NATIONAL PREA RESOURCE CENTER

PREA AUDIT REPORT ☐ INTERIM x☐ FINAL
JUVENILE FACILITIES

Date of report: June 5, 2015

Bureau of Justice Assistance
U.S. Department of Justice

Auditor Information			
Auditor name: Michael McCarville			
Address: [redacted]			
Email: [redacted]			
Telephone number: [redacted]			
Date of facility visit: June 1, 2015 to June 3, 2015			
Facility Information			
Facility name: Adobe Mountain School (AMS)			
Facility physical address: 2800 West Pinnacle Peak Road, Phoenix, Arizona 85027			
Facility mailing address: *(if different from above)* Click here to enter text.			
Facility telephone number: (623) 869-9050			
The facility is:	☐ Federal	x☐ State	☐ County
	☐ Military	☐ Municipal	☐ Private for profit
	☐ Private not for profit		
Facility type:	x☐ Correctional	☐ Detention	☐ Other
Name of facility's Chief Executive Officer: Michelle Cassavaugh			
Number of staff assigned to the facility in the last 12 months: 530			
Designed facility capacity: 614			
Current population of facility: 310			
Facility security levels/inmate custody levels: Secure Level			
Age range of the population: 12 to 17 years of age			
Name of PREA Compliance Manager: Raquel Bradley		**Title:** PREA Compliance Manager/Inspector	
Email address: RBradley@azdjc.gov		**Telephone number:** (602) 525-3363	
Agency Information			
Name of agency: Arizona Department of Juvenile Corrections (ADJC)			
Governing authority or parent agency: *(if applicable)* Click here to enter text.			
Physical address: 1624 West Adams Street, Phoenix, Arizona 85007			
Mailing address: *(if different from above)* Click here to enter text.			
Telephone number: (602) 542-4302			
Agency Chief Executive Officer			
Name: Dona Marie Markley		**Title:** Assistant Director	
Email address: DMMarkley@azdjc.gov		**Telephone number:** (602) 364-4051	
Agency-Wide PREA Coordinator			
Name: Doug Sargent		**Title:** Inspections Bureau Administrator	
Email address: DSargent@azdjc.gov		**Telephone number:** (602) 525-0695	

AUDIT FINDINGS

NARRATIVE

The PREA Audit of the Arizona Department of Juvenile Corrections (ADJC) Adobe Mountain School (AMS) was conducted June 1, 2015 to June 3, 2015.

The mission of the Arizona Department of Juvenile Corrections (ADJC) is to enhance public protection by changing the delinquent thinking and behaviors of juvenile offenders committed to the Department. A.R.S. §41-2802 charges ADJC with responsibility for all youths adjudicated as delinquent and committed to its jurisdiction by the county juvenile courts. ADJC is accountable to the citizens of Arizona for the promotion of public safety through the management of the state's secure juvenile facilities; the development and provision of a continuum of services to juvenile offenders; and the movement of youth from secure care to the community for continued supervision and management.

A.R.S. §41-2804 authorizes ADJC to operate secure care facilities and programs for the custody, control, treatment, education and rehabilitation of all youths committed to the Department. In addition A.R.S. §41-2831 requires ADJC to establish a state education system for committed youth. Secure care services are provided at Adobe Mountain School in Phoenix, a 300 acre, 614 bed facility constructed in 1972 and 1986. Youth in secure care are provided intake assessment services; housing and food services; safety/security; transportation; legal services; healthcare; clinical treatment; behavioral programming; middle school/high school education; pro-social activities; religious services; and family involvement and visitation.

Assessment and Treatment: Upon intake, all ADJC youth undergo a comprehensive screening, assessment, and classification review and an orientation regarding ADJC procedures, rules, programs and services. This Reception, Assessment & Classification (RAC) Process occurs in the first 23 days after the Youth's arrival to secure care. The RAC process provides necessary information to enable ADJC to develop an Individualized Case Plan based upon the youth's specific needs and criminogenic risk, which includes individualized treatment and programming; education placement and coursework; and appropriate pro-social activities. ADJC provides all youth at AMS with behavior therapy treatment and provides specialty treatment to youth as needed. In alignment with the Individualized Case Plan, youth are assigned to housing units based upon their primary treatment needs. Certain housing units are specialized in their treatment for particular populations, i.e. Substance Dependent, Mental Health, Sexualized Behavior, Parole Violator, and the programming in those units focuses on those specific needs plus others identified, including delinquent thinking. Non-specialized (Core) units, provide treatment for other identified needs, which can include anger management and substance abuse. Treatment is provided by Psychologists and Psychology Associates (PSAs). As a companion to treatment, ADJC provides all youth at AMS with psycho-educational groups conducted by Youth Program Officers III and designed to address a variety of behavioral disorders.

