

**PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES**

Date of report: May 9, 2017

Auditor Information			
Auditor name: ██████████			
Address: █████ ██████████			
Email: ██████████			
Telephone number: ██████████			
Date of facility visit: March 29, 30, 2017			
Facility Information			
Facility name: Adobe Mountain School (AMS)			
Facility physical address: 2800 West Pinnacle Peak Road, Phoenix, AZ 85027			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: (623) 869-9050			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Tamara Gallett			
Number of staff assigned to the facility in the last 12 months: 375			
Designed facility capacity: 466			
Current population of facility: 161			
Facility security levels/inmate custody levels: Secure Care Level			
Age range of the population: 14-17			
Name of PREA Compliance Manager: Raquel Bradley		Title: PREA Compliance Manager	
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: <i>(if applicable)</i> Click here to enter text.			
Physical address: 1624 West Adams Street, Phoenix AZ, 85007			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: (602) 542-4302			
Agency Chief Executive Officer			
Name: Jeff Hood		Title: Interim Director	
Email address: jhood@azdjc.gov		Telephone number: (602) 364-4051	
Agency-Wide PREA Coordinator			
Name: Doug Sargent		Title: Administrator Office of the Inspector Bureau, PREA Coordinator	
Email address: DSargent@azdjc.gov		Telephone number: (602) 525-0695	

AUDIT FINDINGS

NARRATIVE

The on-site Prison Rape Elimination Act (PREA) audit of the Arizona Department of Juvenile Corrections (ADJC) Adobe Mountain School (AMS) was conducted March 29-30, 2017, by this U.S. Department of Justice (DOJ) certified PREA auditor, Michael McCarville. The notice of the PREA audit was posted on AMS bulletin boards on February 2, 2017, to meet the requirement of posting notice at least six weeks prior to the on-site audit date. The notice included my address for both residents and staff to mail confidential correspondence to me prior to the on-site audit. There was not any correspondence received from staff, residents, volunteers, contractors, visitors or others permitted to enter AMS as a result of that posting.

Pre-audit preparation included my receiving a secured flash drive containing the PREA Resource Center (PRC) Pre-audit Questionnaire completed with all required information and attachments including ADJC policies, AMS policies and instructions, and additional documentation to support the facility's compliance with the PREA standards from PREA Compliance Manager (PMC) Raquel Bradley. All material provided as part of the pre-audit was reviewed and the PRC Auditor Compliance Tool was initiated. During the pre-audit period, several emails and telephone calls were made to PREA Coordinator (PC) Doug Sargent and PMC Raquel Bradley for additional questions I had and clarification I needed, which were promptly responded to and satisfied my concerns. I made telephone calls to the outside resources of community-based or victim advocates using phone numbers on the AMS pamphlet provided to residents. The sources contacted did not have any information to add for the purpose of meeting standards for AMS and ADJC.

The on-site audit of AMS started at 8:00 am on March 29, 2017, with an entrance meeting at the AMS administration building conference room. Attendance from AMS included PC Doug Sargent, PCM Raquel Bradley, and several other AMS staff. After introductions, I briefly described the audit process to include that it was not a "got you" type of audit, and the possibilities of findings requiring corrective action and correcting them would enhance AMS in providing a safer environment in preventing sexual abuse and sexual harassment and that I would work with AMS in developing a corrective action plan to meet standards. I provided my audit schedule to AMS staff which included the selection staff and residents to be interviewed using the PRC interview protocols, touring the entire facility and speaking informally with staff and residents during the tour, and reviewing and copying additional reports, documents, and other relevant material for my retention. After the entrance briefing, lists of staff and residents were provided and interview selections were made, to include random selections. At the time of the on-site audit, there were not any residents in isolation to be interviewed.

After the entrance meeting, I toured AMS led by PC Doug Sargent, PCM Raquel Bradley, and other AMS staff. (During the pre-audit preparation, I reviewed the AMS staffing plan). All areas of the facility were inspected to include: Administration area, visitation area, program and education areas, Intake, resident housing units, kitchen and dining areas, maintenance/physical plant areas, resident recreation areas, resident isolation areas (AMS refers to as "Separation"). AMS houses female and male residents, 14 to 17 years of age. There are 25 buildings, of which 9 are resident housing units. The housing units have two person rooms, but given the number of residents, most residents have their own room. The female residents are not housed in the same housing units as male residents. The facility was observed to be extremely clean, the grounds were well manicured, and the physical plant appeared to be well maintained. The resident housing units and individual rooms were neat, clean and kept orderly. The kitchen was very clean and food storage and preparation was observed; I was able to sample the food which tasted very good and included various food groups. Cooking equipment appeared to be fully operational and sanitary. Overall, the appearance of the facility gave the impression of a well run operation that provided for a healthy, safe and secure environment for residents and staff. As I toured, I informally interviewed 10 residents and 9 staff (teachers, officers, supervisors, kitchen workers, administration) privately away from the tour group. Residents were asked about PREA training they received, how they could report allegations, of their rights under PREA, and of sources they could reach out to for emotional support or advocacy. All 10 residents had a sound understanding of PREA. Employees were asked questions to include their PREA training and their response and reporting responsibilities. In addition to the staff interviewed having an understanding of their responsibilities, they showed me examples of wallet size cards with response duties listed that ADJC requires staff to carry. The locations of video cameras, blind spot mirrors, housing unit layout to include restrooms, shower, toilet areas and placement, PREA training posters, and posted security staff and timeliness of their inspections were all observed. All showers were one person showers, with locked doors when in use and when not in use. Beyond the shower door window, the shower stalls have curtains which obscure view of the user's breasts and genitalia. Each resident room has a toilet and is positioned in the room so that visibility from the room door window obscures the user's genitalia and buttocks. I did not find any areas with shelving or other stacked items that were high enough to obstruct staff viewing or provide blind spots where sexual abuse could occur. All buildings and offices had large windows where viewing in from the outside could be conducted. Resident entry to their housing unit rooms is controlled by security staff, one door opened and secured by staff at a time, and only the resident assigned to the room is permitted in the room. The room doors remain locked at all times, except during resident entering or exiting the room with controlled movement by staff at the door. I observed opposite gender staff verbally announce their presence before entering each housing unit. I did not observe any housing areas specifically designated for LGBTI or gender nonconforming residents. I was very impressed with the number of video cameras mounted throughout the facility, to include offices, and some closets. Video cameras are not in any restrooms, showers or resident rooms. There are two isolation areas (AMS refers to as "Separation"), one for male residents and a second for female residents. There are video cameras inside the separation cells and camera monitors inside the separation officers control room. However, only staff members of the same gender as the residents are permitted to work in the separation areas and view the monitors. I reviewed operation of video camera viewing via video monitors and was not able to observe any resident in the state of undress throughout the facility.

A total of 16 residents were interviewed: 11 were randomly selected, and the remaining 5 interviews were with residents who reported a sexual abuse, limited English proficient residents (there were not any disabled residents at AMS during the audit), LGBTI residents, and residents who disclosed prior sexual victimization during risk screening. There were not any residents in isolation to be interviewed. A total of 31 staff interviews were conducted: 11 were randomly selected and the remainder was from the PRC interview guide requirements to include the ADJC Agency Head, the AMS Superintendant, the ADJC PREA Coordinator and AMS PREA Compliance Manager, and all Specialized Staff interviews.

Additional documentation and files were reviewed during the facility tour for the most part, but additional documentation review and copies provided were completed on the second day of the facility on-site audit.

The on-site audit was completed at 4:30 pm on March 30, 2017, and a brief exit meeting was conducted with the AMS staff who attended the entrance meeting.

DESCRIPTION OF FACILITY CHARACTERISTICS

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 youth 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 facility; 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 a secure care facility and programs for the custody, control, treatment, education and rehabilitation of all youth committed to the Department. In addition A.R.S. §41-2831 requires ADJC to establish a state education system for committed youth. 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 residents 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 resident's arrival to secure care (Note: PREA high risk for sexual victimization and for high risk of sexual abusiveness screening occurs on a resident's first day of arrival at AMS). The RAC process provides necessary information to enable ADJC to develop an Individualized Continuous Case Plan (CCP) based upon the resident's specific needs and criminogenic risk, which includes individualized treatment and programming; education placement and coursework; and appropriate pro-social activities. ADJC provides all residents at AMS with behavior therapy treatment and provides specialty treatment to residents as needed. In alignment with the CCP, residents are assigned to housing units based upon their primary treatment needs and risk factors (including potential victimization and abusiveness).

Certain housing units are specialized in their treatment for particular populations, i.e. Substance Dependent, Mental Health, Sexualized Behavior, Parole Violator etc. The programming in those units focuses on those specific needs as well as other treatment that include delinquent thinking. Non-specialized (Core) units, provide treatment for other identified needs, which can include anger management, substance abuse and gang affiliation. Treatment is provided by Psychologists and Psychology Associates (PSAs). As a companion to treatment, ADJC provides all residents at AMS with psycho-educational groups conducted by Youth Program Officer III's designed to address a variety of behavioral disorders.

Security: ADJC manages residents through a resident behavior management process that ensures the safety and security of the residents, staff, and other persons at AMS. In addition, it ensures an uninterrupted environment in which all resident 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 resident movement, with attention to segregating residents by gender, safety, and programming needs. Youth Corrections Officers are with residents during programming hours at all times, ensuring they are safe and engaging in their required programming. Every officer is trained to manage the residents during daily operations, assist them with their daily programming, and to intervene quickly and effectively 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 a standard high school curriculum. All residents 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, residents 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. 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 General Education Diploma (GED) test site. Both pre-GED and official GED testing are held weekly. Students who earn their GED continue to work towards their high school diploma.

Health Services: Residents 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. Upon commitment to ADJC and arrival at AMS, all residents 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, residents are seen immediately for all emergency situations and as requested by residents for other non-emergency medical, dental, and health issues. Medications are provided to all residents as prescribed by ADJC medical doctors or by psychiatrists.

Resident Rights: In order to ensure that residents committed to ADJC receive the due process safeguards entitled to them, 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 residents 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 residents committed to ADJC's care. They train all residents committed to ADJC's care regarding their rights during their stay and in understanding and accessing the grievance procedure. Ombuds advocate for residents in administrative hearings, investigate resident complaints, advocate for improvements and access to appropriate care, facilitate the juvenile grievance procedure, and monitor conditions at the facility. Ombuds also assist in serving as monitors for PREA compliance.

SUMMARY OF AUDIT FINDINGS

A PREA audit of the Arizona Department of Juvenile Corrections, Adobe Mountain School was completed; with the on-site portion of the audit conducted March 29, 2017 –March 30, 2017. The auditor’s methodology consisted of the following: Review of information contained on the external flash drive provided by the facility PCM; review of additional documentation on-site; observations made during the tour of the facility and interviews staff and residents as described in the narrative of this report. Documentation, including policies, procedures, and secondary documentation was reviewed to determine if the policies addressed the sub-standards of the standard. Secondary documentation was reviewed to determine “practice.” Interviews with staff confirmed their knowledge of the agency’s policies and procedures as they related to PREA standards as well as “practice.” Residents were interviewed to determine the training and information they received about PREA and to determine if they were given required information upon admission, during intake, orientation, and during the “education” component of the PREA training for residents and to determine “practice.”

Forty-one standards were reviewed. Two standards, 115.311, Zero Tolerance and 115.333, Resident Education, are rated “Exceeded” the standard. Thirty-eight standards were rated as “Met” the standard, of which standard 115.364, Staff Responder Duties, required corrective action and was corrected in the 45 day period prior to issuance of this initial and final report. One standard, 115.366, Preservation of Ability to Protect Residents from Contact with Abusers, was rated as “Not Applicable.”

