-in sheets, and other related documentation, as well as staff interviews, confirmed staff is required to acknowledge, in writing, not only that they received PREA training, but that they understood it. A review of documentation and staff interviews confirmed that the facility is compliant with this standard. Policy mandates that the facility will be required to modify training to meet the needs of a different population. A review of the training curriculum includes the inclusion of both genders. Due to the Pandemic the training program has been modified and all staff are now attending MTC training programs.

A sampling of staff annual training files (15) was reviewed and found to contain documentation supporting compliance with this standard. All staff interviewed indicated that they had received the required PREA training initially and annually. Officers receive additional PREA training/updates when needed and officers assigned to the restrictive housing unit also receive additional training. The extensive training provided and the staff's knowledge of the PREA requirements confirmed that the facility is compliant with this standard.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? ☒ Yes ☐ No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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POLICY AND DOCUMENT REVIEWED:

MTC Policy, 903E.02, Ensuring Safe Prisons, PREA Training Curriculum
 MTC Policy, 901D-02, Training Requirements
 Volunteer Training Record re: PREA
 Pre-Service/In-Service Orientation Training Roster-Volunteer
 Prison Rape Elimination Act - Training Acknowledgement - Volunteer
 Contract Employee Training Record re: PREA
 Pre-Service/In-Service Orientation Training Roster - Contractor
 Prison Rape Elimination Act - Training Acknowledgement – Contractor
 Memo of Fact

MTC Policy, 901D-02, Training Requirements mandates that contractors and volunteers are provided training relative to their duties and responsibilities. A review of the training curriculum, training sign-in sheets and other related documentation, as well as staff interviews, confirmed staff are required to acknowledge in writing not only that they received PREA training, but that they understood it. The facility provided files for volunteers that documented the annual training. All volunteers and contractors who have contact with inmates have at least been notified of MTC's zero tolerance policy regarding sexual abuse and sexual harassment and

informed how to report such incidents. MTC maintains documentation confirming that the volunteer/contractors understand the training they have received. The facility also provided the Arizona Department of Corrections Course for Non-ADC Personnel/Temporary Employee Annual Training was provided for review. The Prison Rape Elimination Act portion of that training advises that the Arizona Department of Corrections has established a zero-tolerance standard of inmate sexual conduct including sexual conduct, sexual assault and/or sexual contact, by inmates, staff, contractors, volunteers and others. In addition to the zero-tolerance policy, volunteers and contractors are advised of actions they are required to take in the event they become aware of any sexual abuse or sexual harassment. A review of documentation and staff interviews including facility volunteer coordinator, contracting staff and confirmed that the facility is compliant with this standard.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? ☒ Yes ☐ No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?
☒ Yes ☐ No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? ☒ Yes ☐ No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

MTC 903E.02 - Sexual Safety in Prisons (PREA) - Pg. 1, 10, 13
 ADC Policy DO - 125 Sexual Offender Reporting
 Marana Inmate Arrival Reports
 ADC Automated Inmate/Information System (AIMS)

Inmate Training Power Point Presentation
Inmate A & O Booklet (English & Spanish) re: Inmate PREA Education
Orientation Sign-in Sheet re: PREA (Example for Last 12 mo.)
PREA Signage - "Example" PREA Posters
Interpreters

MTC 903E.02 - Sexual Safety in Prisons (PREA) PREA Posters (English and Spanish); Offender handbook; and Offender Orientation Training establishes the standard required training. Inmates receive information during the intake process that includes a PREA handout and Offender Handbook, printed in both English and Spanish. There are PREA posters throughout the facility and in each housing unit, and a PREA "Report Line" telephone which may be called to report sexual abuse or sexual harassment, is posted on the unit bulletin boards. There is an interpretive language service available for limited English proficient inmates. A review of A&O Checklists verified that inmates received Sexual Assault/Sexual Abuse Prevention & Intervention education and relevant written materials. All inmates are required to acknowledge in writing they have received PREA education. A staff member conducts an additional education program regarding the PREA for all inmates within 30 days of their arrival at the facility. If an inmate is transferred to another facility, policy requires that this training process be repeated at the new institution, as confirmed through interviews with newly arrived inmates. The program includes definitions of sexually abusive behavior and sexual harassment, prevention strategies and reporting modalities.

There is a translation language line available to LEP inmates. Hispanic translations are provided by ASP - Marana bilingual staff. The auditor was provided a random sampling of 15 A&O Checklists/Signature Sheets to verify that inmates received the sexual abuse and sexual harassment (PREA) education and relevant written materials. All inmates are required to acknowledge completion of PREA education. During the interview process, randomly selected inmates indicated they received information about the facility's rules against sexual abuse/sexual harassment, when they arrived at the facility. They further indicated they were advised about their right not to be sexually abused/sexually harassed, how to report sexual abuse/sexual harassment and their right not be punished for reporting sexual abuse/sexual harassment. Inmate and staff confirmed compliance that PREA training is provided during the initial intake at the facility and during the orientation phase which occurs within one week of arriving at the facility. Inmates were aware of available services outside of the facility for dealing with sexual abuse.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if

the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a.) ☒ Yes ☐ No ☐ NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a.) ☒ Yes ☐ No ☐ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a.) ☒ Yes ☐ No ☐ NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a.) ☒ Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a.) ☒ Yes ☐ No ☐ NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a.) ☒ Yes ☐ No ☐ NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative.

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

MTC 903E.02 - Sexual Safety in Prisons -
ADC Policy DO - 125 Sexual Offender Reporting
ADC Policy 608 Criminal Investigations Responsibility
Arizona POST Law Enforcement Training Curriculum
Referral and Case Assignment
ADC Investigative Training Curriculum
Facility Investigators
Specialized Training Certificates

MTC 903E.02 - Sexual Safety in Prisons requires that when administrative investigations are conducted by the facility it will be conducted by trained staff who are full-time employees at the facility or other MTC facilities. When investigators from outside the facility conducts investigation the facility will request that investigator are trained sexual assault investigators. At ASP - Marana investigations are conducted by investigator from ADC Criminal Investigative Unit. These staff have completed Arizona Law Enforcement investigative training that includes all mandates of this standard. Certificates, documenting that each of the investigators completed the NIC On-Line Training, "PREA: Investigating Sexual Abuse in a Confinement Setting" were provided and reviewed. An interview with a Criminal Investigations Unit Investigator confirmed he is certified as a Peace Officer and has completed the comprehensive training associated with that. Additionally, he related he completed the NIC On-Line Specialized Training, "PREA: Investigating Sexual Abuse in a Confinement Setting". The investigator was very knowledgeable of the investigation process.