Security: ADJC manages youth through a Youth Behavior Management process that ensures the safety and security of the youth, staff, and other persons at AMS. In addition, it ensures an undisrupted environment in which all youth services (Assessment, Treatment, Education, Health, etc.) can be effectively provided. Each day at Adobe Mountain School is filled with a highly structured, disciplined and organized program schedule. Throughout the day security/corrections staff monitor and manage youth movement, with attention to segregating youth by gender, safety, and programming needs. Youth Corrections Officers are with youth during programming hours at all times, ensuring they are safe and engaging in their required programming. Staff monitor the youth in the kitchen, education, treatment groups, pro social activities, the health unit, housing units, visitation, and separation. Every officer is trained to manage the youth during daily operations, assist them with their daily programming, and to intervene quickly and effectively either verbally or physically in a time of crisis, based on a continuum of intervention.

Education: ADJC's Adobe Mountain School is accredited through AdvancED (formerly known as the North Central Association Commission on Accreditation and School Improvement) and offers the standard high school curriculum. All youth committed to ADJC, who do not have a high school diploma, are enrolled in the high school program, leading to a high school diploma. As part of the high school program, youth are assigned classes based upon their readiness for that grade-level work and their credit needs. Classes include academic education, career training education (CTE), and credit recovery. The Adobe Mountain School (ADJC secure care facility), has about 44,000 square feet of interior space dedicated to Education; including two main Academic Education buildings (Discovery and Esperanza) and four satellite CTE facilities on AMS grounds (Honor, Odyssey, Wisdom, and Independence). The ADJC academic school year has 200 instructional/school days divided into seven, six week terms, separated by one to two week breaks. Each term offers two courses, each ½ credit, allowing youth to earn one credit per term. In addition, youth take a one credit life skills course that runs concurrently with their confinement, making them eligible for up to eight credits per year. Youth can also earn additional expedited credit through credit recovery or by participating in an after-school distance learning program operated in the secure care facility by a charter school. Each student is screened and assessed and an Individual Education Plan (IEP) is created or updated for qualifying students. Special education students are placed in regular classes designed to meet their needs, which are team taught by an academic or CTE teacher and a special education teacher. ADJC is also a designated GED test site. Both pre-GED and official GED testing are held weekly. The GED is administered through computer based testing. Students who earn their GED continue to work towards their high school diploma.

Health Services: Youth at AMS receive complete 24/7/365 health services, through direct on-site services provided by ADJC employees, limited/specialty contracted on-site health providers, and off-site health providers. ADJC provides ongoing medical, dental, pharmacy, and mental healthcare to over 700 juvenile offenders in secure care at AMS per year. At AMS, health services are provided in a 6,129 square foot stand-alone facility that serves as an inpatient care clinic. Upon commitment to ADJC and arrival at AMS, all youth receive a health screening, which includes a physical examination, eye examination, dental examination, audiometric screening, immunizations as required, and if needed for girls OB/GYN services. While housed at AMS, youth are seen immediately for all emergency situations and as requested by youth for other non-emergency medical, dental, and health issues. Medications are provided to all youth as prescribed by ADJC medical doctors or by psychiatrists.

Youth Rights: In order to ensure that youth committed to ADJC receive the due process safeguards entitled to them by the Constitution, the Due Process Proceedings Office (DPPO) schedules and presides over all Parole Revocation, Parole Suspension, Restitution, and Disciplinary Hearings. The Chief Hearing Officer is responsible for the administration of due process for youth committed to ADJC. This officer interprets Arizona Criminal Statutes, current case law, and Department policies and procedures in order to make findings on allegations and decisions on motions made, and write final decisions. In addition, Juvenile Ombuds serve as an essential link between facility staff and the youths committed to ADJC's care. They train all youths committed to ADJC's care regarding their rights during their stay and in understanding and accessing the grievance procedure. Ombuds advocate for youth in administrative hearings, investigate youth complaints, advocate for improvements and access to appropriate care, facilitate the juvenile grievance procedure, and monitor conditions at each facility. Ombuds also assist in serving as monitors for PREA compliance.

Facility Comments:

ADJC secure care services are provided at Adobe Mountain School (AMS), 2800 West Pinnacle Peak Road, Phoenix, Arizona. AMS is a 300 acre, 614 bed facility constructed in 1972 and 1986. It is comprised of 44 buildings; including 1 intake/reception area, 13 housing units, 2 separation units, 6 education units, 1 main dining hall, 1 health unit, 2 chapels, 2 administrative office areas, 6 recreation areas, and 2 visitation areas. All primary services, including health services, education services, food service, canteen, and facility services are provided by ADJC, rather than by contracted providers.

All housing units are cell units, with control rooms, common areas, shower rooms, day rooms. Cells have single or double bunks and are equipped with one lavatory/commode. The security perimeter consists of woven wire fences

with multiple rolls of razor ribbon. AMS provides 24 hour a day perimeter security to ensure youth remain inside the secure care facility; to prohibit contraband from entering facility grounds; and to prevent access by the general public without proper authorization. Two Control Centers (sally port) control vehicle and foot traffic into and out of the facility.