Number of standards exceeded: 2

Number of standards met: 38

Number of standards not met: 0

Number of standards not applicable: 1

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

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

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

ADJC policy 1002, opening paragraph states, "The Arizona Department of Juvenile Corrections (ADJC) has zero tolerance towards all forms of sexual abuse including sexual harassment. ADJC is committed to creating a safe environment and protecting juveniles against sexual victimization. This includes prohibiting any sexual activity, sexual harassment, sexual abuse, or sexual contact between ADJC employees, volunteers, interns, mentors, or contract personnel and juveniles and between juveniles. The Department is dedicated to preventing, detecting and responding to sexual abuse and harassment by screening juveniles to identify potential victims and perpetrators, ensuring services are provided for the victims of such abuse, educating employees on responding to sexual abuse incidents, educating juveniles on reporting methods and safety precautions, and assessing potential environmental factors. This policy provides uniform guidelines and procedures to reduce the risk of sexual abuse in compliance with the Prison Rape Elimination Act (PREA) of 2003." This language is supported throughout the policy and supporting policies and procedures which include instruction of all applicable PREA juvenile confinement standards.

An interview with the AMS PREA Compliance Manager confirmed she is conscientious, very knowledgeable of PREA standards, committed to Zero Tolerance and has the support of the AMS Secure Care Bureau Administrator and the ADJC PREA Coordinator. Conversations with the PREA Coordinator confirmed he has an excellent knowledge of the PREA standards and is committed to implementing PREA at ADJC. Where AMS and ADJC exceed this standard is PREA does not require a PREA Compliance Manager for a facility if that facility is an agency's sole facility. AMS is ADJC's only facility, but ADJC employs a PREA Compliance Manager for AMS in addition to the agency PREA Coordinator. Additionally, both the PREA Coordinator and the PREA Compliance Manager are U.S. DOJ certified juvenile confinement facility PREA auditors. Both the PC and the PCM stated during their interviews they have plenty of time to conduct their responsibilities as the PC and PCM, which was evidenced by the preparation of this audit.

Interviews with staff and residents confirmed they have been trained in and fully understand the facility has zero tolerance for sexual abuse and sexual harassment, and zero tolerance for retaliation for reporting sexual abuse and sexual harassment or for cooperating with an investigation. Staff indicated they receive their PREA training on zero tolerance policy initially during pre-service training and annually through in-service training. Interviews with staff confirmed they are receiving PREA training and are familiar with agency policies and the PREA standards. One hundred percent of the interviewed residents stated they were made aware of the zero tolerance policy through intake, orientation, their handbook, and by numerous posters and signs posted throughout the facility. Residents indicated they were provided written information upon intake that described the zero tolerance policy and how to report incidents of sexual abuse and sexual harassment. Residents admitted to receiving additional formal training and education during orientation. When asked if they (residents) knew what zero tolerance meant, they stated it meant that sexual abuse and sexual harassment activity is not allowed at AMS and those that do it will be held accountable.

Standard 115.312 Contracting with other entities for the confinement of residents

- 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 four contracts with facilities for the confinement of residents. There is language requiring the contract facilities comply with PREA standards, however, for the purpose of meeting this standard, ADJC maintains strict and closely monitored resident housing levels at these facilities to ensure compliance with the standard and DOJ provided interpretive guidance found on the PRC site. Specifically the three guidance clarifications that states (1) February 7, 2013, “less than the majority of the youth in a facility are in the custody of the juvenile justice department, the facility does not need to comply with the PREA juvenile facility standards;” (2) July 9, 2013, “A facility for juveniles that is not primarily used for the confinement of youth in the juvenile justice system is not covered by the PREA standards;” (3) July 9, 2013, “Q: What determines whether a facility is ‘primarily used for’ a particular purpose under the PREA standards? A: The simplest way to make this determination is to determine whether, over a period of one year, the facility holds more people for that purpose than for any other purpose.” ADJC monitors the number of ADJC juveniles housed at contracted facilities and requires a daily count from the contracted facilities with both the non ADJC residents and the ADJC resident totals included and the total bed space of the contracted facility. ADJC controls that the contracted facilities never house more than 50% of the residents are ADJC residents. Extensive documentation to meet this requirement was reviewed and determined to meet the requirements of this standard and the DOJ interpretive guidance to this standard.

Interview of the ADJC contract administrator confirmed ADJC’s commitment to maintaining resident levels at contracted facilities to meet the standard and DOJ interpretive guidance requirements. The contracted facilities are monitored for compliance with PREA and ADJC policies.

Standard 115.313 Supervision and monitoring

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

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

AMS has developed a staffing plan to safely meet the PREA standards. The plan was reviewed and addressed all points annotated in the standard. Review of policy 4002.05 provides guidance for staff at all levels of the organization of a well developed plan that provides for safe and secure staffing levels, requirement of authorization and documentation of deviations from the staffing plan, and to make its best efforts to comply on a regular basis with the staffing plan that provides for adequate levels of staffing and uses of video monitoring equipment to protect residents from sexual abuse. ADJC and AMS took into consideration the physical layout of the facility, the composition of the resident population and the prevalence of substantiated incidents of sexual abuse and the resource the facility has available to ensure adequate staffing levels in the development of the facility’s staffing plan. Annual facility assessments were completed for the past three years and the minutes from the assessment meetings were reviewed. Interview of the Secure Care Bureau Administrator, the PREA Compliance Coordinator and the PREA Compliance Manager provided that all components of the annual assessment are considered and necessary adjustments implemented. All eleven required considerations of this standard are included for discussion during the annual assessments.

Documentation was provided of exigent circumstances when the deviations to the staffing plan occurred. The deviations were not the norm and infrequently occurred. The documentation explained the circumstance behind the deviation, the attempt to rectify the deviation, the adjustment to staffing/posting to maintain security and safety, the administration notification and authorization.

Documentation of unannounced upper level supervisor tours was reviewed and evidenced that such reviews are completed regularly, frequently, on all shifts to include night shifts, and a random tour pattern is conducted as to not alert staff and residents of the supervisor’s arrival. As I toured the facility, one of the security staff I stopped to informally question of his understanding of PREA was an upper-level security supervisor who explained to me that he was in the middle of conducting his unannounced tour. I was not alerted by the staff of my tour group of his arrival. I questioned the supervisor as to how he conducted his tour to prevent staff from alerting other staff in other housing units of his arrival. He stated he travels to housing units in a non sequential manner and mixes it up so staff and residents cannot predict the next stop on his tour. The upper level supervisor tours are documented on a “Supervisory Rounds” tour form. The form

includes instruction that the rounds are unannounced and staff is prohibited from alerting other staff of these rounds.

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.

Per Policy 1002, cross gender pat down searches of residents except in exigent circumstances, shall not conduct cross gender strip searches, opposite gender staff shall announce their presence when entering housing units, and staff shall not search transgender or intersex juvenile residents for the sole purpose of determining the juvenile's genital status if unknown. The policy also includes instruction that staff will be trained to conduct cross gender pat down and strip searches of transgender and intersex juveniles in a professional and respectful manner, in the least intrusive manner possible, and consistent with security needs.

Review of the annual staff training curriculum included instruction for meeting this standard. Staff training records were reviewed and staff signed that they understood the material presented in the curriculum.

Interviews with staff and residents confirmed that searches are properly conducted, not by cross gender staff, and that opposite gender staff verbally announce their presence when entering the housing units. Residents added that opposite gender staff announce prior to entering their rooms as well. While touring the facility, I observed female staff announcing when entering housing units for male residents and observed male staff announcing when entering female resident housing units.

From my tour of the facility, I was able to confirm that the residents could change clothes, shower, and use the toilet without being viewed by cross gender staff. This was met by staff verbal announcements, privacy doors and screens in place on showers, and toilets in resident rooms positioned to not permit direct view of the resident by staff outside the rooms. With the staff announcement, residents are afforded plenty of time to cover themselves prior to staff arrival at their rooms.

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 Policy 1002, section 5 includes juveniles have the right to any special needs accommodations. ADJC shall make accommodations to ensure juveniles who are deaf or hard of hearing, who are blind or have low vision, or who have intellectual, psychiatric, or speech disabilities have equal access and opportunity to participate in or benefit from all aspects of ADJC's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Accommodations include: Providing access to interpreters and having interpreting services available in accordance with Policy 1301.09 Translator/Interpreter Services and ADJC Bilingual Employees to juveniles who are limited English

proficient; ensuring that written information is provided in formats or through methods that ensure effective communication with juveniles with disabilities, including juveniles who have intellectual disabilities, limited reading skills, deaf or hard of hearing, or who are vision impaired or have low vision; and providing access to all PREA related efforts to prevent sexual abuse. Additionally, Policy 1002 includes ADJC shall not rely on juvenile interpreters, juvenile readers, or other types of juvenile assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the juvenile's safety, the performance of first-response duties, or the investigation of the juvenile's allegations.

From the tour of the facility, I observed numerous, large scale posters and signs, in both English and Spanish posted to instruct residents of the zero tolerance policy, their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation for reporting allegations of sexual abuse and sexual harassment, of numerous ways to report sexual abuse and sexual harassment and to be anonymous reports if they like. The posters include descriptive pictures that any resident could comprehend, regardless of their language limitations. AMS provides residents with PREA training within the 72 hour requirement, but actually completes the intake training and more comprehensive training on the first day of arrival. Training is provided in a manner which residents with limited English proficiency or with disabilities would gain an understanding of this standards training requirements. AMS provides residents with brochures that are in English and Spanish and has procured a contract with an interpreting and translation service provider if such services are needed. AMS school has on site staff to provide Spanish interpreting and translation services. My interview with Spanish speaking residents was conducted with an AMS employee interpreter.

Standard 115.317 Hiring and promotion decisions

- 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 1163, includes: In accordance with PREA, ADJC shall not hire or promote anyone who may have direct contact with committed juveniles confined at Adobe Mountain School and shall not enlist the services of any contractor who may have direct contact with committed juveniles confined at Adobe Mountain School who: Has engaged in sexual abuse in a prison; jail; lockup; community confinement facility; juvenile facility; or government operated custodial care institution for the mentally ill, disabled, chronically ill, handicapped, or persons requiring skilled nursing, intermediate or long-term care, or custodial or residential care; 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; has been civilly or administratively adjudicated to have engaged 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. ADJC shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have direct contact with committed juveniles confined at Adobe Mountain School; ADJC shall conduct criminal background records checks (JWI) of all persons who have received Group C clearance, who may have direct contact with committed juveniles confined at Adobe Mountain School at least every five years; ADJC shall ask all applicants and employees who may have direct contact with committed juveniles confined at Adobe Mountain School about previous misconduct and impose a continuing affirmative duty to disclose any misconduct; Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or government operated custodial care institution for the mentally ill, disabled, chronically ill, handicapped, or persons requiring skilled nursing, intermediate or long-term care, or custodial or residential care; 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; and Has been civilly or administratively adjudicated to have engaged 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. ADJC shall consider omissions regarding misconduct as defined in "F", or the provision of false information, as grounds for termination; unless prohibited by law, ADJC shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an employer for whom such employee has applied to work.

I reviewed background files of AMS employees, contractors and volunteers and found all elements of this standard were included and confirmed meeting the standard, to include background checks for all employees and contractors every five years. Interviews with human

resources staff and review of additional documentation for providing employee PREA information for other agency requests added to the confirmation of meeting the standard.

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.

ADJC Policy 1002, section 7 includes: When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, consider the effect of the design, acquisition, expansion, or modification upon ADJC's ability to protect juveniles from sexual abuse; and when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, consider how such technology may enhance ADJC's ability to protect juveniles from sexual abuse.

In the period of time since AMS last PREA audit in June, 2015 per the Pre-audit Questionnaire, AMS has not made any substantial expansion or modifications of existing structures. AMS has made upgrades to video monitoring equipment. I reviewed AMS Facility Camera Assessment report. The report included focus on areas that were identified as high risk and where incidents were more likely to occur due the absence of a camera. High risk areas were defined as areas where there were blind spots, residents had frequent access and where major incidents have occurred in the past. The assessment concluded that a total of 154 cameras would be beneficial to add coverage in areas with blind spots, resident access, and areas evaluated as high risk for potential incidents. An alternative to adding cameras to staff offices was to install more windows. The assessment included locations of camera installation to increase safety of residents from sexual abuse. Interviews with ADJC Interim Director and the AMS Secure Care Bureau Administrator confirmed the agency's dedication to maintaining technology improvements as such is developed and equipment replacement is needed. Both stated that not only is sexual abuse prevention a consideration when deciding on placement of video equipment, but all other criminal behavior prevention is considered as well.

