

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

☐ Interim ☒ Final

Date of Interim Audit Report: August 13, 2020 ☐ N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: August 18, 2020

Auditor Information

Name: [REDACTED]

Email: [REDACTED]

Company Name: [REDACTED]

Mailing Address: [REDACTED]

City, State, Zip: [REDACTED]

Telephone: [REDACTED]

Date of Facility Visit: 7/20/2020

Agency Information

Name of Agency: Arizona Department of Juvenile Corrections

Governing Authority or Parent Agency (If Applicable): Click or tap here to enter text.

Address: 1624 W. Adams St.

City, State, Zip: Phoenix AZ 85007

Mailing Address: Click or tap here to enter text.

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

The Agency Is:

☐ Military

☐ Private for Profit

☐ Private not for Profit

☐ Municipal

☐ County

☒ State

☐ Federal

Agency Website with PREA Information: adjc.az.gov

Agency Chief Executive Officer

Name: Jeff Hood

Email: jhood@azadjc.gov

Telephone: 602-370-4317

Agency-Wide PREA Coordinator

Name: Raquel Bradley

Email: rbradley@azadjc.gov

Telephone: 602-525-3363

PREA Coordinator Reports to:

Ryan Brezina

Number of Compliance Managers who report to the PREA Coordinator:

0

Facility Information

Name of Facility: Adobe Mountain School

Physical Address: 2800 W. Pinnacle Peak Rd.

City, State, Zip: Phoenix AZ 85027

Mailing Address: Click or tap here to enter text.

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

The Facility Is:

☐ Military

☐ Private for Profit

☐ Private not for Profit

☐ Municipal

☐ County

☒ State

☐ Federal

Facility Website with PREA Information: adjc.az.gov

Has the facility been accredited within the past 3 years? ☐ Yes ☒ No

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

☐ ACA

☐ NCCHC

☐ CALEA

☐ Other (please name or describe: Click or tap here to enter text.

☒ N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
Click or tap here to enter text.

Facility Administrator/Superintendent/Director

Name: Walt Pesterfield

Email: wpesterfield@azadjc.gov

Telephone: 602-525-4549

Facility PREA Compliance Manager

Name: N/A

Email: Click or tap here to enter text.

Telephone: Click or tap here to enter text.

Facility Health Service Administrator ☐ N/A

Name: Dr. Cody Conklin

Email: cconklin@azadjc.com

Telephone: 480-243-2811

Facility Characteristics

Designated Facility Capacity:

459

Current Population of Facility:	205	
Average daily population for the past 12 months:	205	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males	
Age range of population:	14-19	
Average length of stay or time under supervision	9.2 months	
Facility security levels/resident custody levels	Secure Care level	
Number of residents admitted to facility during the past 12 months	298	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	298	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:	298	
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	339	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	110	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	20	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	40	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	315	

Physical Plant

Number of buildings:

Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.

22

Number of resident housing units:

Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.

14

Number of single resident cells, rooms, or other enclosures:

63

Number of multiple occupancy cells, rooms, or other enclosures:

198

Number of open bay/dorm housing units:

0

Number of segregation or isolation cells or rooms (for example, administrative, disciplinary, protective custody, etc.):

16

Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?

☒ Yes ☐ No

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?

☒ Yes ☐ No

Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?

☒ Yes ☐ No

Are mental health services provided on-site?

☒ Yes ☐ No

<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<p><input type="checkbox"/> On-site</p> <p><input checked="" type="checkbox"/> Local hospital/clinic</p> <p><input checked="" type="checkbox"/> Rape Crisis Center</p> <p><input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)</p>
<p align="center">Investigations</p>	
<p align="center">Criminal Investigations</p>	
<p>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</p>	<p align="center">2</p>
<p>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</p>	<p><input type="checkbox"/> Facility investigators</p> <p><input checked="" type="checkbox"/> Agency investigators</p> <p><input type="checkbox"/> An external investigative entity</p>
<p>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</p>	<p><input type="checkbox"/> Local police department</p> <p><input type="checkbox"/> Local sheriff's department</p> <p><input type="checkbox"/> State police</p> <p><input type="checkbox"/> A U.S. Department of Justice component</p> <p><input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)</p> <p><input checked="" type="checkbox"/> N/A</p>
<p align="center">Administrative Investigations</p>	
<p>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</p>	<p align="center">2</p>
<p>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: <i>Select all that apply</i></p>	<p><input type="checkbox"/> Facility investigators</p> <p><input checked="" type="checkbox"/> Agency investigators</p> <p><input type="checkbox"/> An external investigative entity</p>
<p>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</p>	<p><input type="checkbox"/> Local police department</p> <p><input type="checkbox"/> Local sheriff's department</p> <p><input type="checkbox"/> State police</p> <p><input type="checkbox"/> A U.S. Department of Justice component</p> <p><input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)</p> <p><input checked="" type="checkbox"/> N/A</p>

Audit Findings

Audit Narrative (including Audit Methodology)