On Monday, June 1, an entrance meeting was held at 8:00 AM where introductions were made. The following staff was in attendance:

Assistant Director Dona Marie Markley
Secure Care Bureau Administrator, Michelle Cassavaugh
PREA Coordinator, Doug Sargent
PREA Compliance Manager, Raquel Bradley

After the entrance meeting, youth and staff names were selected for formal interviews followed by a tour of AMS. During the facility tour, staff and youth were informally questioned to learn their understanding of PREA standards. While touring the facility, youth offender housing, education, health services, food service, recreation, youth offender separation, and other areas required by the PREA guidance were examined. Following the facility tour, formal interviews for adjudicated youth were conducted. On Tuesday and Wednesday, staff interviews and file/document reviews were conducted.

During the on-site audit, the auditor toured the secure care facility, examined additional documentation, and conducted formal staff and youth offender interviews: 19 youth, 10 Specialized Staff, 4 Management Staff, and 10 Youth Corrections Officers were interviewed using the questions provided in the audit documents. The staff and the youth were eager to answer all questions.

The Pre-Audit document provided by the facility indicated 42 allegations of inmate sexual abuse and sexual Harassment. All were investigated. 40 cases were determined to be unfounded, unsubstantiated, or substantiated and two cases are still under investigation.

On Wednesday afternoon, an exit meeting was conducted with the same employees who attended the entrance meeting. The auditor provided the staff an overview of the preliminary audit results and congratulated the facility staff for their progress in compliance with the PREA standards.

DESCRIPTION OF FACILITY CHARACTERISTICS

AMS HOUSING			
HOUSING UNITS	**SPECIALTY POPULATION**	**BED CAPACITY**	**JUNE 1, 2015 CURRENT POPULATION**
South Units		50	45
Nova	Boys Sex Offender/Non-Adjudicated	25	23
Journey	Boys Sex Offender/High/Medium Risk	25	22
West Units		190	107
Venture	Boys Core: High/Medium Risk	48	27
Crossroads	Boys Core: High Risk	48	23
Voyager	Boys RTC: Parole Violators/High/Medium	48	29
Freedom	Boys Substance Dependent/High/Medium Risk	46	28
East Units		216	100
Phoenix	VACANT	36	0
Enterprise	Boys Core: Medium/Low Risk	36	27
Triumph	Boys Mental Health Acute	36	21
Vision	Special Placement/Behavior Intervention	36	13
Hope	Boys Substance Dependent Medium/Low Risk	36	23
Genesis	Boys Core: Medium/Low Risk	36	16
North Units		158	53
Challenge	Boys Intake RAC/High/Medium/Low Risk	62	19
Sunrise	VACANT	44	0
Dignity	• Girls Substance Dependent/RSAT • High/Medium Risk • Girls Mental Health/Co-Occurring • Intake/PV	52	34
TOTAL		614	305

AMS GENDER JUNE 1, 2015	
Male	271
Female	34

AMS AGE RANGE JUNE 1, 2015	
Youngest	Oldest
12*	17
**one 12 year old and one 13 year old 303 14 years of age and older*	

AMS FULL TIME STAFF	
Administration	9
Youth Records/Intake	6
Youth Corrections Officers	246
Sergeants	20
Transportation/Corrections Officers	6
Lieutenants	6
Captains	1
Majors	1
Youth Program Officers II/Recreation	8
Youth Program Officers III/Caseworkers	33
Youth Program Supervisors	9
Religious/Volunteer Services	2
Psychologists/PSA/Mental Health Coordinators	19
Health Services	28
Education	39
Food Services	16

Maintenance/Ground/Warehouse	17
Human Resources	1
Staff Development	2
Inspections	3
MIS	4
Legal/Youth Ombudsman	2
Total Facility	**478**

SUMMARY OF AUDIT FINDINGS

Click here to enter text.

Number of standards exceeded: 2

Number of standards met: 40

Number of standards not met: 0

Number of standards not applicable: 1 (115.366)

Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

☐ Exceeds Standard (substantially exceeds requirement of standard)

x☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

ADJC has policy that spells out and mandates "Zero Tolerance" toward all forms of sexual abuse and sexual harassment. The facility/agency has policy outlining how it prevents, detects, and responds to sexual abuse and sexual harassment. Both the agency PREA Coordinator and facility PREA Compliance Manager admitted during interviews that they have sufficient time and authority to coordinate the agency and facility's efforts to comply with the PREA standards. This was evidenced by the auditor's review of policies, documents, facility tour, and staff and resident interviews.

Standard 115.312 Contracting with other entities for the confinement of residents

☐ Exceeds Standard (substantially exceeds requirement of standard)

x☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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ADJC has entered into or renewed contracts for the confinement of residents in residential facilities, however, the residential facilities are those that are not primarily used for the confinement of youth in the juvenile justice system and are not required to be covered by the PREA standards. Reference: PREA Resource Center FAQ's dated 6/1/2015, Applicability of the Standards to Individual Settings, #1, #7, #9. Review of ADJC documentation for monitoring ADJC placement into contracted residential facilities verified ADJC maintains meeting this requirement.