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)

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 1162 includes that the agency follows a uniform evidence protocol for the collection and preservation of evidence for administrative and criminal investigations of sexual abuse. Policy 1162 includes clear instruction and steps to meet the evidence protocol. It is the responsibility of the ADJC criminal investigators (AZPOST certified police officers) to conduct investigations and to ensure that all evidence is collected and preserved according to the established evidence protocol. Additional policies addressing investigations include 1002, 1160, and 1161.

Forensic exams are not performed at the facility and are not performed by AMS medical staff. Resident victims of sexual abuse are

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referred to HonorHealth Scottsdale Osborn Medical Center for SANE exams at no cost to the resident victim. Over the past 12 months, there have not been any residents who required SANE exams.

The facility PREA Compliance Manager has made multiple attempts to secure agreements with rape crisis centers to provide AMS residents with advocacy services. Those efforts have not been successful and are ongoing. These attempted efforts have been documented. Residents are provided information on how to contact state and national crisis services. They can call or write to the Arizona Child Services as well for support or to report allegations of sexual abuse. The Arizona Coalition to End Sexual and Domestic Violence trained 13 specially selected AMS staff to provide advocate services during the forensic evidence collection process if requested. These staff are certified by the coalition and can provide advocacy to resident sexual abuse victims for emotional support when needed as well. Interviews with residents confirmed they were aware of their rights to be provided advocacy when needed and how to obtain help.

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)

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

Policies 1002, 1160, 1161, and 1162 outline the agency's procedures for investigating and documenting allegations and incidents of sexual abuse and sexual harassment. The criminal investigators, when notified of an allegation of sexual abuse or sexual harassment, ensure that an information report is generated. The PREA Compliance Manager and the investigators track all allegation investigations that occur at the facility. In the past 12 months, there have been 41 criminal investigations and 2 administrative investigations of allegations of sexual abuse or sexual harassment. All but three investigations were completed as three are ongoing investigations. Interviews with the ADJC Interim Director and with both criminal and administrative investigators confirmed compliance with this standard. All ADJC policies are available on the website for viewing. (adjc.gov)

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)

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 1002, section 10 includes: The Staff Development and Training Bureau shall ensure: All employees receive instruction related to the prevention, detection, reporting, and investigation of juvenile sexual abuse and define appropriate employee – juvenile relationships in accordance with Policies 1180 Employee Staff Development and Training and 1200 Employee – Juvenile Relationships, The training shall include the following topics: ADJC's Zero-Tolerance for sexual abuse and sexual harassment; How an employee must prevent, detect, report, and respond to offender sexual abuse and sexual harassment; a juvenile's right to be free from sexual abuse and sexual harassment; an employee's and juvenile's right to be free from retaliation for reporting sexual abuse and sexual harassment incidents; the dynamics of sexual abuse and sexual harassment in juvenile facilities; the common reactions of juvenile victims of sexual abuse and sexual harassment; how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between

consensual sexual contact and sexual abuse between juveniles; how to avoid inappropriate relationships with juveniles; how to communicate effectively and professionally with juveniles, including LGBTI, or gender nonconforming juveniles; how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and relevant laws regarding the applicable age of sexual consent.

The Staff Development and Training Bureau in collaboration with the PREA Compliance Manager shall: Ensure new hired employees receive PREA training prior to having youth contact; train all current employees who have not received such training within one year of the effective date of the PREA standards; ensure employees who have direct contact with juveniles receive in-service training tailored to the gender of juveniles with whom the employee has contact; and 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.

In years in which an employee does not receive refresher training, ADJC administrators and supervisors shall provide refresher information on current sexual abuse and sexual harassment policies. The Staff Development and Training Bureau shall ensure training is documented through employee signatures or electronic verification as an indication the employees understand the training they have received.

Power point slides of the staff PREA training curriculum demonstrated the training covered all the required topics and more. Because AMS houses both male and female residents, the training is tailored for both populations. Additionally, ADJC policy speaks of required training every two years with refresher training during the years in between, AMS actually provides staff PREA training annually. The refresher training curriculum is every bit as thorough as the twice per year training. All staff receive PREA training during pre-service or academy for security officer cadets which is a classroom training environment. All staff who receive the training in the classroom sign an acknowledgement of understanding the training material. I have reviewed the classroom environment training as AMS had an ongoing academy class during my tour of the facility. I informally interviewed several academy cadets regarding their PREA training they were well versed in their understanding of their sexual abuse incident response duties. They also said they signed the classroom training acknowledgement form. The annual in-serviced PREA training class is required for all ADJC staff, either on AMS or assigned with the agency elsewhere such as Central Office. The in-service class is a computer based training (CBT) and contains the same material as the classroom training. It too is tailored for staff who work with both female and male residents. At the end of the CBT, an electronic acknowledgement of understanding of the training material is required by the staff. Refusal to acknowledge the material will result in the staff not receiving credit for completion, and will have to retake the CBT or attend a classroom presentation of the training. I have reviewed samples of the acknowledgement forms signed by staff and the electronic acknowledgements to verify that they are completed and documented.

Interviews with staff indicated they were all well trained in PREA. Every staff related they were trained during pre-service training for new employees and for those with over a year with AMS stated they received annual training thereafter in PREA during annual in-service training. There were several staff who only received the pre-service PREA training as they have been with AMS for less than a year. They did understand that they would continue with their training annually.

Standard 115.332 Volunteer and contractor training

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

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

ADJC Policy 1002 includes: ADJC shall ensure that all volunteers, mentors, and contractors who have unsupervised contact with juveniles have been trained on their responsibilities under ADJC's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The assigned safety port officer shall provide volunteers, interns, and contractors entering the ADJC facility with the following documents to ensure they have read the information provided and fully understand their responsibilities while at the secure care facility as well how to report incidents: Appropriate section of Form 1002A Prison Rape Elimination Act (PREA) Acknowledgement Statement for Employees, Volunteers, Mentors, Contractors, and Interns; and Form 1002F PREA Information. Staff Development and Training Bureau shall maintain documentation confirming that volunteers, interns, mentors, and contractors understand the training they

have received by ensuring Form 1180A1 In-Service Training Roster or Form 1180A2 Academy Training Roster is completed and signed in accordance with Policy 1310 Volunteer and Intern Programs.

The training curriculum and procedures for contractor employees is the same for ADJC employees discussed under 115.331. Contractor employees receive pre-service classroom training for which they sign an acknowledgement form of understanding the material and annual in-service CBT for which they complete an electronic acknowledgement of understanding the material. Power point slides for volunteer PREA training demonstrate the training covered all the required topics and more, to include the zero tolerance policy and response duties. The required training for volunteers has to be completed prior to their being able to enter the facility. Upon their first entry inside AMS, volunteers and contractors complete another acknowledgement form indicating they received the training and understood the material. In the past 12 months, 196 volunteers and contractors have completed the PREA training who enter the AMS. However, over the past 12 months, 349 volunteers and contractors were cleared to enter the facility and have completed their required training. Interviews with contractor/volunteers confirmed they understood their responsibilities as taught to them during their PREA training. They understood what zero tolerance meant and of this ADJC policy. They acknowledged receiving pre-service, in-service, and initial entry training.

Standard 115.333 Resident education

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

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

ADJC Policy 1002, section 12 includes: Upon a juvenile's commitment to ADJC custody, RAC personnel shall provide the juvenile with Form 1002C leaflet "What You Should Know About, Sexual Abuse And Sexual Harassment" also available in Spanish, Form 1002Csp and Form 4010D Youth Handbook to help the juvenile identify abuse, provide guidelines on how to stay safe, how to report abuse, and what to do if abused. Within 10 days of intake, as a new commit or a parole violator, RAC personnel shall: Provide juveniles a comprehensive age-appropriate presentation regarding the juvenile's right to be free from sexual abuse and harassment, retaliation for reporting incidents, and how ADJC shall respond to such incidents in accordance with this policy and Policies 1162 Reporting and Investigating Suspected Child Abuse and Notify juveniles that any report of a sexual abuse will be reported to law enforcement or Department of Child Safety. Provide this information in formats accessible to all juveniles, including those who are limited English proficient, hearing impaired, visually impaired, or otherwise disabled, as well as to juveniles who have limited reading skills; provide juveniles with Form 1002E PREA Youth Acknowledgement Statement, also available in Spanish, Form 1002Esp to document juveniles received such instruction and understand ADJC's Zero Tolerance policy for Sexual Abuse and Sexual Harassment and place completed form in the juvenile's file in the Form base System; The QMHP or YPOIII shall document PREA education presentations conducted during orientation in Youthbase under the Behavioral Health Group Intervention notes tab within ten days of the presentation. In addition to providing such education, ADJC shall make PREA related information available or visible to juveniles through posters, resident handbooks, such as: Form 1002C "What you should know about Sexual Abuse" also available in Spanish, Form 1002Csp, and Form 4010D Youth Handbook. During juvenile orientation, RAC personnel shall: Present juveniles with PREA materials describing ways in which they can avoid being a victim, report having been a victim, and seek help for victim related issues; and inform juveniles of their rights surrounding sexual victimization and sexual abuse.

Power point slides demonstrating the PREA for resident training covered all the required topics and more, specifically the zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. Upon arrival, new residents are provide verbal and written material stating the zero tolerance policy and how to report allegations of sexual abuse and sexual harassment. The policy states within 10 days of arrival, residents receive the more complete comprehensive training, but from my tour observation, this training is completed within the first couple days of arrival at AMS. Only staff who have received "T4T" training can present the training to residents. In addition to the intake pamphlets, residents are provided a handbook which includes PREA training information. The handbook is readily available for Spanish speaking residents and can be translated into other languages if necessary. As I toured, and it is with this that ADJC and AMS exceed the standard, they have large, permanently posted PREA training signs throughout the facility in housing units, classrooms, program areas, the dining room, etc. The signs present the message in both English and Spanish, but the pictures on the signs provide for

an understanding of the message. ADJC posters are available for other agency use and are provided on the PRC website.

Computer documentation of resident training is maintained and I did review the documentation to verify it is maintained. Interviews with residents proved AMS is providing PREA training to residents. Residents understood the zero tolerance policy and the many options available to report sexual abuse and sexual harassment, their rights to be free from sexual abuse and sexual harassment, and their rights to be free from retaliation for reporting allegations or for cooperating in sexual abuse and sexual harassment investigations.

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)

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 1002, section 13 includes: Specialized training for investigator employees: In addition to the general training provided to all employees, the Inspector General shall ensure investigators have received training in conducting sexual abuse investigations and conducting such investigations in confinement settings in accordance with Policy 1162 Reporting and Investigating Suspected Child Abuse; and ADJC shall maintain documentation that ADJC's investigators have completed the required specialized training in conducting sexual abuse investigations.

ADJC Policy 1162, section 10 includes: ADJC investigators shall participate in continuing training regarding the investigation of the neglect, physical, and sexual abuse of children which shall include, but not be limited to an 8-hour and 40-hour Forensic Interview School; ADJC investigators responsible for continuing an investigation beyond first responders of child abuse/neglect shall receive the following or equivalent training: Child physical abuse investigations and medical aspects; The investigation of sexual crimes against children; and Forensic Interviewing – the basic 8-hour course. ADJC investigators, tasked with conducting an interview of a child for the purpose of obtaining evidence/statements for use judicial hearings/trials, shall have the following training and have met the standards required: A 40-hour training in advanced forensic interviewing; and The Children's Justice Task Force Advanced Forensic Interview training; or Any equivalent courses that adhere to the same standards. ADJC investigators tasked with conducting or assisting in the investigation of sexual misconduct in a secure care setting shall attend additional computer-based training in the following areas provided by the National PREA Resource Center Investigating Sexual Abuse in Correctional Settings: Legal Issues and Agency Liability: What Investigators Should Know; Trauma and Victim Responses: Considerations for the Investigative Process; First Response and Evidence Collection: The Foundation for Successful Investigations; Interviewing Victims of Sexual Abuse; and Prosecutorial Collaboration: Techniques to Get Prison Cases Prosecuted. Such trainings shall be conducted every two years.