The auditor reviewed specialized training documentation to include the Investigator Training Instructor Guide and the course completion list for Investigating Sexual Abuse in a Confinement Setting. ASP - Marana staff have received training from NIC. Staff certifications and an examination of policy and training curriculum confirmed exceeded compliance with this standard.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.) ☒ Yes ☐ No ☐ NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) ☒ Yes ☐ No ☐ NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

MTC 903E.02 - Sexual Safety in Prisons (PREA) - Pg. 1, 11

MTC - B-07 - Continuing Health Education for Health Service Staff - Pg. 1, 2

Training Curriculum from "Just Detention" Behavioral Health and Medical Specialized Training

PREA Training Documentation re: Medical & Mental Health Practitioners

Sexual Assault Medical Packet

Memo of Fact

MTC 903E.02 - Sexual Safety in Prisons mandates specialized training for medical and mental health staff. The facility has full-time medical care staff and full time mental health staff on site. All mental health and medical staff have received the required specialized training on how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment, victim identification, interviewing, reporting and clinical interventions. Medical acknowledged, in writing, that they both received and understood the training, as it relates to the PREA. Interviews with medical staff confirmed awareness of their responsibilities regarding the PREA specialized training medical and mental health staff have attended during the last 12 months. Medical staff interviewed were extremely knowledgeable of sexual abuse and sexual harassment and responses to reporting and identifying sexual abuse or sexual harassment. The warden provided a memo of fact that all medical and mental health practitioners have received specialized training. Compliance was determined by review of training curriculum for mental health and medical staff, and interviews with the medical administrator and Mental Health Director.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
☒ Yes ☐ No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
☒ Yes ☐ No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a request? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? ☒ Yes ☐ No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

MTC Policy, 903E.02, Ensuring Safe Prisons,
Referral and Case Assignment

Intake Screening Form re: Risk of Sexual Victimization & Abusiveness (MTC)

Intake Screening Form re: Medical

Mental Health Screen: Additional Data

MTC Policy, 903E.02, Ensuring Safe Prisons, requires inmates to be screened within 72 hours of arrival at the facility and reassessed within 30 days after the inmate's arrival, for potential vulnerabilities or tendencies for acting out with sexually aggressive behavior. Inmates will be reassessed thereafter due to a referral, request, and incidents of sexual abuse or receipt of additional information that bears upon an inmate's risk for sexual abuse or receipt of additional information that bears upon an inmate's risk of sexual victimization. The screening normally occurs within twenty-four hours, but no more than seventy-two hours after the inmate's arrival. Policies and procedures require the use of a screening instrument (reviewed by auditor) to determine proper housing, bed assignment, work assignment, education and other program assignments with the goal of keeping inmates at high risk of being sexually abused/sexually harassed separate from those inmates who are at high risk of being sexually abusive. Medical staff conducts an initial medical screening including questions of prior sexual abuse. Agency Directives require within the first 30 days of arriving at the facility, review any additional information that has been received, overall adjustment to the facility and for job placement. The PREA compliance manager or the Supervising Program Manager conducts these rescreening. Agency and Facility policy mandates that screening is only available to staff on a need-to-know basis. Agency policy prohibits inmates from being disciplined for refusing to

answer or for not disclosing complete information in response to questions regarding their mental/physical health, developmental disability, sexual preferences, sexual victimization history and perception of vulnerability. Housing and program assignments are made on a case-by-case basis and inmates are not placed in housing units based solely on their sexual identification or status.

The Warden has memorized the system for new arrivals by memo dated June 19, 2019 "PREA Screening of Inmates-New Admissions/Transfers". Procedures described include the following: 1) Following intake all inmates will be sent to medical for screening, including PREA related screening; 2) Inmate's disclosing information about previous sexual abuse/harassment will require immediate notification to the shift commander; 3) The inmate will be referred for follow-up to mental health for evaluation within 14 days from the date of arrival; 4) Correctional Programs Officers (CPO) will complete the full screening document within 72 hours of arrival, reviewing among other documents, the AIMS information. If the CPO finds that the inmate is at risk of victimization or is potentially at risk of abusiveness, the CPO will immediately notify the shift commander; 5) The correctional program manager will consider the need for any programming adjustments based upon reviews; 6) The shift commander will determine if the inmate needs to be placed in restricted housing pending further evaluation/mental health review. The inmates, who are determine by the shift commander to be ready for placement will be assigned appropriate housing; 7) Based upon any additional relevant information received by the facility since the intake screening, the facility CPO will reassess each inmate's risk of victimization or abusiveness within 30 days after the inmate's arrival at the facility or within 7 days if the information is received more than 30 days after the inmate's arrival' 8) The Correctional Program Manager will be responsible, by the 10th of the next month, for advising the PREA Compliance Manager on a monthly basis of the number of reassessments that were completed the previous month; 9) An inmate's risk level will be reassessed when warranted due to a referral, request, incident of sexual abuse or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness and 10) Inmates may not be disciplined for refusing to answer the questions on the screening document.

A review of 15 initial and rescreening instruments revealed that all inmates were screened and rescreened as required by standards.

The Screening for Risk of Victimization and Abusiveness include the following:

- Whether the inmate has a mental, physical, or developmental disability;
- The age of the inmate;
- The physical build of the inmate;
- Whether the inmate has previously been incarcerated;
- Whether the inmates' criminal history is exclusively nonviolent;
- Whether the inmate has prior convictions for sex offenses against an adult or child;
- Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- Whether the inmate has previously experienced sexual victimization;
- The inmate's own perception of vulnerability; and
- Whether the inmate is detained solely for civil immigration purposes

Compliance was determined by review of the screening instrument, review of inmate records with screening and rescreening instrument, review of company inmate data to manage screening instruments. Compliance was further determined by interviews with Supervising Program Manager, inmates, and medical staff.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? ☒ Yes ☐ No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's

health and safety, and whether a placement would present management or security problems?

☒ Yes ☐ No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?
☒ Yes ☐ No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☒ Yes ☐ No

115.42 (g)

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

Auditor Overall Compliance Determination

☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

MTC Policy 903E.02 - Sexual Safety in Prisons (PREA) - Pg. 1, 12 A, B, C

Risk Screening

Federal Risk Screening

Inmate Cell Assignment Screening

Memo re: Transgender & Intersex Inmates

Arizona State Prison - Marana Classification Plan provides that risk screening information is used to determine housing, bed, work, and 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. Determinations for these assignments are made on a case-by-case basis. Staff members assigned to conduct intake screening have been provided additional training and resource materials to complete this task. ASP - Marana houses inmates on behalf of the Arizona Department of Corrections. ADC Policy mandates that the Department does not place lesbian, gay, bisexual, transgender or intersex inmates in dedicated facilities, units, or wings solely based on such identification or status. The ADC individually considers the management and placement of transgender or intersex inmates. Considerations on a case-by-case basis include the inmate's health and safety, operational management, security, and mental health needs. Serious consideration is given to the inmate's views regarding safety. Placement and programming assignments for each transgender or intersex inmate must be reassessed using processes outlined in Gender Dysphoria: Healthcare for Inmates and, where relevant, under the inmate's treatment plan has no dedicated facilities for transgender or intersex inmates. The facility determines other housing and programming assignments for transgender or intersex inmates on a case-by-case basis, to include whether a placement would ensure the inmate's health and safety and whether the placement would present management or security problems. Placement and programming assignments for each transgender or intersex inmate are reassessed at least once every six months. Policy states that a transgender or intersex inmate's own view with respect to his own safety should be given serious consideration when making these assignments. ASP - Marana policy mandates that transgender and intersex inmates are given the opportunity to shower, dress and use the toilet facilities separately from other inmates. The warden by memo has designated a shower for transgender or intersex inmates to shower and use the toilet. This area was reviewed by the auditor during the tour. The facility maintains an at-risk log for all inmates who are subject

to victimization or predators self and works closely with the CPOs to address their needs as they arrive.