Standard 115.313 Supervision and monitoring

☐ Exceeds Standard (substantially exceeds requirement of standard)

x☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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ADJC and AMS has developed a staffing plan that complies with the plan to provide for adequate staffing levels and video monitoring to protect the residents against all forms of abuse, to include sexual abuse and sexual harassment. From review of staffing documentation, daily, weekly, monthly and annual reports, and through interviews of staff and residents, facility tour, AMS provides for requirements of this standard. AMS management staff conduct unnounced tours which are documented. AMS has a staffing plan in which deviations are documented with reasoning for deviations documented and addressed. AMS is working toward achieving 1:8 day time and 1:16 night time security staffing to resident ratio by providing security training to all staff, ongoing security staff recruitment, and currently holding an academy class. (note: 1:8 resident waking hours and 1:16 resident sleeping hours security staff to resident ratios for this standard, agencies have until October 1, 2017 to achieve compliance)

Standard 115.315 Limits to cross-gender viewing and searches

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

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

ADJC policy and AMS procedures prohibit cross-gender strip searches and pat down searches by non medical staff except in exigent circumstances. Exigent circumstances require appropriate documentation for the search by cross gender staff. From review of documentation and through interviews with staff and residents, the facility has not performed any cross-gender strip searches or pat down searches over the past 12 months. From interviews, both staff and residents were aware of the exception to conduct cross gender searches and discussed examples of such exigent circumstances and of staff responsibilities to document such searches if they were to occur. From touring the facility and reviewing policies and procedures, it was observed that residents can shower, perform bodily functions, and change clothing without non medical staff of the opposite gender viewing residents in the state of undress. Agency policy requires opposite gender staff to announce their presence when entering a resident housing unit. Opposite gender announcing was observed during the facility tour. During interviews, both staff and residents stated opposite gender staff announcing occurs. Policy includes that searches of transgender or intersex residents shall not be conducted for the sole purpose of determining the residents genital status, and such determination if required will be conducted through discussion with the resident or as a broader part of a medical examination. At the time of the site tour, there were not any transgender or intersex residents assigned to AMS, thus interviews were not conducted of transgender or intersex residents. However, interviews with medical staff and security staff provided they were aware of this policy requirement. From review of the annual staff PREA training curriculum, staff were trained to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. From staff interviews, they were aware of this requirement.

Standard 115.316 Residents with disabilities and residents who are limited English proficient

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

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

ADJC has a varity of ways for residents with disabilities or are not English proficient to have an equal opportunity to participate in or benenfit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Methods include posters, pamphlets, training curriculum, handbooks, provided in English and Spanish. Staff interpreters are available and an interpreter service organization has been contracted with to provide interpreter services if AMS staff interpreters are not available. Resident interpreters are not permitted.

Standard 115.317 Hiring and promotion decisions

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

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

ADJC has a centralized approach for hiring and promoting staff and has governing policy which includes PREA hiring and promoting standards. Criminal background investigations are conducted by certified ACJIS network terminal operators. AMS has an HR office as well, but the majority of hiring and promotion practices are conducted at ADJC central office. An interview with central office HR employee verified that ADJC follows PREA hiring and promotion standards. The same practice of criminal background checks is performed prior to enlisting the services of any contractor and volunteer. ADJC exceeds the standard of conducting background checks on all employees and contractors at least once every five years by conducting background checks on all employee, contractors, and volunteers at least once every three years. This was verified by document records checks. ADJC has policy that includes that material omisions checks by staff, contractors and volunteers shall be grounds for termination of employment or termination of access to the facility for contractors and volunteers. When requested by other confinement facility agency HR staff who are considering the employment of former ADJC employees, ADJC HR staff provide information on substantiated sexual abuse/harassment incidents for those former employees. This was verified through interviews with HR staff.

Standard 115.318 Upgrades to facilities and technologies

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

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

AMS has made several modifications to the facility to include the installation of a new emergency power generator and improved roads inside the facility grounds for fire/emergency vehicle access and travel. One vacant housing unit is currently under refurbishment. ADJC has recently completed a video camera assessment to add 154 video cameras. Consideration was given to reduce blind spots and to provide for a safer environment for residents against sexual abuse and sexual harassment.

Standard 115.321 Evidence protocol and forensic medical examinations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)

x☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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ADJC has both criminal and administrative investigators who are responsible for conducting all sexual abuse and sexual harassment investigations involving residents at AMS. All investigators were properly trained and meet PREA investigation standards. The ADJC/AMS followed procedure/policy was matched to the most recent DOJ, Office on Violence Agaist Women publication, "A National Protocol for Sexual Assualt Medical Forensic Examinations, Adult/Adolescents," and was found to meet the DOJ protocol and PREA standards. The AMS medical staff do not provide SAFE/SANE forensic examiniations. SANE examinations are conducted by an outside provider at no cost to residents. An interview was conducted with a SANE provider and verified they were ready to provide services when needed. In the past 12 months, there were not any sexual abuse incidents requiring a SANE. AMS attempted to enter into agreements with local rape crisis centers and all rape crisis centers refused to provide services to AMS residents. Documentation of attempts to enter agreements has been maintained by AMS and verified by this auditor. AMS has specially selected staff to provide advocate services upon request to residents. The advocate staff received their rape crisis advocate training and certification from the Arizona Coalition to End Sexual and Domestic Violence. The advocate training documentation was verified.