ADJC has two criminal investigators who are AZPOST certified police officers and one administrative investigator. All three investigators have extensive investigations backgrounds and experience. All three have completed the PRC Curricula-Specialized Training: Investigating Sexual Abuse in Confinement Settings. I have reviewed the completion of training documentation, to include the curriculum modules for PREA standards relating to investigations; case law demonstrating legal liability issues for agencies, facilities, and investigators to consider when working to eliminate sexual abuse and sexual harassment in confinement settings; proper use of Miranda and Garrity warnings; trauma and victim response; processes of a forensic medical exam; first-response best practices; evidence-collection best practices in a confinement setting; techniques for interviewing male, female, and juvenile alleged victims of sexual abuse and sexual harassment; report writing techniques; and information on what prosecutors consider when determining whether to prosecute sexual abuse cases. Interviews with both criminal and administrative investigators confirmed their understanding and responsibilities in responding to, investigating, collecting evidence, communicating with residents, and writing and submitting investigation reports.

Standard 115.335 Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

ADJC Policy 1002, section 14 includes: Specialized training for medical and mental health care employees - In addition to the general training provided to all employees, the medical director and the support services chief administrator shall ensure medical and mental health employees have completed specialized training on the following topics: How to detect and assess signs of sexual abuse; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Staff Development and Training Bureau shall maintain documentation that medical and mental health employees have completed the required specialized training referenced in this standard from ADJC or elsewhere. I have reviewed the power point slides of the specialized training curriculum and it demonstrates the training covered all the required topics and more. There are 27 medical and mental health care practitioners who work regularly at AMS and 100% have completed the specialized training. I have reviewed copies of training documentation, which includes the signatures of the medical and mental health care practitioners understanding of the training material. Interviews with medical staff proved they complied with this standard. AMS medical staff do not conduct forensic evidence medical exams. Sexual Abuse Nurse Examinations (SANE) are conducted by HonorHealth staff. Resident victims of sexual abuse are referred to HonorHealth Scottsdale Osborn Medical Center for SANE exams at no cost to the resident victim.

Standard 115.341 Screening for risk of victimization and abusiveness

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

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

ADJC Policy 1002, section 15 includes: Juvenile screening for risk of sexual victimization and abusiveness within 72 hours of a juvenile’s admission as a new commit to the RAC unit or as a returning Parole Violator, and periodically throughout a juvenile’s stay in the secure care facility. ADJC shall: Obtain and use information about each juvenile’s personal history and behavior to reduce the risk of sexual abuse by or upon a juvenile. A Qualified Mental Health Professional (QMHP) shall assess each juvenile by using the automated screening instrument Form 1002B Reception Screening for Assaultive and Sexually Aggressive Behavior and Risk for Sexual Victimization located in the CAPFA system to attempt to ascertain information, at a minimum, about: Prior sexual victimization or abusiveness; any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the juvenile may therefore be vulnerable to sexual abuse; current charges and offense history; age; level of emotional and cognitive development; physical size and stature; mental illness or mental disabilities; intellectual or developmental disabilities; physical disabilities; the juvenile’s own perception of vulnerability; and any other specific information about individual juveniles that may indicate heightened needs for supervision (such as interviewers perception of LGBTI or gender non conforming as reported to me by the AMS PCM), additional safety precautions, or separation from certain other juveniles. QMHPs shall ascertain this information through conversations with the juvenile during the intake process and medical and mental health screenings as well during classification assessments by: Reviewing court records, case files, behavioral records; and other relevant documentation from the juvenile’s file. ADJC shall implement and apply confidentiality controls on the dissemination of information to ensure sensitive information is not exploited to the juvenile’s detriment by employees or other juveniles; If the assessment indicates the juvenile is a potential victim, potential abuser, or both, the QMHP shall: Make a recommendation for any supervision, treatment, or management needs to include housing, room assignment, education and work assignment accommodations; document all accommodations made in the CAPFA system; and ensure MDT members and education

employees are notified of accommodations recommended. If the assessment indicates that the juvenile has been sexually assaulted, the QMHP shall: Report the abuse in accordance with Policy 1162 Reporting and Investigating Suspected Child Abuse; ensure the juvenile receives medical treatment, if warranted; provide the juvenile with or refer the juvenile for psychological services for the abuse; make a recommendation for any special housing needs in accordance with Policy 4078.01 Transfer of Juveniles Process; and along with the Multidisciplinary Team (MDT) include in the Continuous Case Plan (CCP) a course of action to be taken to address and ameliorate the effects of the abuse.

I reviewed the screening instrument used at AMS and it includes all the required objective screening criteria per the standard. There is a summary section where the interviewing staff document their perceptions concerning the resident screening. From interviews with screening staff, the screenings take place on the residents first day of arrival at AMS with further screening for additional missed information within 30 days. I was able to compare screening documentation with arrival date documentation and found this to be accurate. There are occasions when a resident returns as a parole violator late in the night and their screenings occurred the next day. Interview of screening staff verified that they had a sound understanding of screening residents for high risk of victimization and/or abusiveness. Resident interviews verified their being screened upon arrival. The residents also said they understood what the screening was for and the screening staff presented the screening questions in a manner that did not make them feel uncomfortable or concerned of their information being disseminated inappropriately. The PREA Coordinator, the PREA Compliance manager, the screening staff all provided the manner in which the screening information was maintained and secured and had very similar answers during their interviews as to how this was accomplished and to whom the information could be shared.

Standard 115.342 Use of screening information

- 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 1002, section 16 includes - Placement of juveniles in housing, bed, program, education, and work assignments: ADJC shall use all information obtained pursuant to Section 15 of this policy and subsequently make housing, bed, program, education, and work assignments for juveniles with the goal of keeping all residents safe and free from sexual abuse. If the information obtained from automated Form 1002B Reception Screening for Assaultive and Sexually Aggressive Behavior and Risk for Sexual Victimization indicates the juvenile is at risk of becoming a potential victim, potential abuser or both; a QMHP shall complete an update to the juvenile's CCP every 30 days by to re-assess the juvenile and make changes when applicable to the accommodations made during the 1002B screening assessment completed at intake. The Multidisciplinary Team (MDT) shall document changes to housing unit placement, room assignment, programming, education and work programs when deemed necessary; The MDT shall: Continuously assess the juvenile's sexual abuse vulnerability and aggressiveness during scheduled staffing meetings and provide justifications for any new or changed accommodations; and review the juvenile's behavior, incident reports, Rule Violations and all relevant information available since the initial 1002B screening assessment completed at intake or the last scheduled staffing meeting. QMHPs shall Document changes made in the juvenile's CCP to reflect new accommodations recommended by the MDT and update the juvenile's CCP when deemed necessary if specific information about the juvenile indicates a heightened need for supervision, requires additional safety precautionary steps, or separation from specific juveniles has been identified. If a bed is available and the recommendation is made for unit-based services on a Sex Offender Treatment Unit, ADJC shall immediately move the juvenile to the Sex Offender Treatment Unit for stabilization in accordance with Policy 4010 Juvenile Reception, Assessment, and Classification (RAC). ADJC may isolate juveniles from others only as a last resort when less restrictive measures are inadequate to keep them and other juveniles safe, and then only until an alternative means of keeping all juveniles safe can be arranged; During any period of isolation, ADJC in accordance with Policy 4061 Separation: Shall not deny juveniles daily large-muscle exercise and any legally required educational programming or special education services; shall provide daily visits from a medical or mental health care clinician; and shall provide access to other programs and work opportunities to the extent possible. If a juvenile is isolated pursuant to paragraph g of this section, ADJC shall clearly document: The basis for the facility's concern for the juvenile's safety; and the reason why no alternative means of separation can be arranged. Every 30 days, ADJC shall afford the juveniles described in section g., a review to determine whether there is a continuing need for separation from the general population; ADJC shall not: Place in particular housing, bed, or other assignments solely on the basis of a juvenile's status of being lesbian, gay, bisexual, transgender, or intersex; nor consider lesbian, gay, bisexual, transgender, or intersex, identification or status as an indicator of likelihood of

being sexually abusive. In deciding whether to assign a transgender or intersex juvenile to a Housing Unit for male or female juveniles, and in making other housing and programming assignments, ADJC shall consider on a case-by-case basis whether a placement would ensure the juvenile's health and safety, and whether the placement would present management or security problems; The MDT shall reassess placement and programming assignments for each transgender or intersex juvenile at least twice each year to review any threats to safety experienced by the resident: A transgender or intersex juvenile's own views with respect to his or her own safety shall be given serious consideration; and transgender and intersex residents shall be given the opportunity to shower separately from other residents.

I reviewed AMS's list of residents who have been identified as potential high risk of being sexually abused and high risk of being sexually abusive. The criteria as to why a resident was added to the list is not included, however, the list does provide for those staff who are involved in the housing, program and education in order to keep residents who are high risk of victimization separate from residents who are high risk of abusing. Interviews with the PREA Compliance Manager and staff who complete risk screenings verified that the information received from residents specific details as to why they are listed is not shared with those staff who need not know, but the information of which residents listed is shared with staff to make informed decisions for housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse. Interview with a resident who identified as LGBTI verified that residents are not housed in dedicated housing or other assignments based solely on such identification. This was confirmed with interviews with staff, the PREA Coordinator and the PREA Compliance Manager. During my tour, I inspected each housing unit and other locations in an attempt to locate areas of the facility that housed residents in areas specifically for LGBTI residents. I was not able to locate any such areas. At the time of the on-site audit, there were not any residents who self disclosed or were perceived by staff to be transgender or intersex. I did observe the showers in the housing units, and all showers were of design, function and use for only one resident shower at a time per shower. All showers were individual shower stalls, with a door which is locked by security staff when the shower is in use or not in use. The shower doors have a window, but inside the showers are curtains that block view of the showering residents breasts and genitalia. The showers and staff security procedures provide for private showers for all residents, not only transgender and intersex residents.

Standard 115.351 Resident reporting

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

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

ADJC Policy 1002, section 17 includes: Juveniles have the right to report all allegations of sexual abuse and sexual harassment. ADJC shall have several ways to privately report sexual abuse or harassment, retaliation by other juveniles or employees, and employee neglect or violation of responsibilities that may have contributed to such incidents; to report allegations of sexual abuse and sexual harassment, juveniles: May access the confidential Department of Child Safety (DCS) hotline located in the Health Unit to allow the juvenile's request to remain anonymous. If a juvenile requests to use the Department of Child Safety hotline, employees shall: Call for an escort and allow the juvenile to use the hotline immediately. If the juvenile cannot be escorted to the health unit immediately due to exigent circumstances, employees shall ensure the juvenile is escorted to use the hotline before the end of shift; remind the juvenile the hotline is for sexual abuse and sexual harassment reporting purposes only; and document any disclosed information made by the juvenile prior to the phone call in an Incident Report (IR) marked 'Confidential.' May access the DCS mailing option to report abuse at no cost. Employees shall not open DCS mail and shall treat all DCS mail as legal mail. If a juvenile requests to use the DCS mailing option, employees shall advise the juvenile to use this address, noting that such mail shall be treated as legal mail at no cost to the juvenile in accordance with Policy 4051.02 Juvenile Mail: Department of Child Safety, Child Abuse hotline, P.O. Box 44240, Phoenix, Arizona 85004; may use the juvenile grievance system and file a grievance by using Form 2304.01A Juvenile Grievance Form in accordance with Policy 2304.01 Juvenile Grievances; shall have confidential access to their attorney or other legal representation; shall have access to parents or legal guardians and their assistance when in agreement to have the grievance filed on their behalf; or may tell employees or someone they trust such as the Juvenile Ombuds. ADJC employees shall: Accept reports made verbally, in writing, anonymously, and from third parties; complete an IR to report sexual abuse and sexual harassment and mark it "Confidential;" and submit the completed IR by the end of each shift; in the event the abuse took place in the community, report the alleged abuse in accordance with Policy 1162 Reporting and Investigating Suspected Child Abuse; and complete an IR and mark it "Confidential."