The interview with the ADC and MTC PREA Coordinator confirmed that a transgender inmate's genital status is not the sole criterion for placement in a specific facility. Interviews with staff and inmates, observations of housing assignments and unit activities, as well as an examination of documentation/policy, confirm that the facility is in compliance with this standard. Further compliance was determined by interviews with the Agency PREA Coordinator, ADC PREA Coordinator, the Case Manager Supervisor, and the PCM.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

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

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

MTC 903E.02 - Sexual Safety in Prisons (PREA) - Pg. 1, 12
Memo of Fact

Agency Protection Duties, requires that when MTC learns that an inmate is subject to a substantial risk of imminent sexual abuse, MTC requires immediate action to protect the inmates (i.e. it takes some action to assess appropriate protective measure without unreasonable delay).

The Administrative Segregation Unit houses both administrative (protective custody) and disciplinary cases. Policy states inmates at high risk for sexual victimization shall not be placed in involuntary status unless an assessment of all available alternatives has been made and there is no available means of separating the victim from the abuser. Offenders may be placed in protective custody for less than 24 hours during an investigation of sexual abuse. There were no inmate housed in the administrative segregation unit pending initial investigation.

Compliance was determined through review of policy, segregation logs, and interviews with Warden, PREA compliance manager and RHU supervisor.

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request?
☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland

Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes)

☐ Yes ☐ No ☒ NA

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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POLICY AND DOCUMENT REVIEWED:

MTC 903E.02 - Sexual Safety in Prisons (PREA) -
ADC Policy - 125 Sexual Offender Reporting
ADC Policy - 125 Sexual Offense Reporting
ADC Policy - 105 Information Reporting
ADC Policy – Criminal Investigation
A & O Booklet re: PREA Reporting Options
Memo re: Inmates Detained Solely for Immigration Purposes (N/A)
Web Site: Screen-Shot MTC Ethics Hot-Line
Staff Card Reporting Responsibilities

Inmates are provided with information on how to report sexual abuse or harassment to facility staff as well as public and/or private agencies not affiliated with ASP - Marana; and procedures for permitting third-party reports of sexual abuse/harassment on behalf of an inmate. Information for third-party reporting, such as from friends or family can be found on the MTC and Arizona websites. This information is given during intake, orientation, and is made available through posters, handbooks, and pamphlets. Inmates may privately report sexual abuse, sexual harassment, retaliation by other inmates or staff, and staff neglect or violation of responsibilities that may have contributed to such incidents in several ways. Inmates may speak with any staff member, contact their family or friends, or utilize an Inmate Request to Staff form to report such incidents or utilize a phone bank to call directly to the Inspector General. All staff will accept reports made verbally, in writing, anonymously, and from third parties. Staff will promptly document any verbal reports, and will immediately report any such information to the shift supervisor. A review of supportive documentation and staff/inmate interviews indicated that there are multiple ways (verbally, in writing, anonymously, privately, and from a third party) for inmates to report sexual abuse/sexual harassment. The facility has procedures in place for staff to document all allegations. Throughout the facility, there are posters and other documents on display which also explain reporting methods. There are posters for telephone reporting to institutional hotline or the Rape Crisis Center private reporting sexual harassment and sexual abuse.

Arizona Department of Corrections, Department Order, 125, Sexual Offense Reporting, instructs an inmate who is sexually assaulted to report it to a staff member. The same policy requires inmates who observe, are involved in or have knowledge of a sexual assault shall immediately report their observation to a staff member. It also Staff members promptly accept and document all verbal, written, anonymous, and private and third-party reports of alleged abuse/sexual harassment. ASP - Marana provides to the inmates a third party line to the National Sexual Assault hotline for reporting any abuse or harassment and they can write to the Office of the Inspector General Office. Inmates at the facility are not detained solely for civil immigration purposes.

Interviews with the Warden, PREA Compliance Manager, randomly selected staff and specialized staff indicated inmates can make reports in the following ways: 1) Using the Inmate Phone System (phone calls go to Century Link, who forwards the calls to the Office of the Inspector General, after which the DOC CIU Investigator, receives an email to investigate the allegations); 2) Write the Inspector General (address provided); 3) Anonymously; 4) Write the Warden and drop it in his box; 5) Write the Contract Monitors and drop a note in their box; 6) Report via the Website; 7) Report in privacy at the Lieutenant's Office; 8) Report to a family member; 9) Report to the Warden when he is walking about or 10) Talk to the Warden at the Warden's "Town Hall" meetings with inmates.

Compliance of this standard was validated by review of the inmate handbook, posters throughout the facility, testing the telephone, company policies on inmate reporting sexual abuse or sexual harassment and interviews with staff and inmates.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☐ Yes ☒ No

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

MTC 903E.02 - Sexual Safety in Prisons (PREA) - Pg. 1, 12, 13

ADC Policy – 802 Grievance System

Grievance Packet re: Alleged Sexual Abuse (Past 12 mo.) (Blank)

Disciplinary Packet re: False Claims of PREA Related Assaults (Past 12 mo.) (Blank)

Inmate Handbook

Statement of Fact

ASP - Marana Administrative Remedy Program mandates that inmates make seek a formal review of issues relating under the Prison Rape Elimination Act, 42 U.S.C. §15606, et seq. Administrative remedies regarding allegations of sexual abuse may be filed at any time.

All allegations of sexual abuse/sexual harassment, when received by staff, will immediately be referred for investigation. Inmate are authorized to utilize the Administrative Remedy system to report allegations of sexual abuse or sexual harassment. Inmates are not required to use an informal grievance process and procedures also allow an inmate to submit a grievance alleging sexual abuse/sexual harassment without submitting it to the staff member who is the subject of the complaint. Additionally, policy also prohibits the investigation of the allegation by either staff alleged to be involved in the incident or any staff who may be under their supervision. Policy states that there is no time frame for filing a grievance relating to sexual abuse/sexual harassment. Policy also addresses the filing of emergency administrative remedy requests. If an inmate files the emergency grievance with the institution and believes he is under a substantial risk of imminent sexual abuse, an expedited response. There is no prohibition that limits third parties, including fellow inmates, staff members, family members, attorneys and outside victim advocates in assisting inmates in filing requests for grievances relating to allegations of sexual abuse or filing such requests on behalf of inmates. There was one grievances filed involving PREA related issues during the past 12 months. Inmates can file a grievance through MTC grievance officer or Arizona Department of Corrections. There were no grievances alleging sexual abuse that involved an extension due to the final decision not

being reached within 90 days. Additionally, there were no grievances alleging sexual abuse filed by inmates in which the inmate declined third-party assistance. Inmates are held accountable for manipulative behavior and false allegations. Disciplinary action would generally be taken if a grievance was filed in bad faith. Compliance was determined by review of policy, statement of fact, and grievance logs, as well as an interview with the PREA compliance manager and inmates.