Standard 115.322 Policies to ensure referrals of allegations for investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

x☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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All sexual abuse and sexual harassment allegations are investigated by ADJC criminal and/or administrative investigators. The criminal investigators all have the legal authority to conduct criminal investigations and are Arizona Peace Officer Standards and Training (AZPOST) certified. In the past 12 months, AMS had 42 reported allegations of sexual abuse and sexual harassment; 38 were referred for criminal investigation and 4 were referred for administrative investigation; 40 investigations have been completed, 2 allegations are still under investigation. Review of ADJC's website found that the investigation policies were provided on the website.

Standard 115.331 Employee training

☐ Exceeds Standard (substantially exceeds requirement of standard)

x☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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corrective actions taken by the facility.

All AMS employees are required to be trained to meet PREA standards per policy. Review of the training curriculum provides for all training requirements of this standard. All employees (100%) were trained in the past 12 months. AMS has a comprehensive training program which includes pre-service and annual in-service PREA training which are tailored to meet the gender needs of the facility. The training documentation includes signatures of employees with an added statement by signing; the PREA training material presented was understood. The training documentation was verified and complete with signatures of employees. From interviews with staff, it was verified they understood their PREA responsibilities. Additionally, staff carry wallet size cards with staff responder responsibilities to refer to if needed.

Standard 115.332 Volunteer and contractor training

☐ Exceeds Standard (substantially exceeds requirement of standard)

x☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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All (100%) of the volunteers and contractors who provide service at AMS have been trained for their responsibilities per PREA standards. The training requirement is included in ADJC policy. Reviewed the PREA training curriculum for volunteers and contractors and it covers all that is required. Documentation was verified for signatures of contractors and volunteers understanding the PREA training presented.

Standard 115.333 Resident education

☐ Exceeds Standard (substantially exceeds requirement of standard)

x☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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AMS in the past 12 months, provided PREA training to all 304 admitted residents within 10 days of arrival at the facility. From review of training documentation and by interviews with residents and intake staff, it was validated residents receive PREA information on the first day of arrival and more complete and comprehensive PREA training within several days, but not more than 10 day after arrival. Review of the resident PREA training curriculum and of the staff training for trainers curriculum verified PREA training standards for residents. The facility enhances PREA training for residents with providing the PREA policy in the resident resource library and with PREA guidance and instruction in pamphlets and resident handbooks and on wall posters and bulletin board postings throughout the facility.

Standard 115.334 Specialized training: Investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

x☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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ADJC has seven investigators and all have completed the PREA Resource Center training curriculum for conducting sexual abuse investigations in confinement settings. Training documentation provided and verified. Additionally, criminal investigators have legal authority to conduct criminal investigations and are all certified peace officers through AZPOST.

Standard 115.335 Specialized training: Medical and mental health care

☐ Exceeds Standard (substantially exceeds requirement of standard)

x☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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All AMS medical and mental health practitioners have been trained in the requirements of PREA. The Pre-Audit Questionnaire indicated that 24 (100%) medical and mental health practitioners received PREA training. Signature documentation was provided to validate the attendance and understanding of the training material by medical and mental health staff.

Standard 115.341 Screening for risk of victimization and abusiveness

☐ Exceeds Standard (substantially exceeds requirement of standard)

x☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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Screening residents for high risk of sexual abuse victimization and high risk of sexual abusiveness is completed on the first day of resident arrival at the facility, well within the first 72 hours. Residents are re-screened at least once every month; more frequently when necessary. This was validated by reviewing documentation, policy, and from interviews with screening staff and residents. An objective screening instrument is utilized which includes at a minimum, the eleven requirements to ascertain information per the PREA standards. The information gained from the screening process is controlled and disseminated to only those staff with a need to know the information and in order to ensure that the sensitive information is not exploited to the resident's detriment by staff or other residents. ADJC has policy to meet this requirement.

Standard 115.342 Use of screening information

x☐ Exceeds Standard (substantially exceeds requirement of standard)

☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

The information gathered in the inmate screening process at AMS is used to make individualized determination to ensure residents safety. The information is also used to make decisions to place residents in appropriate housing, work, education, program assignments and assure proper supervision. High risk residents (victim and abuser) are reviewed by special review staff at least once each month. LGBTI residents are not placed in particular housing assignments solely on the basis of such identification, nor are LGBTI residents identitification or status as an indicator of likelyhood of being sexually abusive. This was validated by review of policy, by facility tour and staff interviews. At the time of the site audit, there were not any LGBTI residents housed at AMS. Transgender and intersex inmates are reviewed at least once per month for their safety and their own views for their safety are given serious consideration. This was validated by policy review and staff interviews, but at the time of the site audit, there were not any transgender or intersex residents assigned to AMS to be interviewed. From tour observation, all resident showers provide for privacy of the residents. AMS has not placed any residents in isolation within the past 12 months due to their status for high risk victimization. Policy includes procedures to meet all PREA standard requirements if the need to isolate a resident at high risk for sexual abuse victimization is necessary.