The DCS hotline is not considered by AMS to be the outside entity for residents to report allegations of sexual abuse, as the standard requires that residents be able to do so anonymously. The residents use the hotline is not an anonymous source if residents have to request from staff to use it. The hotline is just another way for residents to report allegations of sexual abuse and sexual harassment. The method of residents being able to write to DCS is the source for residents to report allegations anonymously to an outside entity. Since residents are permitted to write to DCS for any number of reasons of their own, and letters to DCS are all treated as legal mail, there would be no way staff or other residents to know the content of the letter to DCS. DCS understands its responsibility to report allegations of sexual abuse and sexual harassment to ADJC officials and to monitor and follow up on allegations DCS receives.

Interviews with staff and residents verified their understanding of how to report and receive allegations of sexual abuse and sexual harassment of the numerous methods to do so. Staff know they are to accept any report, whether it is written, verbal, or from a third party. Staff interviews also confirmed they knew of numerous methods they could use to report allegations in a private and confidential manner, such as speaking to a supervisor or administrator privately or by submitting a confidential information report. Interviews of the PC and PCM verified their knowledge of resident's method of writing to DCS as an outside entity for them to report allegations. The PC and PMC were instrumental in establishing this method of reporting for residents.

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 does have an administrative remedies, resident grievance policy 2304.01, therefore ADJC Policy 1002, section 18 includes: In accordance with Policy 2304.01 Juvenile Grievances, ADJC shall not impose a time limit on when a juvenile may submit a grievance regarding an allegation of sexual abuse; and shall ensure that a juvenile who alleges sexual abuse may submit the grievance without submitting it to the employee who is the subject of the complaint; and that the grievance is not referred to an employee who is the subject of the complaint. The Inspector General shall 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 shall not include time consumed by the juvenile in preparing any administrative appeal. Third parties, including juveniles, employees, family members, attorneys, and outside advocates shall: Be permitted to assist juveniles in filing requests for administrative remedies relating to allegations of sexual abuse; and be permitted to file such requests on behalf of juveniles. If a third party, other than a parent or legal guardian, files such a request on behalf of a juvenile, ADJC may require as a condition of processing the request that the alleged victim agrees 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; if the juvenile declines to have the request processed on his or her behalf, ADJC Juvenile Ombudsman shall document the juvenile's decision in the grievance and proceed with an investigation in accordance with Policy 1162 Reporting and Investigating Suspected Child Abuse. ADJC shall allow a parent or legal guardian of a juvenile to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of a juvenile. Such grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his or her behalf; and RAC personnel shall provide parents or legal guardian's with 4620.01A Family Handbook where information regarding Zero Tolerance, the Department of Child Safety hotline, and how to file a grievance is clearly outlined. When a grievance concerns an emergency sexual matter where life, health, or safety may be threatened (e.g., imminent danger, abuse, injury, sexual vulnerability), the employee responder shall immediately notify the Shift Commander of the matter: The Shift Commander shall take appropriate action to assure the welfare of the juvenile: The emergency grievance shall be reviewed and responded to as soon as possible but no longer than 24 hours from receipt in accordance with Policy 2304.01 Juvenile Grievances. The employee responder may also inform the juvenile of the option to use the Child Abuse Hotline in the Health Unit regarding the emergency matter and that it's for reporting purposes only, not counseling, advocacy, etc.; and if the matter involves sexual abuse/harassment or child abuse, the employee responder shall follow the preventing, responding to, monitoring, and mandatory child abuse reporting in accordance with this policy and 1162 Reporting and Investigating Suspected Child Abuse. After receiving an emergency grievance alleging a juvenile is subject to a substantial risk of imminent sexual abuse, the Juvenile Ombudsman shall: Immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to the Office of Inspector General at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within five calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency

grievance. ADJC may not sanction a juvenile for sexual assault or sexual abuse report made in good faith.

From the PAQ, there were two resident grievances in the past 12 months. I reviewed the AMS grievance logs and the actual resident grievances. The grievances and log document the decision was completed within 90 days, no extension was requested. The grievance allegations were elevated to criminal investigations as well. There were not any emergency grievances issued by residents. Interviews with residents who reported sexual abuse did not do so via the resident grievance process but knew it was another source for reporting an allegation of sexual abuse. The residents who reported sexual abuse via the grievance system were no longer at AMS. The interviewed residents stated they were told the results of the investigation in a timely manner.

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 pamphlets to all residents upon their first day of arrival at AMS which contains PREA information, zero tolerance policy and reporting methods. The pamphlets also include telephone numbers and addresses to outside resources, both local and national, to include the National Sexual Assault Hotline, RAINN, EMPACT Sexual Assault Hotline, and National Teen Dating Hotline. Posters and bulletin board postings also contain contact information for outside sources for residents to contact.

ADJC Policies 4002.11, 4050.07, and 4051.02 provide procedures for informing residents 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. Policy 2303 provides procedures which meet the standard for providing residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians. Interviews with residents verified that they are able to talk with their parents, guardians and lawyers. From interviews with the AMS PREA Compliance Manager and the AMS Secure Care Bureau Administrator, residents can talk with their parents regularly via phone calls and during in person visitation. Access to lawyers is not impeded and residents can request visits or phone calls with their lawyers, usually arranged through the Juvenile Ombudsman.

The AMS PREA Compliance manager has made numerous documented attempts to enter into agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. All attempts were not met with success. There are many qualified staff members whom residents can receive emotional support from, to include select staff members who received rape crisis advocate training and certification provided by the Arizona Coalition to End Sexual and Domestic Violence.

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 1002, section 19 includes - Third-party sexual abuse reporting: ADJC may receive juvenile-related sexual abuse reports from juvenile families or the public in accordance with Policy 1162 Reporting and Investigating Suspected Child Abuse. Information regarding reporting process is available on ADJC's Public website in Form 4620.01A Family Handbook, also available in Spanish, which includes: A confidential email contact zerotolerance@adjc.gov; and the ADJC Director's number at 602.364.4051 to bring the matter directly to his attention.

I checked the ADJC website and the information for making a third party report is available and easy to locate on the 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 1002, section 20 includes- ADJC employees shall report immediately in accordance with Policy 1162 Reporting and Investigating Suspected Child Abuse: Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse and sexual harassment; retaliation against juvenile or employee who reported such incident; or any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation. Medical and mental health practitioners shall: Report sexual abuse to their supervisors as well as to the designated State or local services agency where required by mandatory reporting laws and inform juveniles at the initiation of services of their duty to report and the limitation of confidentiality. The Secure Care Bureau Administrator or designee shall promptly notify the allegation to the alleged victim's parents or legal guardians, unless there are official documentation showing the parents or legal guardians should not be notified or the disclosure would impair the investigation: If the alleged victim is under the guardianship of the child welfare system, notify the alleged victim's caseworker instead of the parents or legal guardian.

ADJC Policy 1162 includes: The Arizona Department of Juvenile Corrections (ADJC) is committed to the safety and security of every juvenile in its care. Every allegation that a juvenile has been physically, sexually, or emotionally abused while in ADJC custody shall be thoroughly investigated. These allegations can come to the attention of ADJC investigators in a variety of ways: report by a juvenile, juvenile grievance, report of a parent or guardian, report by an employee, or through Project Zero Tolerance which provides additional reporting mechanisms for employees, parents and guardians, and members of the public. ADJC follows the child abuse reporting requirements in accordance with Arizona Revised Statutes (A.R.S.) §13-3620.

ADJC Policy 1162 notification requirements include: For allegations of child abuse, the ADJC employee shall complete a confidential IR marking the child abuse check box and make appropriate notifications to ensure the juvenile's immediate safety. This shall include but is not limited to their supervisor and: Secure Care Bureau Administrator; Security Operations Chief Administrator; Secure Care Programs Chief Administrator; and Shift Commander. Community: Community Corrections Bureau Administrator; and Deputy Parole Administrator. The Investigations Bureau Administrator or designee shall: Notify the Director or designee of the allegation; and assign the matter for investigation in accordance with 1161.01 Criminal Investigations. Other Notifications include: It is essential that the victim's parent/guardian, DCS caseworker, or sentencing judge be briefed on the allegations and outcome of the investigation as soon as practical without endangering the juvenile or impeding the investigation. When sexual abuse or physical abuse is alleged the Secure Care Bureau Administrator or designee shall: Notify the victim's parent or guardian as soon as practical so long as it does not impede the investigation or endanger the victim. The notification shall include: The nature of the allegation and the status of the investigation without detail; and the case number and a point of contact for the parent or guardian to communicate with for updates. Ensure that notifications or attempts at notification are documented in the ADJC investigative report. If the victim is a ward of the court, the legal Services Bureau Administrator or designee shall: Notify the Department of Child Services (DCS) caseworker and/or committing judge of the allegation; document such notification in the victim's ADJC 'contact notes; provide the victim's DCS caseworker or committing judge with the case number and a point of contact for the DCS caseworker or judge to communicate with for updates; and refer questions concerning treatment, programming, placement, and release to the victim's caseworker. The Investigations Bureau Administrator or designee shall brief the victim's case manager and Psychology Associate through the Secure Care Administrator so that they may field questions from the victim's parent, guardian, or DCS caseworker. The Investigations Bureau Administrator or designee shall brief the Juvenile Ombudsman (JO) of

the outcome of an alleged sexual abuse investigation. The JO shall inform the juvenile if the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Additionally, when the investigation has determined that sexual abuse against a juvenile has been committed, the JO shall inform the juvenile that: The employee has been transferred to another housing unit; the employee no longer works for the agency; or the employee or perpetrator has been indicted or convicted on a charge related to the sexual abuse incident. The JO shall document the notification or attempt of notification made to the juvenile in the juvenile's contact notes. It is essential for persons involved with juveniles committed to the ADJC to understand that not all allegations result in a criminal complaint or accountability. Often times there is insufficient information or evidence to proceed with a criminal complaint or a victim may refuse to cooperate. In addition, the possibility of false or erroneous allegations may occur. At the conclusion of the investigation, the Investigations Bureau Administrator or designee shall: Notify the victim's parent or guardian as to the outcome of the investigation as soon as practical but not later than one business day after the investigation is concluded; document such notification or attempts at notification in the victim's contact notes; if the investigation resulted in an arrest or a case submitted to the Office of the Maricopa County Attorney for review, refer questions concerning prosecution to the Office of the Maricopa County Attorney. If the victim is a ward of the court, the Legal Services Bureau Administrator or designee shall notify the DCS caseworker and/or the committing judge of the outcome of the investigation.

Interviews of staff confirmed their understanding of their responsibilities when they learn of an allegation of sexual abuse or of retaliation for reporting sexual abuse or sexual harassment or cooperating in an investigation of sexual abuse or sexual harassment.

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 juvenile protection duties from Policy 1002, section 22 includes: When an employee learns that a juvenile is subject to a substantial risk of imminent sexual abuse, the employee shall take immediate action to protect the juvenile by following the guidelines indicated in section 23 of this policy. Section 23 describes responder duties which is discussed under 115.364 of this report.

Interview with the Secure Care Bureau Administrator and with other staff were able to detail the specific responsibilities of staff, to include contractors and volunteers to immediately separate out the resident in imminent risk of sexual abuse and secure the resident from any possible harm from other residents or harmful persons alleged to perpetrate the imminent risk of sexual abuse. AMS has a check list for staff to utilize to ensure they do not miss or skip any required response duties. In the past 12 months, there have not been any residents subject to substantial risk of imminent sexual abuse for staff to initiate protection duties.