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☐ Yes ☐ No ☒ NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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POLICIES AND DOCUMENT REVIEWED:

MTC Policy, 903E-02, Ensuring Safe Prisons

A & O Booklet re: PREA Support Services

PREA Signage -

Memo detailing attempt to establish an MOU with Rape Crisis Center to provide support

Memo to Inmates Prior to Hotline

The facility does not house inmates who have immigration detainees. ASP - Marana policy mandates that if inmates are placed at the facility for immigration purposes or have an immigration detainer, the facility would provide mailing addresses and telephone numbers, including toll-free hotline numbers, where available, of local, State, or national immigrant services agencies. MTC requires facilities to provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers (including toll free hotline numbers where available) for local, state or national victim advocacy or rape crisis organizations; giving inmates mailing addresses and telephone numbers (including toll-free hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration purposes and enables reasonable communication between inmates and these organizations in as confidential manner as possible. MTC facilities inform inmates prior to giving them access to outside support services, the extent to which such communications will be monitored. MTC also is required to inform the inmate, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply for disclosures of sexual abuse made to outside victim advocates, including the limits of confidentiality under relevant federal, state or local law. The facility has one staff who was trained to serve as a staff advocate. The facility has phone numbers posted for several support groups. The facility provided additional documentation that they are attempting to secure a MOU with the Southern Arizona Center against Sexual Assault located in Tucson, AZ. The facility has tried on numerous occasions to secure a MOU with over 8 providers to provide support for sexual assaults. The facility's psychologist would provide the service if required. Compliance was determined by review of the documented attempt to secure a MOU with a confidential emotional support services related to sexual abuse.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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POLICY AND DOCUMENT REVIEWED:

MTC Policy, 903E-02, Ensuring Safe Prisons
PREA Signage
ASP - Marana Inmate Handbook
ADC Policy – 608, Criminal Investigations
Sexual Abuse/Assault Awareness Brochure
MTC Website Indicating 3rd Party Reporting
Posting Arizona Department of Corrections Inspector General
ADC constituent phone number, email, website
Address and phone number of State and National organizations for inmate to report allegations of sexual abuse or sexual harassment
MTC website
Arizona Department of Corrections Website

MTC Policy, 903E-02, Ensuring Safe Prisons, Inmate Handbook and MTC Website meet the requirements of this standard. MTC websites include heather.manuz@mtctrains.com or Mike.Atchison@mtctrains.com. The inmates interviewed indicated they were aware of third-party reporting. The inmate handbook also contains information related to third party reporting. Reviewed handbooks for inmates contained third party reporting information. Department Of

Corrections provides a website for reporting allegations of sexual abuse or sexual harassment. The facility has posting of several State and National organizations for inmate and third party to report allegations of sexual abuse or sexual harassment by telephone or mail. Compliance was determined by review of policy, posters, inmate handbook, MTC website and ADC website.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person's statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

ADC 501 Employee Professionalism, Ethic and Conduct
MTC 903E.02 - Sexual Safety in Prisons (PREA)
ASP - Marana Inmate Handbook
Sexual Abuse/Assault Awareness Brochure
Staff PREA Cards

Prison Facility, 609, Ensuring Safe Prisons mandate that all staff will accept reports made verbally, in writing, anonymously, and from third parties. Staff will promptly document any verbal reports, and will immediately report any such information to the shift supervisor. All staff is required to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred at ASP - Marana; 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.

The shift supervisor will immediately report all allegations of sexual abuse and sexual harassment, including third party and anonymous reports to the PREA Compliance Manager and PREA investigative staff. Apart from reporting to the shift supervisor or other designated staff acting in their official capacity (normally the PREA Compliance Manager and Investigative staff), staff will not reveal any information related to a sexual abuse report to anyone. If an inmate discloses information to the mental health or medical provider that reveals a danger to the inmate and/or corrections personnel, the provider is required by law to inform the inmate that due to the nature and implications of the information, confidentiality cannot be maintained. The facility does not house inmates under the age of 18. A review of established policy and

interviews with staff members support the finding that the facility is in compliance with this standard.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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POLICY AND DOCUMENT REVIEWED:

MTC 903E.02 -Sexual Safety in Prisons (PREA) - Pg. 1, 14
ADC Policy DO - 125 Sexual Offender Reporting
Arizona Department of Corrections – 801 Classification
ASP - Marana Screening Instrument

MTC 903E.02 -Sexual Safety in Prisons addresses the mandate of this standard. If staff learns that an inmate may be at substantial risk of imminent sexual abuse, immediate action will be taken to protect the inmate. This may include a change in housing and notification to psychology, chief of security, and investigative staff. Interviewed staff members were aware of their duties and responsibilities when they become aware or suspect an inmate is being or has been sexually abused or sexually harassed. All staff indicated they would act immediately to protect the victim, to include separating the victim/predator, securing the scene to protect possible evidence, preventing the destruction of potential evidence and contacting the shift supervisor and medical staff. Staff carry PREA information cards which includes what to do if

staff members determine that an inmate in responding to inmate protection if he was subject to a substantial risk of imminent sexual abuse.

Staff, in their interviews, related in the event an inmate reported they were subject to a substantial risk of imminent sexual abuse, said they would immediately ensure the inmate was removed from the threat until a decision could be made concerning where the inmate could be placed to stay safe. Most stated the inmate would probably be placed in protective custody/administrative restrictive housing until the supervisors could investigate and determine where to house the inmate. The Warden, in an interview, related the inmate would be removed from that threat and placed in protective custody until an investigation could be conducted. Other options could be to transfer the inmate(s) posing the threat or transferring the inmate who does not feel safe in this facility. If an inmate was placed in protective custody, he would be given access to programming insofar as possible and if a privilege was denied, the reasons would be documented. In the past 12 months there was no instance in which non-correctional officers or correctional staff were made aware of an offender being sexual abuse or harassed. Interviews with the inmate and staff confirmed that facility staff protect the inmate victim and separate victim from the alleged predator.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.63 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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POLICY AND DOCUMENT REVIEWED:

MTC 903E.02 - Sexual Safety in Prisons (PREA) - Pg. 1, 14

ADC Policy -125 Sexual Offender Reporting

Memo re: Sexual Abuse Allegations from Prior Facility

Documentation re: 72 Hour Notification to Sending Unit

MTC 903E.02 -Sexual Safety in Prisons meets the requirement of this standard. Policy requires 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/facility where sexual abuse is alleged to have occurred and that this notification is within 72 hours after receiving an allegation and provide documentation of the notification. Policy also requires all allegations received from other facilities/agencies are investigated.

ADC Policy -125 Sexual Offender Reporting requires that if an inmate alleges sexual abuse while confined at another facility, the Warden or designee will notify with notify on-site ADC staff who will notify ADC CIU office immediately to begin the investigations. In the past 12 months, there were no allegation from an inmate that he was sexually abuse while confined at another facility. There were two allegations prior to the audit cycle that an inmate sexual harassed at a sending facility. Compliance was determined through review of agency and company policy, and interviews with Investigator, IPCM on site ADC monitor and Warden.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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POLICY AND DOCUMENT REVIEWED:

MTC 903E.02 - Sexual Safety in Prisons (PREA) - Pg. 1, 14, 15
 ADC Policy DO - 125 Sexual Offender Reporting
 Lesson Plan - PREA - Sexual Assault, Abuse Recognition & Prevention
 Employee PREA Card
 Memo of Fact

MTC Policy, Ensuring Safe Prisons, 903E.02, Paragraph 26, Staff First Responder Duties and requires upon learning that an inmate was sexually abused with a time frame that still allows for the collection of physical evidence, 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) Instruct the victim not to take any actions that could destroy physical evidence, including washing, brushing his or her teeth, changing clothes, urinating, defecating, smoking, drinking or eating and 4) ensure that the alleged abuser does not take any actions that could destroy physical evidence, including as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. If the first responder is non-security staff, he or she is required to instruct the victim not to take any actions that could destroy physical evidence and then notify security staff.