Standard 115.351 Resident reporting

☐ Exceeds Standard (substantially exceeds requirement of standard)

x☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

AMS residents have several methods for reporting sexual abuse and sexual harassment allegations. They can verbally report allegations to any employee, contract employee or volunteer. They can submit an allegation in writing by letter or resident grievance system. Residents can report allegations to third parties. The ADJC website provides instructions to third parties for forwarding reported allegations. ADJC also provides a handbook to parents of residents which includes instructions for third party reporting. Residents can make reports to the Arizona Department of Child Safety (DCS) via a hotline phone system. Residents can make written anonymous reports via the mail to DCS. This mail is handled as legal mail and is not read by staff and delivered regardless of the residents ability to provide postage. ADJC policy includes listed methods for resident reporting. All staff are trained to immedicately document all verbal reports of sexual abuse/harassment from residents. PREA reporting instruction is provided to residents via intake traning, bulletin board postings, wall posters, resident handbooks, pamphlets and ADJC policy.

Standard 115.352 Exhaustion of administrative remedies

☐ Exceeds Standard (substantially exceeds requirement of standard)

x☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

ADJC has a resident grievance process outlined in policy that meets all the requirements of this PREA standard. This was validated by reviewing the policy, and interviewing staff and residents. Within the past 12 months, there have not been any grievances from residents that alleged sexual abuse.

Standard 115.353 Resident access to outside confidential support services

☐ Exceeds Standard (substantially exceeds requirement of standard)

x☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

AMS provides to the residents, confidential access to outside victim advocates by providing the address and phone numbers. A hotline phone is available for residents to utilize to make telephone calls. Bulletin board posters include the phone number and address. Validated by reviewing the bulletin boards during the site tour, and by interviewing staff and residents. ADJC policy provides for residents with confidential communication with their attorneys. ADJC policy provides residents with telephone calls and in person visitation with their parents or legal guardians.

Standard 115.354 Third-party reporting

☐ Exceeds Standard (substantially exceeds requirement of standard)

x☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

ADJC policy provides for third party reporting of allegations of sexual abuse/harassment. Instruction is included on the ADJC website and includes a reporting phone number (602) 364-4051, and a "zero tolerance" reporting email link. Other sources for instruction for third party reporting are included in a parent handbook, inmate hand book, and posters. Valided third party reporting by viewing the ADJC website.

Standard 115.361 Staff and agency reporting duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

x☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

ADJC policy requires that all employees (including medical and mental health employees), contractors and volunteers immediately report any suspicion, knowledge, or information received of an incident of sexual abuse/harassment and any staff neglect that may have contributed to sexual abuse/harassment. This is provided in employee, contractor, and volunteer training curriculum. Additionally, any sexual abuse/harassment allegation is reported to the Arizona Department of Child Safety. All reported information is confidential and ADJC policy prohibits revealing such information. Any such policy violation results in corrective action taken. Medical and mental health staff are required to inform residents of their requirement to report allegations and the limits of confidentiality. ADJC policy requires notification to parents or legal guardians of the resident victim, or the court system if it retains jurisdiction over the victim, or the guardianship of the DCS if appropriate. All reports of sexual abuse/harassment are reported to ADJC investigators. All the requirements of this standard were validated by review of policy, staff interviews, and documentation reviews.

Standard 115.362 Agency protection duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

x☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

ADJC policy includes procedure to provide for the safety of residents when AMS staff learn that a resident is in substantial risk of imminent sexual abuse and take immedicate action to protect the resident. In the past 12 months, there have not been any incidents at AMS of this sort. From review of policy and through interviews with staff, the facility meets this standard.

Standard 115.363 Reporting to other confinement facilities

☐ Exceeds Standard (substantially exceeds requirement of standard)

x☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

corrective actions taken by the facility.

From review of relevant documentation and with interviews with staff, AMS staff make notification to other agencies when residents report that they were sexually abused/harassed at other agencies within 72 hours. When AMS staff receive reported allegations of sexual abuse/harassment from other agencies, they initiate and complete investigations as required. In the past 12 months, AMS has received one reported allegation from a resident that occurred while confined at another agency facility. The other agency staff was notified within 72 hours per documention review. AMS has receive four reported allegations from other agency staff in the past 12 months. All four were investigated by ADJC investigators.

Standard 115.364 Staff first responder duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

x☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

ADJC policy meets all first responder requirements of PREA. Policy understanding was verified by the responses from the staff questioned in the interview process. In the past 12 months, 42 allegations of sexual abuse and sexual harassment were reported. Of this total, 16 allegations were for reported sexual abuse. A check list form is utilized by staff to ensure complete PREA requirements are met, to include separating victims from suspects, crime scene and evidence preservation , and evidence collection. All first responder duties were completed as required by all involved security staff. There were not any incidents in the past 12 months where the first responder was non security staff. Investigators were notified and investigated all allegations of sexual abuse.