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.

ADJC Policy 1002, section 23 includes - In the event a juvenile reports physical or sexual abuse while in the custody of another place of confinement (i.e., detention center, jail, police): The reporting employee shall complete an information report in accordance with Policies 1190 Incident Reporting and 1190.01 Incident, Misconduct, and Positive Behavior Recording; and the Office of the Inspector General shall: Notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and the appropriate investigative agency, as soon as possible, but no later than 72 hours after receiving the allegation; and document that it has provided such notification.

Interviews with the Secure Care Bureau Administrator and the PREA Compliance Manager confirmed a reporting process consistent with the standards. In the past 12 months, AMS school had one allegation from a resident who alleged being previously sexually assaulted while confined at another agency facility. I reviewed the documentation concerning this allegation. From said documentation, the other agency staff was notified of the allegation the next day, well within the 72 hour requirement of the standard. In the past 12 months, AMS staff was notified of one allegation from a resident at another agency facility who alleged being previously sexually abused when the resident was assigned to AMS. I reviewed the AMS documentation of this allegation and of its criminal investigation.

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 1002, section 23 includes - Employee first responder duties: Upon learning of an allegation that a juvenile was sexually abused, employee first responders shall use Form 1002D First Responder Checklist for guidance through the appropriate response and accomplish the following steps: Separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; and if the abuse occurred within a time period that still allows for the collection of physical evidence, *request that the alleged victim and abuser* not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating. Employee first responders shall notify the Shift Commander; the employee first responder shall take preliminary steps to protect the victim and immediately notify the appropriate medical and mental health practitioners on duty; if the employee first responder is not a security member, the employee first responders shall request the alleged victim not take any actions that could destroy physical evidence, and then notify the Shift Commander. Juvenile and third party disclosures: If a juvenile discloses and/or was a witness to a sexual offense involving another ADJC juvenile in secure care, ADJC employees shall: Ensure the conversation is not conducted with other potential witnesses present; obtain the information with the following non-leading questions listed below: Who did it? When this happen? Where did this happen? And Are you in pain/bleeding? Document or remember the juvenile's exact words during the disclosure since these quotes will be included in the report to be authored by the recipient of the disclosure; and notify the Shift Commander or On-Duty Administrator. If the juvenile appears to be a risk to his/her own safety or to the safety of others, or if she or he has been or is currently being neglected or abused physically, sexually, or emotionally, ADJC employees shall: Inform the juvenile of their duty to report; seek the assistance of a QMHP as soon as possible to aid in: Determining if the juvenile is in imminent danger; and how best to deal with the juvenile's current mental status. Report the abuse by completing an IR in accordance Policies 1190 Incident Reporting and 1190.01 Incident, Misconduct, and Positive Behavior Recording; if the victimization just occurred do not leave the victim alone or allow him/her to wash, brush his/her teeth, shower, or change clothing; do not contact and/or confront the suspect; and follow the direction of the Office of the Inspector General before proceeding further. ADJC employees shall report the abuse in accordance with Policy 1162 Reporting and Investigating Suspected Child Abuse. The Office of the Inspector General shall investigate all Sexual Offense allegations in accordance with Policy 1162 Reporting and Investigating Suspected Child Abuse.

Finding requiring corrective action: During my review of ADJC policy 1002 prior to the on-site audit I found the policy included language that was not compliant with the standard. From the ADJC policy, it clearly stated "if the abuse occurred within a time period that still allows for the collection of physical evidence, *request that the alleged victim and abuser* not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating." The standard provides to *request* the alleged victim not take any actions that could destroy physical evidence, and to *ensure* the alleged abuser not take any actions that could destroy physical evidence. The issue was Policy 1002 stated to request both the victim and the abuser not take any actions that could destroy evidence.

In addition to reviewing the policy, I reviewed the staff training curriculum concerning this issue and found that the curriculum included “ensure” the alleged abuse not destroy evidence. Additionally, the response check list included for staff to “ensure” the alleged abuser does not destroy evidence.

On the first day of the on-site audit, I discussed this finding requiring corrective action with the PREA Coordinator and the PREA Compliance manager and of the need of Policy 1002 language change from request to ensure. From my touring and from interviews with staff, I found that the actual practice in place was to “ensure” the alleged abuser not destroy evidence. Additionally, wallet size cards that staff are required to carry which details staff response duties includes the “ensure” abusers not destroy evidence. It was clear the corrective action only required the policy change and no additional staff training or period of institutionalization was needed.

In the past 12 months, AMS has received 26 allegations that a resident was sexually abused, and of these allegations, the first responder was a security staff member who separated the alleged victim from the alleged abuser. Documented in the reports, staff requested victims not destroy evidence and ensured abusers did not destroy evidence. There were not any allegations where the first responder was a non security staff member.

Corrected Action: To date, ADJC policy 1002 has been amended to include: Ensure alleged abusers not destroy evidence and the standard has been met. Refer to the ADJC website for the corrected Policy 1002, section 23 (a) iii, page 14. Adjc.gov

Standard 115.365 Coordinated response

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

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

From Policy 1002, section 24, ADJC’s coordinated response to incidents of sexual abuse - Employees shall use Form 1002D1 Coordinated Facility Response Plan to coordinate actions taken in response to an incident of sexual abuse among employee first responders, medical and mental health practitioners, investigators, and facility leadership pursuant to the PREA standard: If a juvenile notifies an employee that the juvenile has been sexually abused or the employee see or learns of the abuse: The first responder employee shall, in the following order: Ask the following questions to juvenile only. Do not conduct an interview or attempt to get additional information: Who did it? When did this occur? Where did this occur? Are you in pain? Are you bleeding? Separate juvenile victim from alleged suspect immediately, if applicable; Contact Shift Commander; call for Security escort to the Health Unit for medical evaluation; complete Confidential IR; and if the allegation is of an immediate incident of abuse: Review Form 1002D First Responder Checklist and follow steps 1-5 of this section. The Shift Commander shall contact the Office of the Inspector General; the Shift Commander and the investigator shall assess the incident and formulate a plan; the Shift Commander or the investigator shall notify the On-Duty Administrator; the on-duty administrator shall contact the Secure Care Bureau Administrator; and the Secure Care Bureau Administrator shall contact the Director, Legal Services Bureau Administrator, and parent(s). Policy 1162 includes the specific response duties in detail to include medical and mental health and forensic medical exams.

AMS is ADJC’s only facility therefore the ADJC policies are the AMS institutional plan. Regardless, AMS does have an institutional plan separate from the ADJC policy for coordinated actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators and AMS leadership.

Interviewed staff from a variety of disciplines and they all could relate their individual responsibilities in response to an incident of sexual abuse.

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.

This standard is not applicable. Interview with the Interim Director confirmed that ADJC does not participate in collective bargaining. The Interim Director confirmed ADJC has the ability to remove any staff member from contact with a resident during an investigation of an allegation of sexual abuse, sexual harassment, or retaliation for reporting or cooperating with an investigation into an allegation of sexual abuse or sexual harassment.

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's protection against retaliation Policy 1002, section 25 includes juveniles have the right to be free from retaliation for reporting sexual abuse or harassment: ADJC shall not retaliate or permit retaliation against a juvenile who makes a report of sexual abuse or sexual harassment or cooperated in an investigation; ADJC shall ensure that any ADJC employee who is found to have retaliated against another employee or juvenile involved in an investigation of sexual abuse or sexual harassment be subject to appropriate disciplinary action, up to and including dismissal from employment in accordance with Policy 2003.04 Employee Misconduct; ADJC shall ensure all juveniles and employees who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations are protected from retaliation by other juveniles and employees in accordance with Policy 2007 Equal Employment Opportunity; ADJC employees who report sexual abuse or sexual harassment or cooperate with the sexual abuse or sexual harassment investigation are protected from civil litigation as long as the report and cooperation are made in good faith; ADJC employs protection measures, such as housing changes or transfers in accordance with Policy 4078.01 Transfer of Juveniles Process for juvenile victims or abusers, removal of alleged employee or juvenile abusers from contact with victims, and emotional support services for juveniles or employees who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations: For at least 90 days following a report of sexual abuse, the PREA Compliance Manager (PCM) in collaboration with the Juvenile Ombuds (JO) shall: Monitor the conduct or treatment of juveniles or employees who reported the sexual abuse and of juveniles who were reported to have suffered sexual abuse utilizing the PREA Automated Monitoring System; Items to monitor include any: Juvenile disciplinary reports, such as juvenile grievances and MDT reviews; housing or program changes; and MAP notes, MAP performance reviews, disciplinary actions, reassignments of employees. Refer employees to communicate any type of retaliation by juveniles or employees to the Chief Human Resources Officer; complete an Administrative Incident Report (AIR) and notify the Chief Human Resources Officer of any retaliation complaint upon receipt and seek assistance from the Chief Human Resources Officer in assigning the complaint to a qualified individual in Human Resources to investigate the allegations; act promptly to remedy any such retaliation: continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need; and in the case of juveniles, JO shall complete periodic status checks. If any other individual who cooperates with an investigation expresses a fear of retaliation, ADJC shall take appropriate measures to protect that individual from retaliation; and reporting and investigating shall be done in a manner that preserves confidentiality consistent with the need to investigate and address allegations.

PREA monitoring for retaliation documentation was provided for my review. The documentation contains evidence of monitoring for retaliation for at least 90 days following a report of sexual abuse or sexual harassment or until the investigation resulted as unfounded. The

AMS monitors continue to monitor beyond 90 days if necessary. The documentation included comments of the monitoring, and statements included by the residents under retaliation review. The Interim Director, the Secure Care Bureau Administrator, the staff monitors all were interviewed and confirmed their understanding of the requirement for all elements of this standard. Residents who reported an allegation of sexual abuse or sexual harassment also confirmed their participation and understanding of their reviews for retaliation. During the interview with the same residents, they stated they did not experience any source of retaliation by either staff or other residents. In the past 12 months, there were not any incidents of retaliation reported by residents or staff.

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.

Juveniles in ADJC custody - ADJC Policy 1002, section 26 includes: Juveniles in ADJC custody shall be provided separated housing to protect a juvenile who is alleged to have suffered sexual abuse subject to the requirements of section 16 of this policy which applies to standard 115.342. Section 16 of Policy 1002 includes placement of juveniles in housing, bed, program, education, and work assignments: ADJC shall use all information obtained pursuant to Section 15 of this policy and subsequently make housing, bed, program, education, and work assignments for juveniles with the goal of keeping all residents safe and free from sexual abuse; If the information obtained from automated Form 1002B Reception Screening for Assaultive and Sexually Aggressive Behavior and Risk for Sexual Victimization indicates the juvenile is at risk of becoming a potential victim, potential abuser or both; a QMHP shall complete an update to the juvenile's CCP every 30 days by to re-assess the juvenile and make changes when applicable to the accommodations made during the 1002B screening assessment completed at intake. The Multidisciplinary Team (MDT) shall document changes to housing unit placement, room assignment, programming, education and work programs when deemed necessary; The MDT shall: Continuously assess the juvenile's sexual abuse vulnerability and aggressiveness during scheduled staffing meetings and provide justifications for any new or changed accommodations; and review the juvenile's behavior, incident reports, Rule Violations and all relevant information available since the initial 1002B screening assessment completed at intake or the last scheduled staffing meeting. QMHPs shall Document changes made in the juvenile's CCP to reflect new accommodations recommended by the MDT and update the juvenile's CCP when deemed necessary if specific information about the juvenile indicates a heightened need for supervision, requires additional safety precautionary steps, or separation from specific juveniles has been identified. If a bed is available and the recommendation is made for unit-based services on a Sex Offender Treatment Unit, ADJC shall immediately move the juvenile to the Sex Offender Treatment Unit for stabilization in accordance with Policy 4010 Juvenile Reception, Assessment, and Classification (RAC). ADJC may isolate juveniles from others only as a last resort when less restrictive measures are inadequate to keep them and other juveniles safe, and then only until an alternative means of keeping all juveniles safe can be arranged; During any period of isolation, ADJC in accordance with Policy 4061 Separation: Shall not deny juveniles daily large-muscle exercise and any legally required educational programming or special education services; shall provide daily visits from a medical or mental health care clinician; and shall provide access to other programs and work opportunities to the extent possible. If a juvenile is isolated pursuant to paragraph g of this section, ADJC shall clearly document: The basis for the facility's concern for the juvenile's safety; and the reason why no alternative means of separation can be arranged. Every 30 days, ADJC shall afford the juveniles described in section g., a review to determine whether there is a continuing need for separation from the general population; ADJC shall not: Place in particular housing, bed, or other assignments solely on the basis of a juvenile's status of being lesbian, gay, bisexual, transgender, or intersex; nor consider lesbian, gay, bisexual, transgender, or intersex, identification or status as an indicator of likelihood of being sexually abusive. In deciding whether to assign a transgender or intersex juvenile to a Housing Unit for male or female juveniles, and in making other housing and programming assignments, ADJC shall consider on a case-by-case basis whether a placement would ensure the juvenile's health and safety, and whether the placement would present management or security problems; The MDT shall reassess placement and programming assignments for each transgender or intersex juvenile at least twice each year to review any threats to safety experienced by the resident: A transgender or intersex juvenile's own views with respect to his or her own safety shall be given serious consideration; and transgender and intersex residents shall be given the opportunity to shower separately from other residents.