During the last 12 months there have been no allegations of sexual harassment or sexual abuse where not correctional staff were the first responders. An examination of policy/documentation, interview with all staff interviewed including support staff and volunteer supervisor confirms compliance with this standard.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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POLICY AND DOCUMENT REVIEWED:

ADC Policy DO - 125 Sexual Offender Reporting
MTC Policy, 903E-02, Ensuring Safe Prisons
Coordinator Response Plan
Sexual Assault Prevention Card
PREA assault check list

ASP - Marana Coordinator Response Plan address the mandates of this standard. The policy specifies the guidelines and procedures that prevent sexual abuse/sexual assault and provide for prompt and effective intervention, in the event a case of abuse or assault occurs. Correctional staff carry a card that provides guideline for first responder or coordinated responses to sexual abuse. The policy also includes procedures for the Reporting, Protecting, Physical care, Psychological Crisis intervention, Crime Scene Preservation, and After Action Review. Four random non-correctional staff were interviewed regarding first responder reporting. All indicated they would notify the shift supervisor or correctional officer in their vicinity and would remain with the alleging offender until correctional staff arrived.

Psychology or Medical staff will attempt to make a victim advocate available through the use of a local rape crisis center. If an advocate is not available, qualified staff which has received education/training concerning sexual assault will fill this role. Tucson Medical Center provides advocates as part of their SANE/SAFE medical forensic examinations. Compliance was confirmed through the interviews with staff and by review of Coordinated Responses Plan, and interviews the Medical Administrator, IPCM and staff at Tucson Medical Center.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

MTC 903E.02 - Sexual Safety in Prisons (PREA)
Collective Bargaining

Management and Training Corporation (MTC) Policy 903E.02 Sexual Safety in Prisons mandates that any collective bargaining agreement or other agreement must comply with PREA standards dated August 20, 2012. The facility has no collective bargaining agreements. MTC Policy, 903E-02, Ensuring Safe Prisons, provides that when an inmate alleges sexual abuse or sexual harassment by a staff member, a no-contact assignment will be imposed during the investigation. Depending on the severity of the allegations, the staff member may be placed on administrative leave pending the outcome of the investigation. If the allegations are determined to be unsubstantiated, the no-contact assignment will be removed. Policy mandates employees are subject to administrative action, up to and including termination, for any inappropriate contact or relationship with inmates, regardless of whether such contact constitutes a prosecutable crime. Physical contact is not required to subject an employee to sanctions for sexual misconduct. All terminations for violations of sexual abuse/sexual harassment or resignations by staff, facility contractors, and/or inmate volunteers who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The Warden and Human Resource Manager were interviewed and verified information provided during the Pre- Audit Questionnaire. There were no incidents requiring protection for inmates from staff during the last 12 months. Compliance was confirmed through review of the policy and interviews with administrative staff.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with

victims, and emotional support services, for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?
☒ Yes ☐ No

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
☒ Yes ☐ No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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POLICY AND DOCUMENT REVIEWED:

MTC 903E.02 - Sexual safety in Prisons (PREA)
 Retaliation Posters
 Memo of Fact

MTC Policy 903E.02, Ensuring Safe Prisons, 28. Preservation of Ability to Protect Inmates from Contact with Abusers, a) through c), states MTC protects 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. Policy also requires MTC to designate staff members or charges departments to monitor for possible retaliation. The facility will employ multiple protection measures such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims and emotional support services will be offered for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

Arizona Department of Corrections Department Order, 125, Sexual Offense Reporting 1.4, Retaliation, prohibits retaliation against inmates or staff by other inmates or staff for reporting staff sexual conduct or harassment and inmate on inmate sexual assaults. All reports or allegations of retaliation are required to be investigated and if the allegations are proven the staff/inmate will be disciplined.

A PREA Monitoring Retaliation Form was provided for review. The form contains the requirements for PREA Monitoring including the following: "For at least 90 days following a report of sexual abuse or sexual harassment, the agency shall monitor the conduct and treatment of inmates and staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any negative performance reviews or reassignments of staff. The agency continues to monitor for retaliation beyond 90 days if the initial monitoring indicates a continuing need and an agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded. Space is provided for documenting the date, time and location of the interview with the staff or inmate who might experience retaliation. Comments are provided as needed. Blocks below the comments section provide the monitor with items to be reviewing. These included: Disciplinary Reports, Housing Changes, Program Changes, Negative Performance Review and Reassignment. Immediate steps to remedy the situation are to be provided as indicated.

The interviewed retaliation monitor related the facility has a zero tolerance for any form of retaliation for reporting or making an allegation of sexual abuse or sexual harassment or for cooperating with an investigation. Once an allegation of sexual abuse or sexual harassment is made, the retaliation monitor contacts the alleged victim to inform them of the monitoring process and how to contact the monitor if needed. The monitor related the following things could be monitored if the retaliation involved an inmate: disciplinary reports, housing changes, work assignment changes or other movement changes. If the retaliation involved a staff, shift changes and performance appraisals might be monitored. Monitoring would last for 30, 60 and 90 days and even beyond if necessary. The retaliation monitor described a process consistent with the PREA Standards.

There have been no allegations of retaliation during the past twelve months because there have been no allegations of either sexual abuse or sexual harassment. Compliance was determined by a review of agency policy and accompanying forms, Posters noted throughout the facility. Also compliance was determined by interviews with the Retaliation Monitor, Arizona Department of Corrections PREA Coordinator, Warden, IPCM, and an Inmate who had been monitored by the Retaliation Monitor.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

MTC Policy, 903E.02, Ensuring Safe Prisons,
ADC Policy DO - 125 Sexual Offender Reporting
Memo of Fact

ADC Policy DO - 125 Sexual Offender Reporting govern the use of segregation for protection of inmates that have made allegation of sexual abuse. Inmates at high risk for sexual victimization will not be placed involuntarily in the Restrictive Housing Unit (RHU) unless the chief psychologist, in conjunction with chief of security, medical staff has conducted an assessment and determined there are no alternative means for separation from likely abusers. In the past 12 months there were no inmates held in involuntary segregated housing awaiting completion of investigation of sexual assault. Daily activity log provided documentation that offenders was offered all of the activities or documentation why all activities were not offered. Compliance with this standard was determined by a review of policy and documentation, as well as staff interviews including Restrictive Housing Unit supervisor and Warden.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
☒ Yes ☐ No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?
☒ Yes ☐ No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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POLICY AND DOCUMENT REVIEWED:

MTC Policy 903E-02, Ensuring Safe Prisons
ADC Policy DO - 125 Sexual Offender Reporting
ADC Policy 601 Administrative Investigations and Employee Discipline
ADC Policy 608 Criminal Investigations
Memo of Fact

MTC Policy 903E-02, Ensuring Safe Prisons provides guidance for investigation of all allegations of sexual abuse or sexual harassment. An administrative and/or criminal investigation will be completed for all allegations of sexual abuse or sexual harassment. The initial investigation will begin immediately by correctional staff, normally Captain, to ensure preservation of physical and/or circumstantial evidence. ADC Policy DO - 125 Sexual Offender reporting will conduct the investigations on all allegations of sexual abuse or sexual harassment. Administrative Investigations will include an effort to determine whether staff actions or failures to act contributed to the abuse and will be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessment, and investigative facts and findings.