Standard 115.365 Coordinated response

☐ Exceeds Standard (substantially exceeds requirement of standard)

x☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

AMS has an institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responder, medical and mental health practitioners, investigators, and facility leadership. A copy of the institional plan was provided and reviewed and meets this PREA standard requirement. Validated through interview with the facility secure care administrator.

Standard 115.366 Preservation of ability to protect residents from contact with abusers

☐ Exceeds Standard (substantially exceeds requirement of standard)

☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

Not applicable, Arizona State law prevents collective bargaining.

Standard 115.367 Agency protection against retaliation

☐ Exceeds Standard (substantially exceeds requirement of standard)

x☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

ADJC has policy that provides procedures for the protection of residents and staff who report allegations of sexual abuse/harassment and for those residents and staff who participate in the investigation process. Retaliation reviews and periodic status checks are conducted for at least 90 days, longer if necessary. Retaliation reviews are conducted up to the conclusion of the investigations if such investigations result as unfounded. In the past 12 months, there have not been any incidents of retaliation against those staff or residents who reported allegations of sexual abuse/harassment. This was validated by review of documation of status checks, interview with residents and staff who reported allegations, and with staff charged with the duty to monitor for retaliation.

Standard 115.368 Post-allegation protective custody

☐ Exceeds Standard (substantially exceeds requirement of standard)

x☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

ADJC has policy that residents who allege to have suffered sexual abuse shall only be placed in isolation as a last resort to provide for their safety and for only until other safe placement can be arranged. The policy requires that to the extent possible, all educational programming, and daily large muscle exercise be provided. In the past 12 months, there have not been any residents placed in isolation for this purpose.

Standard 115.371 Criminal and administrative agency investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

x☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

ADJC conducts its own investigations into allegations of sexual abuse/harassment. From review of investigation reports and by interviews with staff and residents, all reported allegations are investigated promptly, thoroughly, and completely; regardless if the victim or suspect is separated from the Department or if the victim recants their allegation. Investigators collect and preserve all evidence. Procedure is in place for investigators to consult with prosecutors prior to conducting compelled interviews. Review of this procedure document and interview with investigative staff validated this standard requirement. In the past 12 months, 10 allegations of sexual abuse resulted as sustained and were submitted for prosecution. Documentation was reviewed which validated this requirement. ADJC records retention and the Arizona State Library and Public Records maintains sexual abuse records for a time period which meets the PREA standard for retention.

Standard 115.372 Evidentiary standard for administrative investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

x☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

Standard for preponderance of evidence to determine whether allegations of sexual abuse/harassment are substantiated for administrative investigations. ADJC policy review, interview with an administrative investigator, and investigation documentation review validated meeting this standard requirement.

Standard 115.373 Reporting to residents

☐ Exceeds Standard (substantially exceeds requirement of standard)

x☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

ADJC has policy requiring notification to resident victims of sexual abuse of the investigative results for substantiated, unsubstantiated, and unfounded investigations. Notifications of the criminal prosecution process if warranted, are made to the resident victims. Notifications

include if the perpetrator is still with the Department or has been separated from the Department. All notifications were documented. There have been 16 reports of sexual abuse within the past 12 months at AMS. Appropriate notification of investigation results have been completed for 14 of the investigations. Two residents were not notified as they were released from the Department prior to the completion of the investigations. From interviews with residents who reported allegations of sexual abuse and staff, review ADJC policy, review of investigation documentation and of notification documentation, ADJC and AMS meet this PREA requirement.

Standard 115.376 Disciplinary sanctions for staff

☐ Exceeds Standard (substantially exceeds requirement of standard)

x☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

ADJC has policy which includes employee disciplinary sanctions for up to termination for violating ADJC sexual abuse and sexual harassment policies. From the Pre-Audit Questionnaire, in the past 12 months, there were five employees from AMS who violated ADJC sexual abuse/harassment policies. Four employees were terminated or resigned prior to termination for violating ADJC sexual abuse/harassment policies. One employee was disciplined, short of termination, for violation of ADJC sexual abuse/harassment policies. All five were reported to law enforcement agencies. Review of ADJC policies, investigation report documentation, and copies termination letters validated AMS meeting this PREA standard requirement.

Standard 115.377 Corrective action for contractors and volunteers

☐ Exceeds Standard (substantially exceeds requirement of standard)

x☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

ADJC has policy prohibiting any sexual abuse/harassment between contractors/volunteers with residents and if any such activity occurs, the contractor/volunteers are reported to ADJC criminal investigators. Policy also includes notification to appropriate licensing bodies. ADJC administrators shall prohibit continued contact of contractor/volunteers who violate ADJC sexual abuse/harassment policies with residents. In the past 12 months, there have not been any violations of ADJC sexual abuse/harassment policies by contractor/volunteers. From review of ADJC policy, interview with contractor/volunteer, and AMS administrative staff, AMS meets this PREA standard requirement.