In the past 12 months, there have not been any residents who alleged to have suffered sexual abuse who were placed in isolation, or what AMS refers to as "Separation." Interview of the Secure Care Bureau Administrator confirmed that residents who alleged to have suffered sexual abuse are not placed in isolation. Interview of staff who supervised residents in isolation too confirmed residents who alleged to

have suffered sexual abuse are not placed in isolation. However, the staff did confirm that residents who are placed in isolation do continue to receive programs, privileges, education and special education, and some work opportunities. All interviewed staff stated that if residents are placed in isolation for whatever the reason may be, they are only in isolation for a couple hours, usually only for time to find another housing assignment. Medical staff interviews confirmed that residents in isolation do receive medical and mental health staff visits, daily if there was ever a resident placed in isolation for that duration.

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 criminal and administrative investigations Policy 1002, section 27 includes reference to: ADJC policies 1162 Reporting and Investigating Suspected Child Abuse, 1160.01 Administrative Investigations, and 1161.01 Criminal Investigations and its related forms regarding investigations into allegations of sexual abuse and sexual harassment; and ADJC shall follow the general retention schedules for state agencies and the approved schedules for ADJC outlined by the Arizona State Library Archives and Public Records in accordance with Policy 1118.01 Records Retention and Disposition. These policies are very detailed and complete procedures for meeting the standard. They are available on the ADJC website for review at adjc.gov.

Investigations are completed for all allegations of sexual abuse and sexual harassment at AMS, including third party and anonymous reports. The facility refers all allegations of sexual abuse and sexual harassment to the ADJC criminal investigators for investigations. The criminal investigators are AZPOST certified police officers and they have completed the additional training as required with standard 115.334. Allegations are documented on an information report and are tracked by the PREA Compliance Manager. All staff members are required to cooperate with investigators. The investigation reports reviewed contain very thorough description of the physical, testimonial, and documentary evidence to include interviews with witnesses, medical and mental health staff, incident scene inspection and evidence collection, SANE's, interviews with victims and suspects, and video review. Interviews with investigators confirmed that investigations are completed regardless if the victim recants the allegation or if the victim or abuser is no longer assigned to or work at AMS.

The credibility of an alleged victim, suspect or witness is assessed on an individual basis and is not determined by the person's status as resident or staff. A resident who alleges sexual abuse is not required to submit to a polygraph examination. The agency retains all written reports pertaining to administrative investigations of sexual abuse and sexual harassment for as long as the alleged abuser is incarcerated or the staff member is employed by the agency plus five years, in accordance with the ADJC retention schedule. Since the last audit at AMS, June, 2015, there have been 10 sustained criminal allegations of conduct that were referred for prosecution.

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.

ADJC Policy 1002, section 28 includes as evidentiary standard for administrative investigations: ADJC shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated in accordance with Policy 1160.01 Administrative Investigations. Interview with the ADJC administrative investigator confirmed this standard requirement and practice.

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 Policy 1002, section 29 includes: ADJC shall follow juvenile notification requirements in accordance with Policy 1162 Reporting Suspected Child Abuse. Policy 1162 includes: The Investigations Bureau Administrator or designee shall brief the Juvenile Ombudsman (JO) of the outcome of an alleged sexual abuse investigation. The JO shall inform the juvenile if the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Additionally, when the investigation has determined that sexual abuse against a juvenile has been committed, the JO shall inform the juvenile that: The employee has been transferred to another housing unit; the employee no longer works for the agency; or the employee or perpetrator has been indicted or convicted on a charge related to the sexual abuse incident. The JO shall document the notification or attempt of notification made to the juvenile in the juvenile’s contact notes.

Interview of the Secure Care Bureau Administrator, the results of investigations are provided to the Juvenile Ombuds (JO) who then notifies the resident victims. The JO documents the notification as well. Investigative staff confirmed notification to the resident victims is completed. The JO is also part of the staff team charged with monitoring retaliation. During that interview with the JO, I asked of their responsibility for notifying resident victims of the investigation results. The JO confirmed this responsibility as well. Interviews with resident victims confirmed being notified of investigation results and were able to tell me the results.

I reviewed documentation of notifications, which included all that was required of the standard to include, results as unfounded, substantiated, unsubstantiated, employee removed from contact with residents or employed, and submission of case to the County attorney for prosecution.

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 Policy 1002, section 30 includes - Employees shall be subject to disciplinary sanctions up to and including termination for violating ADJC’s sexual abuse or sexual harassment policies in accordance with 2003.04 Employee Misconduct and 2003.05 Employee Professionalism, Ethics, and Conduct. Review of ADJC Policy 2003.04, attachment of staff disciplinary sanctions, Neglect of Duty (n)

states: Sexual contact, oral sexual contact or sexual intercourse with a juvenile under the supervision of the Department – Category 7. From Policy 2003.04 Chart of Disciplinary Sanctions, Category 7, First Offense – Dismissal. The ADJC policies listed have been reviewed and to include language for disciplinary sanctions for violating policies relating to sexual abuse or sexual harassment other than engaging in sexual abuse that are commensurate with the nature of the circumstances of the acts committed, the staff member’s history, and the sanctions imposed for comparable offenses by other staff with similar histories. The ADJC policies includes a very objective procedure and chart of sanctions which include category ratings from 1 (least severe) to 7 (most severe-dismissal) with each sanction increased in severity given the number of such offences committed.

In the past 12 months, there have not been any staff from AMS who have violated ADJC sexual abuse or sexual harassment policies, therefore there have not been any staff terminated or resigned prior to termination for violating sexual abuse or sexual harassment policies. However, there have been three staff terminations since the last PREA audit in June, 2015. I reviewed the termination letters for those employees. The ADJC criminal investigators (AZPOST Certified) are a law enforcement element for the agency and were notified of the terminations.

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 Policy 1002, section 31 includes ADJC shall: Prohibit any contractor, mentor, intern, or volunteer who engages in sexual abuse from contact with juveniles; report such sexual contact to law enforcement and relevant licensing bodies, unless the activity was clearly not criminal; and consider whether to prohibit further contact with juveniles in the case of any other violation of ADJC’s sexual abuse or sexual harassment policies.

In the past 12 months, there have not been any allegations of contractors or volunteers engaging in sexual abuse or sexual harassment with residents at AMS. Therefore, in the past 12 months, there have not been any contractors or volunteers reported to law enforcement (ADJC Criminal Investigators) and relevant licensing bodies for engaging in sexual abuse of residents. Interview with the Secure Care Bureau Administrator confirmed that there have not been any incidents of sexual abuse involving contractors or volunteers in the past 12 months. Per the Secure Care Bureau administrator, the initial remedial measure in preventing contractors or volunteers further contact with residents is to take their ADJC identification cards. Without an identification card, access to AMS is prohibited.

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.

ADJC Policy 1002, section 32 includes juveniles have the right to be reasonably protected from the accused juvenile. A juvenile may be

subject to disciplinary sanctions only pursuant to an administrative finding of guilt for juvenile-on-juvenile sexual abuse. ADJC shall ensure any disciplinary sanctions are matched with: The nature and circumstances of the abuse committed; the juvenile's disciplinary history; and the sanctions imposed for comparable offenses by other juveniles with similar histories. In the event an act of sexual abuse or harassment results in a juvenile being placed in separation, ADJC shall not deny the juvenile daily exercise or access to any legally required educational programming or special education services; a medical or mental health care clinician shall visit daily juveniles in separation; and ADJC shall ensure juveniles have access to other programs and work opportunities to the extent possible. When imposing a disciplinary process, ADJC shall consider whether a juvenile's mental disabilities or mental illness contributed to his or her behavior when determining any type of sanction. ADJC shall offer therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse; shall consider whether to offer the offending juvenile participation in such interventions; may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access general programming or education; shall make available Victims' Rights Advocates who are Master level counselors to assist any juvenile victim of sexual assault or sexual abuse; and shall not discipline a juvenile for reporting sexual abuse in good faith.

Interview with the Secure Care Bureau Administrator confirmed that residents who sexual abused other residents would be disciplined through the AMS Positive Behavior Management System. This system is designed to help manage the behaviors of juveniles with a framework of positive behavioral interventions and supports. This system includes procedure and practice for proactively correcting behaviors when juveniles violate behavior expectations. This includes a rule violation grid which includes rule B, Inappropriate or unauthorized sexual behavior. The Secure Care Bureau Administrator included sustained criminal investigations would be referred for prosecution to the County Attorney's office as well. Interview with the Secure Care Bureau Administrator and Medical and Mental Health staff confirmed that isolation is seldom used for any resident, not for victims and may be used for suspects, and has not been used for any victim or suspect of sexual abuse in the past 12 months. In the past 12 months, there have not been any administrative findings of resident on resident sexual abuse incidents at AMS and there have been 6 criminal findings of guilt for resident on resident sexual abuse incidents at AMS. There have been 2 allegations of sexual abuse by residents in the past 12 months with investigations that proved the resident falsely reported sexual abuse.

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

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

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

ADJC Policy 1002, section 33 includes - Juvenile medical and mental health screening and history of sexual abuse: If the screening completed in section 15 of this policy, standard 115.341, indicates that a juvenile has experienced prior sexual victimization, ADJC employees shall ensure the juvenile is offered a follow-up meeting with a medical or mental health professional within 14 days of the intake screening. If the screening completed in section 15 of this policy, standard 115.341, indicates that a juvenile has previously perpetrated sexual abuse, ADJC employees shall ensure the juvenile is offered a follow-up meeting with a mental health professional within 14 days of the intake screening. ADJC shall keep any information related to sexual victimization or abusiveness strictly limited to medical and mental health professionals and essential employees as necessary.

From the PAQ, over the past 12 months, 100% of residents who disclosed prior victimization or who disclosed previously perpetrated sexual abuse during screening were offered a follow up meeting with medical or mental health practitioners.

Interview with residents confirmed being asked if they wanted to be seen by medical and mental health. Residents confirmed being seen by medical and mental health. Interview with screening staff confirmed residents are seen by medical and mental health staff within 14 days as the person who conducts the screening at AMS is a mental health practitioner. I reviewed screening documentation and verified the standards are met. Information is shared with non medical staff, but the information does not include specific details, only instructions as to where a resident may be housed, or programs and education assignments. AMS does not house any residents over the age of 17 years therefore there are not any requirements for receiving informed consent from residents over the age of 17 years.