Criminal investigations will be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. Substantiated allegations of conduct that appears to be criminal will be referred for prosecution.

Department Order 601, Administrative Investigations and Employee Discipline establishes procedures for conducting investigations of misconduct by employees, for temporary reassignment of an employee during an investigation and for review and disposition of completed investigations by approving authorities. Department Order 608, Criminal Investigations requires, that when a unit initially reports an assault in a Significant Incident Report and it is subsequently discovered through further investigation by Criminal Investigation Unit (CIU) investigators to have the elements of sexual assault/abuse, the Central Office Communications Center is notified by CIU to change or update the SIR to reflect sexual abuse. Arizona Department of Corrections Department Order, 125, Sexual Offense Reporting, requires upon becoming aware of an allegation or actual sexual assault incident, the shift commander is required to initiate the ICS and consult with the Criminal Investigations Unit. The Criminal Investigations Unit is responsible for conducting investigations of a criminal nature. Investigators in this unit have received specialized training in conducting sexual abuse investigations in confinement settings. CIU Investigators have also completed the required Peace Officer Standards Training and have arrest powers. Following an investigation, a person found to have engaged in unlawful sexual conduct with an inmate or offender is subject to disciplinary action including dismissal and may be referred for criminal prosecution. Inmates who sexually assault another inmate are subject to disciplinary action as outlined in Inmate Disciplinary Procedures or referred for criminal prosecution.

An interview with a Criminal Investigations Unit Investigator and a Facility Investigator confirmed a thorough investigative process. The investigation would begin as quickly as possible following notification and would include collecting evidence such as clothing, sheets, photos and any biological or other forensic evidence. Staff and inmate interviews would be conducted and any applicable video footage would be reviewed. The departure of an alleged abuser or victim from the employment or control of MTC does not provide basis for terminating an investigation. During there were there were three incident of sexual abuse or sexual harassment that were reviewed. Two of the incidents were from inmates that made allegations when arriving at ASP - Marana and one was an allegation of sexual harassment. The two

allegations from arrive inmates were determined unsubstantiated and the one allegation of sexual harassment was unfounded.

When the quality of evidence appears to support a criminal prosecution, compelled interviews will be conducted only after consulting with prosecuting attorneys to determine whether compelled interviews may be an obstacle for subsequent criminal prosecution.

The credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and will not be determined by the person's status as inmate or staff. Inmates who allege sexual abuse will not be submitted to a polygraph examination or other truth-telling device as a condition for proceeding with an investigation.

ASP - Marana maintains data collection, reviews, and storage in accordance with PREA standards.

ASP-Marana investigator provided documentation of completions of Sexual Abuse and Harassment investigator's training. Discussion with the investigator validated training included all aspects of the standards for sexual abuse and harassment training.

The review of policy, investigative reports, investigators credentials and interview with two ASP - Marana investigators and Warden confirmed compliance with policy.

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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POLICY AND DOCUMENT REVIEWED:

MTC 903E.02 - Sexual Safety in Prisons (PREA) - Pg. 1, 16

ADC Policy 803, Disciplinary Procedure

Investigative Report

ADC Policy mandates in accordance with PREA standards, during the course of investigations, the facility shall impose no standard higher than a preponderance of the evidence when determining whether allegations of sexual abuse or harassment are substantiated.

Investigator training programs provide in-depth clarification of this standard. When interviewed, the investigators were aware of the evidence standard. Compliance was determined by review of policy, investigative reports, investigator training curriculum, interview with investigator and PCM.

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☒ Yes ☐ No ☐ NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever:

The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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POLICY AND DOCUMENT REVIEWED:

MTC 903E.02 - Sexual Safety in Prisons (PREA)

Memo re: Reporting to inmates

MTC Policy, 903E.02, Ensuring Safe Prisons mandate that facilities will report to inmates following an investigation into a sexual abuse allegation. The inmate shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If the investigation was conducted by an outside investigative authority, Investigative staff will request relevant information from such authority in order to inform the inmate

An interview with a CIU investigator confirmed the notification process required by policy and the PREA Standards. If DOC CIU conduct the investigation, CIU would make the notification to the inmate. When substantiated, this notification will be documented in the inmate's central file. When unsubstantiated or unfounded, this notification will be documented on the Sexual Abuse/Assault or Harassment Follow up Interview Form. Following an inmate's allegation of sexual abuse by another inmate, the inmate will be notified by facility staff as to the charges or conviction of the assailant related to the sexual abuse. This notification will be documented in the central file. Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, staff will inform the inmate (unless the allegation is determined to be unfounded) whenever the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at the facility, staff learn that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. This notification will be documented in the inmate's central file.

All facility obligations to report to the victim will terminate when the victim is released custody.

During this auditing period, there were no alleged sexual abuse or sexual harassment that required notification in accordance with this standard. Compliance with this standard was determined by a review of policy, interviews with staff and investigators.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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POLICY AND DOCUMENT REVIEWED:

MTC Policy 903E.02 - Sexual Safety in Prisons (PREA) - Pg. 1, 17
MTC Policy 203.1 - Rules of Conduct - Pg. 1, 2, 3
ADC Policy 601 Administrative Investigations and Employee Discipline
ADC Policy DO - 125 Sexual Offender Reporting
Memo from Human Resources Staff

MTC 3-E2 Sexual Abuse Assault Prevention and Intervention Program - Staff Disciplinary Sanctions mandates all staff, contractors, and volunteers are subject to disciplinary sanctions for violating ASP - Marana sexual abuse and sexual harassment policies. Disciplinary sanctions for violations relating to sexual abuse and sexual harassment (other than engaging in sexual abuse) will be commensurate with the nature and circumstances of the acts

committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. In the case of any other violations relating to sexual abuse and sexual harassment by a contractor or volunteer, appropriate remedial measures and consideration will be taken to determine whether or not to prohibit further contact with inmates.

ADC Policy DO - 125 Sexual Offender Reporting establishes system for Wardens to respond to sexual abuse or sexual harassment by staff. The Warden will request and investigation as outlined in Departmental Order # 608 Criminal Investigations, and make written notification to the Division Director for Prison Operations through the appropriate Regional Operations Director when an investigations involving a staff on sexual assaults opened. Once a criminal investigation is initiated, an administrative investigation shall be initiated as outlined by Department order 601 Administrative Investigations and Employee Discipline

Termination is the presumptive disciplinary sanction for staff, contractors, and volunteers who have engaged in sexual abuse. All terminations for violations of ASP - Marana sexual abuse and sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, will be reported to law enforcement agencies and any relevant licensing bodies, unless the activity was clearly not criminal. There have been no substantiated cases of staff provided a caution for engaging in sexual harassment in the last twenty four months. Compliance with this standard was determined by a review of policy and staff interviews including correctional staff, human resources director, and contractors.