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

Shortly after the initiation of the third audit cycle (August 20, 2019), The Arizona Department of Juvenile Corrections (ADJC) PREA Coordinator and I discussed my conducting a PREA audit that consisted of both the agency standards and of the agency's only facility, Adobe Mountain School (AMS). Given AMS is ADJC's only facility, to meet PREA standards of 115.401 and 115.403, it is essential that AMS have a PREA audit completed in the first year of the third three year audit cycle. An on-site audit date was scheduled for May 11, 2020 to May 15, 2020, and an agreement was documented for my conducting the audit. Eight weeks prior to the on-site audit, I was provided from the ADJC PREA Coordinator a Pre-Audit Questionnaire and required supporting documentation on a secure flash drive. ADJC and I decided to utilize the "paper audit system" provided by the PREA Resource Center (PRC) to conduct this audit. Six weeks before the start of the on-site audit, AMS staff posted in English and Spanish notifications to all AMS residents and staff of the upcoming audit, my contact information was provided, and all correspondence to me would be maintained as confidential. Photographs of AMS bulletin boards with the audit notifications were sent to me six weeks prior to the on-site audit start date. The ADJC PREA Coordinator created the notification postings using the PRC examples as guidance.

I was the lead US DOJ Certified PREA Auditor and did not have any assistants with this audit. NOTE: I had no other assistance on any step of this audit from any other Certified Auditor(s) or non-certified audit assistance staff.

Due to the Corona Virus/COVID-19 pandemic, it was decided to postpone the PREA audit for ADJC/AMS until a later date to ensure the safety of the residents, staff, and I was maintained. A new on-site audit date of July 13, 2020 to July 17, 2020, was scheduled and I submitted an Audit Information Change Form to the PRC. With this new date, it still permitted for ADJC to meet the PREA standards audit criteria of 115.401 and 115.403. Eight weeks prior to the on-site audit date, I received a new Pre-Audit Questionnaire (PAQ) and updated documentation from the ADJC PREA Coordinator on a secure flash drive and I started to work on reviewing the PAQ and supporting documentation. A new on-site audit notification was posted on AMS bulletin boards with the new dates and I received photographs of the posted notifications to prove this. I communicated frequently via phone and email with the ADJC PREA Coordinator as I sought clarification on specific details. I maintained copies of all said emails. My processes of the audit will be described in more detail below.

In June, 2020, I held several virtual meetings with the ADJC Agency Head (Director) and the ADJC PREA Coordinator on methods of preceding with the on-site audit in July, specifically, the actual facility tour and inspection, interviews with staff and residents, and on-site document and records review, as the COVID-19 pandemic had increased in severity in Arizona with the number of infected people, to include AMS residents and staff. The Director was concerned for the safety of residents, staff and I. He certainly did not want for me to become infected with COVID-19 upon my tour of the facility nor did he want me to enter the facility and infect more residents and staff if I happened to be asymptomatic with COVID-19 at the time of the on-site audit. AMS administration had already established quarantine areas and had many non-essential staff working from home and telecommuting. And all staff who tested positive or had symptoms of COVID-19 were not permitted to return to AMS until they met CDC guidelines of care. Many of the sick or telecommuting staff was on the PREA Specialized Interview list. Volunteer and contractor services at AMS

were postponed as well. It was agreed upon by the Director and I, if approved by the PRC and PREA Management Office (PMO), I would conduct virtual interviews of residents, and virtual and telephonic interviews of staff. It was also agreed upon that all record and document reviews could be completed at ADJC Central Office as most records are stored electronically or could be brought to Central Office. We considered if the PMO and PRC approved, I would complete the on-site tour/inspection of the on-site portion of the audit at a later date when it was safe for all involved from the spread of COVID-19. I drafted and submitted an Auditor Helpdesk question to the PRC seeking authorization for the manner of conducting the audit described above. I received an email response from the PRC that reiterated the previous email notification from the PRC to all auditors in March, 2020 concerning the impact of COVID-19 and for meeting audit requirements of 115.401, but the response did not clarify my questions of virtual and telephonic interviews and postponement of the on-site tour/inspection. The PRC response did include contact information to an employee in the PMO office to respond to pressing questions. I contacted via email this employee that included my questions to PRC, but I did not receive a response by the time of the scheduled on-site audit of July 13, 2020 to July 17, 2020. Because of the delayed response, it was decided by me and ADJC PREA Coordinator to postpone the start of the on-site audit to July 20, 2020.

On July 20, 2020, I received an email response from the PMO office which stated, "the PMO is developing all guidance regarding the implementation of the PREA standards, including those addressing the timing and conduct of PREA audits, the governor's certification and the assurance process, and the operationalization of the standards in conjunction of the General Counsel. Once approve by the OGC guidance, it will be published on the PRC webpage as noted in the PMO's statement from March, 2020. The response included: Although we do not yet have guidance, I do know that questions regarding the audit cycle and the use of interviews being conducted remotely are being considered, and should be among the first to be addressed." With this second response from the PMO not completely clarifying mine and ADJC's request for conducting the audit described above, we decided to move forward with the audit as we planned with virtual and telephonic interviews as the deadline for meeting the audit completion date of August 19, 2020 and meeting standard 115.401 was fast approaching. We took the stance that if the virtual/telephonic interview procedure we proposed was accepted at a later date by the PMO, and then ADJC would meet the 115.401 requirement. But if the PMO at a later date provides guidance to the opposite, then ADJC would have to postpone the audit for the first year of the third audit cycle, and complete it in the second year if the COVID-19 pandemic ceases by then. ADJC administration and I also decided that I could tour and inspect AMS on July 22, 2020, as the number of positive COVID-19 residents had significantly decreased as they recovered from the virus. Additionally, I had a COVID-19 test of myself conducted the week prior to the on-site tour with negative results. As of the date of this report, the additional guidance from the PMO has not been provided.