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.

ADJC Policy 1002, section 34 includes - Juvenile access to emergency medical and mental health services. Juveniles have the right to emergency medical and mental health services. ADJC shall provide juvenile victims of sexual abuse with timely and unimpeded access to emergency medical treatment in accordance with Policy 3070.01 Emergency Care and crisis intervention services, as determined by medical (QHCP) and mental health (QMHP) staff according to their professional judgment. Following an allegation of sexual assault and/or abuse, the QMHP shall facilitate healing in the juvenile who has been victimized. In this role, the QMHP: Shall delay primary trauma intervention until after a forensic interview, to be conducted by a forensically trained interviewer, ADJC Investigator, or a forensically trained interviewer from a Child Advocacy Center; but in collaboration with the Office of the Inspector General, shall not delay primary trauma intervention longer than 24 hours; and shall provide trauma intervention immediately if the juvenile is in acute crisis. Following the forensic interview of an alleged juvenile victim, a QMHP shall assess the need for crisis intervention, counseling, and long-term follow-up: If the juvenile's needs are immediate and serious in nature, a QMHP shall complete an Initial Precautionary Risk Assessment of the juvenile using Form 4250.01A Initial Precautionary Risk Assessment; and in light of the findings from the Initial Precautionary Risk Assessment of the juvenile, if necessary, proceed in accordance with Policy 4250.01 Suicide Prevention Procedure. For long-term ongoing supportive therapy, QMHPs who lack expertise, training and/or credentials in the area of treatment of child abuse, sexual assault, or abuse victims, shall seek referrals to mental health professionals, including non-ADJC personnel, who specialize in working with child abuse and/or sexual abuse victims. During treatment, if a juvenile discloses further information regarding the abuse, the therapist, both the ADJC QMHP or any non-ADJC personnel, shall document direct quotes and promptly report this information to the Office of the Inspector General. The Multidisciplinary Team (MDT) shall incorporate any supportive follow-up treatment needs into the juvenile's CCP. A juvenile believed to be a victim of a sexual assault/abuse should be brought to the Health Unit. The QHCP shall: Assess the juvenile; provide any emergency treatments, as needed; and limit exams to immediate serious injuries. Unless there is concern about significant bleeding, QHCPs shall not conduct a genital, oral, and/or anal examination. The QHCP shall not make any attempt to gather either physical evidence or statements from any juvenile alleging sexual assault. This does not preclude the QHCP from preserving trace evidence at risk to be lost (i.e., hair on victim's clothing). The QHCP shall collect this evidence in consultation with Office of the Inspector General. The QHCP shall document any spontaneous statements made by the victim; and security personnel is to remain with the juvenile while in the Health Unit during all initial evaluations for alleged sexual assault and delivery of emergency care. In the absence of a QHCP, security personnel shall contact the medical person on-call for instructions in accordance with Policy 3070.01 Emergency Care for further information; office of the Inspector General personnel shall make arrangements for a forensic medical examination by a SANE for any juvenile alleging abuse within the past 120 hours; ADJC personnel in collaboration with office of the Inspector General shall: Supervise the juvenile and request him/her not to shower or, if applicable, rinse out his/her mouth prior to the offsite examination; if the juvenile changed clothing in the Health Unit prior to the examination, give any clothing removed to an investigator and/or security employee to: Seal in paper bags; mark as evidence items; maintain chain of custody; and give to the office of the Inspector General to be retained by them. Ensure the specialized medical examination is performed at a predetermined, authorized location; ensure that the Health Unit in collaboration with an Investigator from the Office of the Inspector General makes the appointment; ensure each Health Unit keeps an up-to-date list of current Child Abuse Assessment and Advocacy centers staffed by physicians and/or Forensic Nurse Examiners (FNE) with the necessary qualifications to provide child abuse examinations. The list is published in the protocols that have been adopted state wide. If a juvenile makes a disclosure of sexual assault/abuse during a routine unrelated evaluation by a QHCP, the QHCP shall: Follow the guidelines outlined in previously in this policy and report the abuse in accordance Policy 1162 Reporting and Investigating Suspected Child Abuse. If possible evidence of a sexual assault/abuse is observed during a routine unrelated exam, the QHCP shall question the juvenile using the following procedure: Ask only these exact questions as needed to complete the information: Who did it? When this happen? Where did this happen? And Are you in pain/bleeding? If the juvenile does disclose and/or does not disclose abuse, which would include sexual assault/abuse, the QHCP shall report this incident in accordance with Policy 1162 Reporting and Investigating Suspected Child Abuse. ADJC shall: Offer timely information about and timely access to emergency contraception and prophylaxis for sexually transmitted infections, to juvenile victims of sexual abuse while incarcerated in accordance with professionally accepted standards of care, where medically appropriate and provide treatment services 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.

Interviews with medical/mental health staff first responders confirmed medical attention is provided to victims of sexual abuse immediately. Interviews with residents who reported a sexual abuse were provided medical and mental health attention immediately. They also confirmed their being offered timely information about and access to emergency contraception and sexually transmitted infections prophylaxis. Treatment was provided at no cost to the residents. My review of medical secondary documentation confirmed medical and mental health attention was provided to resident victims of sexual abuse immediately.

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 1002, section 35 provides for ongoing medical and mental health care for sexual abuse victims and abusers. Juveniles have the right to ongoing medical and mental health care for sexual abuse victims and abusers in accordance with Policy 3040.01 Access to Care: ADJC shall offer medical and mental health evaluation and, as appropriate, treatment to all juveniles including those who have been victimized by sexual abuse in secure care. The evaluation and treatment of such victims shall 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 ADJC custody. Provide such victims with medical and mental health services consistent with the community level of care; offer pregnancy tests and timely pregnancy results to juvenile victims of sexually abusive vaginal penetration while incarcerated; offer tests for sexually transmitted infections as medically appropriate; and provide treatment services to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The Behavioral Health Services shall attempt to conduct a mental health evaluation of all known juvenile-on-juvenile abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by a QMHP.

Interview with medical/mental health confirmed they are compliant with the requirements of this standard and that attempts to conduct mental health evaluations of all known resident on resident abusers is completed immediately when it becomes known but that policy requires it within 60 days. Interview with residents who reported sexual abuse confirmed compliance with the requirements of this standard. They were provided treatment immediately. Treatment included follow up services. The victims interviewed had not been transferred to other facilities thus continued care upon transfer did not apply. AMS has both female and male residents and female victims are provided for as the standard requires. Interviewed residents who reported sexual abuse included they were offered tests for sexually transmitted infections and they nor their families were required to pay for treatment. Secondary medical documentation was reviewed and confirmed compliance with the standard.

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 1002, section 36 includes the sexual abuse incident review committed shall: 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; and prepare a report using Form 1050.06A Sexual Abuse Incident Review Report of its findings and distribute and maintain such reports in accordance with Policies 1050.06 Sexual Abuse Incident Review Committee, 1190 Incident Reporting, and 1190.02 Incident Report Follow-Up and Critical Incident Debriefing. ADJC Policy 1050.06 includes: The PREA Compliance Manager (PCM) or designee shall convene a Sexual Abuse Incident Review Committee within 30 days following a conclusion of an investigation of any of the following, unless the allegation has been determined to be unfounded: Child molestation; sexual abuse; sexual assault; sexual conduct with a minor; sexual contact; and unlawful sexual conduct (correctional facilities); or any sexual type incident deemed necessary for review by the PREA Compliance Manager, Secure Care Bureau Administrator, Assistant Director, or Director. The Sexual Abuse Incident Review Committee shall include the following employees or their designees at a minimum: PREA Compliance Manager (Chairperson); PREA Coordinator; Secure Care Bureau Administrator; Security Operations Chief Administrator; Secure Care Programs Chief Administrator; Education Superintendent; Medical Director; Legal Systems Bureau Administrator; Quality Assurance Bureau Administrator; and Investigations Bureau Administrator. The Sexual Abuse Incident Review Committee shall: Critically review the circumstances surrounding the incident; critically review any relevant reports; review all relevant training received by involved employees; consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may have enabled the abuse; assess the adequacy of staffing levels in that area during different shifts; and assess whether monitoring technology should be deployed or augmented to supplement supervision by employees; and recommend possible improvements in: Employee training; operational policies; physical plant; and program Services. The Sexual Abuse Incident Review Committee shall: Not allow the review to take the place of any legal investigation process or any judicial procedures or remedies; and review completed unfounded sexual abuse investigations at the discretion of the PREA Compliance Manager, Secure Care Bureau Administrator, Assistant Director, or Director. The Sexual Abuse Incident Review Committee shall prepare a report, using Form 1050.06A Sexual Abuse Incident Report Review, of its finding(s), including but not limited to determinations made and any recommendations for improvement. The Chairperson or designee shall: Distribute the report to each committee member for their review and approval one week prior to distributing it to the Director or designee; and within 30 days of convening the Sexual Abuse Incident Review Committee, submit the report to the ADJC Director or designee. The Director or designee shall address findings, conclusions, and recommendations upon review of report from the Sexual Abuse Incident Review Committee and shall include follow-up actions, if required. The PCM or designee shall maintain the Sexual Abuse Incident Review Reports per ADJC established records retention schedules.

In the past 12 months, there have been 9 incidents where sexual abuse incident reviews were required and completed. I have reviewed all sexual abuse incident review documentation. AMS uses a form with all required elements for review by the standard included therefore all is captured by the review committee. All reviews have been completed within 30 days of the completion of the investigations. Interviews of the Secure Care Bureau Administrator, the PREA Compliance Manager, and review committee members all confirmed compliance with the standard has been met to include implementing recommendations by the committee to prevent future similar incidents from occurring.

Standard 115.387 Data collection

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

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

ADJC Policy 1002, section 37 includes Data Collection: ADJC shall collect accurate, uniform data for every allegation of sexual abuse at the facility using a standardized instrument and set of definitions. The Office of the Inspector General and the Legal Systems Bureau shall: Combine the incident-based sexual abuse data at least annually into a report to 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; and maintain, review, and collect data, as needed, from all available IRs, juvenile grievances, and reports made by outside entities regarding allegations of sexual assault or abuse.

I reviewed the most recent Survey of Sexual Victimization (formerly Survey of Sexual Victimization) completed by ADJC and the data collected included every allegation and answered all the questions from the SSV. I reviewed the ADJC website and it included the aggregated data on an annual report, for the current year and previous annual reports.

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 Policy 1002, section 38 includes for data review for corrective action. The Office of the Inspector General and Legal Systems Bureau in collaboration with the PREA Compliance Manager shall: Review data collected in order to assess and improve the effectiveness of the Department’s sexual abuse prevention, detection, and response practices and training; prepare an annual report with a comparison of the current year’s data and corrective actions with those prior years and provide an assessment of the agency’s progress in addressing sexual abuse; and submit such report to the Director or designee for review and approval. ADJC shall redact such reports when publication presents a clear and specific threat to the safety and security of ADJC, but indicate the nature of the material redacted.

I reviewed the ADJC annual report located on the ADJC website (adjc.gov). Interview of the ADJC Interim Director confirmed compliance of the standard. Every case is reviewed at his level weekly to determine trends, frequency of suspects identified, roots causes, and to take corrective action on an ongoing basis. Interview of the PREA Coordinator and the PREA Compliance Manager confirmed that the data collected per 115.387 is aggregated in an annual report which is utilized to determine problem areas, what policies require enhancements, to create corrective action plans and implement the necessary actions.

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.

ADJC Policy 1002, section 39 includes ADJC shall ensure: Data collected are kept secure; sexual abuse data made available to the public annually is redacted appropriately; and sexual abuse data is retained for at least 10 years after the date of its collections and for the minimum periods stated in the Records Retention Schedule as approved by the Arizona State Library, Archives and Public Records. I reviewed the annual report on the ADJC website (adjc.gov) and it did not contain any personal identifiers

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

May 9, 2017

Auditor Signature

Date