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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POLICY AND DOCUMENT REVIEWED:

ADC Policy DO - 125 Sexual Offender Reporting
MTC 903E.02 - Sexual Safety in Prisons (PREA)
Memo re: Corrective action for Contractors and Volunteers

MTC 903E.02 - Sexual Safety in Prisons mandates contractors, and volunteers are subject to disciplinary sanctions for violating ASP - Marana sexual abuse and sexual harassment policies. In the case of any other violations relating to sexual abuse and sexual harassment by a contractor or volunteer, appropriate remedial measures and consideration will be taken to determine whether or not to prohibit further contact with inmates. Termination is the presumptive disciplinary sanction for staff, contractors, and volunteers who have engaged in sexual abuse. All terminations for violations of ASP - Marana sexual abuse and sexual harassment policies, or resignations by staff, contractors or volunteers who would have been terminated if not for their resignation, will be reported to law enforcement agencies and any relevant licensing bodies, unless the activity was clearly not criminal. There have been no substantiated cases of volunteer engaging in sexual abuse or sexual harassment in the last twelve months. Compliance with this standard was determined by a review of policy and staff interviews including volunteer coordinator, human resources director, and contractor.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.78 (g)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

ADC Policy DO - 125 Sexual Offender Reporting

Arizona Department of Correctional Policy 903 Sex Abuse Education and Treatment Program

The Offender Handbook address the mandates of this standard. Information on inmate disciplinary sanctions is provided as part of the orientation process upon entry into the facility. Inmates interviewed indicated a good understanding of their freedom to make allegations without consequences for making good faith allegations. The Inmate Discipline Program defines sexual assault of any person, involving non-consensual touching by force or threat of force, as the greatest severity level prohibited act. The program identifies inmates engaging in sexual acts and making sexual proposals or threats to another as a high severity level prohibited act. Consensual sex or sexual harassment of any nature is prohibited and will result in discipline. Consensual sex between inmates does not constitute sexual abuse. Sanctions are commensurate with the nature and circumstances of the abuse committed, along with the inmate's disciplinary history and the sanctions imposed for comparable offenses by other inmates with similar histories.

Inmates are subject to disciplinary sanctions pursuant to the formal disciplinary process defined in the Inmate Discipline Program. The disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to the inmate's behavior when determining what type of sanction, if any, should be imposed. Prior to disciplinary hearing mental health staff access the above information. The facility considers the offer of therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. The institution does not discipline inmates who make an allegation in good faith, even if an investigation does not establish evidence sufficient to substantiate the allegation. There were no disciplinary actions regarding PREA violations. Compliance with this standard was determined by a review of policy/documentation and the inmate discipline process, as well as staff and inmate interviews.

MEDICAL AND MENTAL CARE

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health

practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)

☒ Yes ☐ No ☐ NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes ☐ No ☐ NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? ☒ Yes ☐ No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

MTC 903E.02 - Sexual Safety in Prisons

ADC Policy DO - 125 Sexual Offender Reporting

MTC - A-29 - Mental Health Screening - Pg. 1-3

MTC - A-31 - Mental Health Evaluations - Pg. 1, 2

Intake Screening Form re: Prior PREA Related History

Attachment A. PREA Intake Objective Screening Instrument

Medical Intake Screening: Prior Sexual Victimization and Consent

Medical Mental Health Screen: Prior Sexual Victimization

Referral to Psychology for Prior Perpetrator

Memo of Fact

MTC 903E.02 - Sexual Safety in Prisons and Intake Screening mandates inmates who disclosed prior victimization during screening are offered a follow-up meeting with a medical or mental health practitioner. Additionally, inmates who have previously perpetrated sexual abuse, as indicated during the screening, were offered a follow-up meeting with a mental health practitioner. Treatment services are offered without financial cost to the inmate. This was confirmed by observation and a review of intake screening documents. Screening for prior sexual victimization in any setting is conducted by PREA compliance team staff during in-processing procedures. In-processing procedures also screen for previous sexually assaultive behavior in an institutional setting or in the community. During the intake process a medical provider separately interview the incoming inmate. During this process follow-up meetings with inmate that have history of sexual abuse or are identified as a sexual predator or scheduled. When requested staff members ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Information related to sexual victimization or abusiveness is limited to medical and mental health practitioners and other staff with a need-to-know for treatment plans, security, housing, work, program assignments and management decisions. Signed and dated informed consents are obtained from inmates before reporting prior sexual victimization which did not occur in an institutional setting.

The institution does not house inmates under the age of 18. All screenings are recorded in the Medical and Mental Health inmate records. All information is handled confidentially and interviews with intake screening staff support a finding that the facility is in compliance with this standard. Compliance was confirmed by a review of policies and intake screening documents, mental health referrals and Mental Health appointment notes as well as interviews with three (3) inmates who self-identified as having experienced prior victimization during intake and four (4) inmate who identifies as gay. Compliance was also determined by review of the screening instrument, interviews with inmates, and Medical Administrator and Mental Health Provider.

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by

medical and mental health practitioners according to their professional judgment?

☒ Yes ☐ No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

MTC 903E.02 - Sexual Safety in Prisons
ADC Policy DO - 125 Sexual Offender Reporting
Arizona Department of Corrections, Department Order, 608, Criminal Investigations,
Mental Health Follow Up logs

Medical Intake Screening: Prior Sexual Victimization and Consent

The facility medical and mental health personnel provide emergency medical services to inmates. Medical personnel are on duty 12.5 hours a day, seven days. Mental health providers are on-site 8 hours a days and are also available for call-back during off duty hours. Agency policy prohibits inmate co-pays for medical treatment to victims of sexual abuse and all treatment is offered at no financial cost to the inmate. Inmate victims of sexual abuse, while incarcerated, are offered information about and timely access to information on sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. There were no allegations of sexual abuse that required referral for forensic examination in the last year. Compliance with this standard was determined by a review of policy/documentation and interviews with medical staff at Tucson Medical Center.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☒ Yes ☐ No ☐ NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-

related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☒ Yes ☐ No ☐ NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

Statement of Work
MTC Policy, 903E.02, Ensuring Safe Prisons
ADC Policy DO - 125 Sexual Offender Reporting
MTC - A-29 - Mental Health Screening - Pg. 1-3
MTC - A-31 - Mental Health Evaluations - Pg. 1, 2
MTC - C-13 - Sexual Assault - Pg. 1, 2

MTC Policy, 903E.02, Ensuring Safe Prisons, 38. Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers a) through e) states MTC facilities offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse. Female victims are offered pregnancy tests in MTC facilities and if pregnancy results from sexual abuse, victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Inmate victims are offered tests for STIs. A mental health evaluation of all known inmate-on-inmate abusers is conducted within 60 days of learning of such abuse history and treatment offered when deemed appropriate by mental health practitioners. The Statement of Work stipulates that only female adult offenders can be housed at the facility.

The facility mental health services are provided through Clinical Psychologist or Psychiatrist employed by ASP - Marana. The Clinical staff would provide staff to attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. Health services include medical and mental health aftercare plans to be developed no later than 30 days prior to the anticipated date of release for inmates subjected to sexual abuse. Psychology staff shall ordinarily determine the need for aftercare and transitional treatment services, and notify the unit manager of their recommendations. For those cases where further services are recommended, consultation between psychology services and Arizona Department of Corrections would occur, psychology services will assist the victim in locating community services. Victims would also receive timely and comprehensive information about and timely access to all necessary medical services.