Standard 115.378 Disciplinary sanctions for residents

☐ Exceeds Standard (substantially exceeds requirement of standard)

x☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

Per the Pre-Audit Questionnaire provided by AMS, and from review of ADJC policies, from observation by facility tour, and by interviewing staff, AMS meets this requirement. AMS has policy for formal disciplinary and sanctions for residents who engage in sexual abuse of other residents following both criminal and/or administrative investigations. In the past 12 months, there have not been any administrative or criminal findings of resident on resident sexual abuse at the facility. ADJC has policy in place which requires in the event a resident is placed in isolation as disciplinary for resident on resident sexual abuse violation receives: Large muscle exercise, legally required educational programs, special education, daily medical or mental health staff visits, other programs privileges to the extent possible, and sexual abuse counseling or theropy to address the underlying reasons for the abuse. In the past 12 months, no resident has been placed in isolation for violating resident on resident sexual abuse polices. ADJC has policy that provides formal disciplinary sanctions for residents who sexually abuse staff against staff consent. ADJC policy also prohibits sexual contact between residents and disciplines residents for such activity, but does not deem such activity to constitute sexual abuse if it was not coerced activity between residents. ADJC policy includes that residents who report sexual abuse allegations upon reasonable belief the allegations occurred will not be disciplined if the allegations were found to be false.

Standard 115.381 Medical and mental health screenings; history of sexual abuse

☐ Exceeds Standard (substantially exceeds requirement of standard)

x☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

ADJC policy includes that any resident who reports prior sexual abuse, as a victim or abuser, is offered a medical or mental health staff meeting, and if the resident accepts the offer, the follow up meeting shall occur within 14 days. From observation from touring the facility and by interviewing residents and staff, AMS meets this requirement. As part of the resident intake process, medical and mental health staff interview residents for sexual abuse history on their first day of arrival and offer and initiate medical and mental health treatment at that moment. ADJC policy includes that the information obtained is limited to only medical and mental health staff and other select AMS staff to make housing, work, education, and program assignment decisions for residents. There are not any residents over the age of 17 years housed at AMS, therefore, informed consent by medical and mental health staff is not applicable.

Standard 115.382 Access to emergency medical and mental health services

☐ Exceeds Standard (substantially exceeds requirement of standard)

x☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

corrective actions taken by the facility.

The medical facility at AMS is medical staffed 24/7. ADJC policy requires that all residents who report to be sexual abused have unimpeded access to medical treatment. All actions by medical/mental health staff are documented. The community standard medical treatment includes proper medical care, treatment for sexual transmitted disease, and at no cost to the resident. Documentation reviewed and staff and resident interviewed supported the requirements met for this standard.

Standard 115.383 Ongoing medical and mental health care for sexual abuse victims and abusers

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

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

ADJC policy includes all requirements of this standard. From review of appropriate documentation, interviews with staff and residents, and review of policy, AMS provides medical and mental health evaluation and treatment consistent with the community standard for health care. These services are provided to all residents who have been sexually abused. These services are at no cost to the resident. Residents who reported prior abusiveness, are also offered mental health evaluations with a 60 day period from report.

Standard 115.386 Sexual abuse incident reviews

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

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

ADJC policy includes all requirements to meet this standard. AMS has had 10 sexual abuse incidents, excluding unfounded, that a review team of upper level management staff and administrative staff completed the require sexual abuse incident reviews and completed and followed up on recommendations of the review team. AMS staff utilize a form for documenting sexual abuse incident reviews and the form covers all areas the team is to review per this standard. Reviewed policy, documentation of sexual abuse incident reviews and interviewed staff.

Standard 115.387 Data collection

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

☐ Does Not Meet Standard (requires corrective action)

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

ADJC collects sexual abuse/harassment data and compiles the data annually per policy and this standard.

Standard 115.388 Data review for corrective action

☐ Exceeds Standard (substantially exceeds requirement of standard)

x☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

ADJC collects sexual abuse/harassment data and compiles the data annually. The data is reviewed to assess any areas in need of improvement for prevention, detection and response of sexual abuse/harassment. ADJC posts annual reports on their website, which includes previous years annual reports. Interviews with staff and review of annual reports posted on the ADJC website validated compliance with this standard. Personal staff and resident information was not included in the annual reports.

Standard 115.389 Data storage, publication, and destruction

☐ Exceeds Standard (substantially exceeds requirement of standard)

x☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

Per ADJC policy and staff interview, ADJC provides for securely retaining incident based data for a period exceeding 10 years. This data is compiled from reports of sexual abuse/harassment. After personal identifiers are redacted, the data report is readily available for public review via the ADJC website.

AUDITOR CERTIFICATION

I certify that:

x☐ The contents of this report are accurate to the best of my knowledge.

x☐ No conflict of interest exists with respect to my ability to conduct an audit of the agency under

review, and

x☐ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Michael McCarville — June 5, 2015

Auditor Signature — Date