Compliance to the standard was verified through review of policy standard operations procedures and interviews with Medical Administrator.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d) (1) - (d) (5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

MTC 903E.02 - Sexual Safety in Prisons
ADC Policy DO - 125 Sexual Offender Reporting
PREA Investigation Follow up Log
Incident Review Team Report
Incident Review Team - Minutes and Reports re: Findings and Recommendations
Sexual Assault Investigation Packet
Incident Review

MTC 903E.02 - Sexual Safety in Prisons and ADC Policy DO - 125 Sexual Offender Reporting
Procedures requires the following:

- (a) Within 30 days of the conclusion of the investigation, unless the allegation was determined to be unfounded, a review team, designated by the Chief Administrative Officer, shall review the case and:
- (b) Determine what may have been the motivation for the incident or allegation such as, but not be limited to, race, ethnicity, gender, gender identity, sexual orientation, transgenderism, intersex identification, gang affiliation, etc.
- (c) Determine if there is a need for changes to policy or procedure; or if factors such as physical barriers or staffing may have enabled the abuse.
- (d) Assess whether monitoring technology should be deployed to supplement staff supervision.
- (e) The review team shall prepare and submit to the Chief Administrative Officer and facility PREA Compliance Manager a written report of their findings and any recommendations for improvement.
- (f) Documentation for any recommendation not implemented shall be maintained.

During the last 12 months there have been no allegation of sexual abuse or sexual harassment that happened at the facility that were not determined to be unfounded. MTC has a specific after action report that involves facility and cooperate staff in completing the after action report a review of the incident reviews, the Incident Review forms and interviews with the Warden, MTC PREA coordinator, and ASP - Marana PREA compliance manager confirmed compliance with this standard. The warden has established an Incident Review Team. Interviews with the incident review team members were aware of the role they would provide. The Arizonian PREA Coordinator interview provide guidance that his office reviews all investigations and works with facility to incident review team occur and are routed to the appropriate DOC division directors for after action reporting.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?
☒ Yes ☐ No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
☒ Yes ☐ No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☒ Yes ☐ No ☐ NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

MTC 903E.02 - Sexual Safety in Prisons

ADC Policy DO - 125 Sexual Offender Reporting
ADC Policy DO - 125 Sexual Offender Reporting
MTC Data Collection Tool
MTC Annual PREA Report
Memo of Fact

Management and Training Corporation (MTC) Policy 903E.02 Sexual Safety in Prisons addresses the mandates of this standard. A review of documentation supports the finding that the facility has collected accurate, uniform data for every allegation of sexual abuse at facilities under its direct control (including contract facilities), using a standardized instrument and set of definitions. The incident-based data collected includes information required to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The agency data has been aggregated at least annually for the last two years. Upon request, the agency would provide all such data from the previous calendar year to the Department of Justice no later than June 30. The Investigative team must maintain secure investigative files and data, which include:

- The victim(s) and perpetrator(s) of sexually abusive behavior.
- A factual description of the events.
- Formal and informal action(s) taken.
- All collateral reports, supporting memoranda, and videotapes.
- Medical forms (e.g., injury assessments).
- Any other evidentiary materials pertaining to the allegation.

The Information, Policy, and Public Affairs Division collects and reports on the data used in the Bureau of Justice Statistics Survey of Sexual Violence. The agency aggregates the incident-based sexual abuse data at least annually. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The Information, Policy, and Public Affairs Division collects and reports. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmate.

Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30 and shall submit unique information and reports as requested by the client and participate in meetings and training as requested by the client.

A review of documentation and staff interviews confirmed compliance to this standard. The data collected includes the information 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 and reviews all data annually. Upon request, the Agency would provide all such data from the previous calendar year to the Department of Justice no later than June 30 of each year. Compliance with this standard was also determined by a review of policy/documentation website and an interview with the PCM and MTC PREA coordinator and ADC coordinator. The Warden provided a memo that indicated the facility has not reporting in the last 12 months but would follow the required protocol if incident do occur.

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

MTC Policy 903E.02 Sexual Safety in Prisons
ADC Policy DO - 125 Sexual Offender Reporting
MTC Annual PREA Report

Management and Training Corporation (MTC) Policy 903E.02 Sexual Safety in Prisons November 1, 2019 Data Review for Corrective Action address the mandates of this standard. The agency and facility review and assess all sexual abuse/sexual harassment data at least annually to improve the effectiveness of its sexual abuse prevention, detection and response policies, to identify any trends, issues or problematic areas and to take corrective action if needed. The PREA Compliance Manager forwards data to the agency PREA Coordinator. The Arizona Department of Corrections PREA coordinator indicated that ASP - Marana send monthly and yearly reports to his office along with corrective actions plans. The Coordinators office compiles this information for Arizona Department of Corrections annual report. A review of ASP - Marana report and ADC report for 2019 included all allegations of sexual abuse or sexual harassment and the findings of each allegation investigations. Compliance with this standard was determined by a review of policy/documentation and staff interviews.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
☒ Yes ☐ No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

MTC Policy 903E.02 Sexual Safety in Prisons
MTC Website – Annual PREA Reports

Management and Training Corporation (MTC) Policy 903E.02 Sexual Safety in Prisons November 1, 2019 Data Storage, Publication, and Destruction addresses the requirements of this standard. The data is retained in a secure filing system. The final report does not contain any personal identifiers and policy requires that the statistical data be retained for a period of no less than 10 years, unless federal, state or local law requires otherwise. The agency makes the information available on the MTC website. The reports cover all data required in the elements of this standard. Staff interviews and a review of documentation confirmed compliance with this standard. The required reports cover all data required in this standard and are is retained in a file. Compliance with this standard was determined by a review of policy/documentation and interviews with MTC PREA coordinator, IPCM and warden.

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☐ Yes ☒ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☐ Yes ☒ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☐ Yes ☒ No ☐ NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
☒ Yes ☐ No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This is the third PREA audit of this facility. The last PREA audit was in March 2017. The auditor was allowed access to all areas of the facility and had access to all required supporting documentation. The auditor was able to conduct private interviews with both inmates and staff. All Texas facilities have received at least one PREA audit since August 20, 2012. This audit was scheduled to be completed in June 2020 and was rescheduled on four occasion in response to Cova 19 virus. The auditor was provided supporting documentation before and during the audit. Notifications of the audit (posted throughout the facility) allowed inmates to send confidential letters to the auditor prior to the audit. No pieces of correspondences from an inmates or staff were received by the auditor.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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The institution has fully implemented all policies, practices and procedures outlined in the PREA standards. The auditor reviewed applicable standards and, through the review of supporting documentation, interviews with staff and inmates and the observation of physical evidence, concluded that this facility fully meets and substantially complies in all material ways with the PREA standards for the relevant review period. The agency and facility's leadership are fully committed to eliminating sexual abuse/sexual harassment, as evidenced in the realistic staffing analysis and the recommendations for enhanced supervision techniques. Substantiated allegations of abuse are processed in accordance with the standards, to include incident reviews, disciplinary actions, if required, and outcome notifications.

PREA training for staff and inmates is documented and all stakeholders receive the appropriate level of training and are knowledgeable of the intent of the PREA and the tools available to ensure prevention, detection, reporting and response to sexual abuse incidents. Sexual abuse and victimization propensity screening is well established and tracked in an organized fashion. Referrals for mental health counseling are integrated in the intake and allegations of sexual abuse processes. Medical, mental health, and sexual abuse intervention and support networks for the inmates are established in the community. The public has access to reporting mechanisms and PREA trends data via the website. Arizona State Prison - Marana currently meets all applicable PREA standards.

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.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Robert Manville

12-07-2020

Auditor Signature

Date

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.