My processes of the PAQ portion of the audit started June 1, 2020. My method consisted of starting with re-reading all the PREA standards for Juvenile facilities. I progressed through the PAQ, starting with standard 115.311 and ending with 115.389, I read each standard, and then read each PRC interpretive guidance per each standard, then reviewed the PAQ entry and supporting documentation and ADJC/AMS policies. I made notes for each standard, and then compiled the data, references, and questions to myself on the PRC PREA Audit: Auditor Compliance Tool for Juvenile Facilities. As I progressed through the PAQ, I communicated with the ADJC PREA Coordinator seeking clarification on many of the processes and policies of ADJC and AMS. There was policy concerns raised that prepared me to look deeper as I completed resident and staff interviews, inspected the facility, and reviewed documentation. From the PAQ review and attached policies and documentation, I did discover several technical findings of non-compliance with PREA standards. I discussed these findings with the ADJC PREA Coordinator and she did start to work on correcting the issues of policy matters.

During this PAQ period, I made contact with outside organizations to include: Just Detention International (JDI), the Arizona Department of Child Services, the Arizona Coalition to End Domestic and Sexual Violence, and Child Help. The PREA Coordinator provided me with documented attempts to enter into agreements with rape crisis centers that were met without success. Additionally, to compound the difficulty of entering an agreement with a rape crisis center, many of the rape crisis centers near AMS are part of

criminal justice systems such as the local police departments. To meet standard 115.321 (d), ADCJ sought 40 hour training program from the Arizona Coalition to End Domestic and Sexual Violence for several of AMS mental health staff so they may provide victim advocate services to resident victims of sexual abuse.

Several days prior to the start of the on-site audit, I provided a list of document files I would need to inspect to include, but not limited to staff personnel files, investigation files, shift rosters, resident rosters, etc. I also requested and received copies of all shift staff rosters and resident rosters for random interviews selection. I made a list of names of targeted interview staff and residents from records, reports, and investigation files I reviewed prior to the on-site audit. I gathered and prepared organization material from the PMO Auditor Portal for maintaining interview lists.

On July 20, 2020, interviews of residents and staff were initiated and were completed on July 27, 2020. Utilizing the Auditor Handbook, for a facility with the population size of AMS, the minimum number of residents to interview was twenty (20), comprised of ten (10) random and ten (10) targeted interviews. The staff interview requirement was at least 12 random interviews and the requisite number of specialized staff interviews, the agency head, the facility head, and the PREA Compliance Manager and Coordinator.

I interviewed all residents and most staff utilizing the virtual interview method described above. Other staff was interviewed in person during the facility tour on July 22, 2020, or telephonically. For the virtual interviews, residents and staff were placed in a room at AMS where a virtual interview monitor/camera system was utilized. I could see and speak to them from my location and they could see and speak to me from the interview room at AMS, reducing the possible spread of COVID-19. I could see the entire room from my monitor. The room had a desk, chair and ingress/egress solid door, no windows. Prior to beginning an interview, I asked each resident and employee if they were alone, were not prepared in advance, and not coerced to be interviewed. With each resident, I explained the interview was voluntary, and if they wished to continue, they did not have to answer any questions they chose not to if it made them feel uncomfortable or stirred up bad memories and emotions. Only one resident interviewee elected not to be interviewed as it interrupted the resident's recreation time, but after I spoke with the resident, the resident changed their mind and elected to be interviewed. All other residents, random or targeted, volunteered to be interviewed and answered all interview questions. My interview technique included using the PRC PREA Compliance Audit Instruments, but I expanded on the interview with my probing questions to enhance the interview answers. For example, for staff interviews, I requested the staff to expand on answers that were yes and no to explain the processes and practices in detail. For residents, an example included the same, if the resident stated yes or no to a questions, again, I asked for detailed explanations of their "painting a picture in my mind" so to speak so I could clearly visualize the practice and process. In my notes, I drew a picture of the detail, and asked the resident to point out the details. Resident interviews averaged in length of 25 to 60 minutes. Random staff interviews lasted approximately 50 to 60 minutes. Two random resident interviews turned into targeted interviews as I discovered mid interview that the residents met the criteria for targeted interviews. These residents were not included in the total for meeting the number of required randomly selected resident interviews. All the targeted interview residents were interviewed with my using the questions for the randomly selected residents and the specific targeted interview questions for the targeted group. In total, I interviewed twelve (12) randomly selected residents from all resident housing units excepted sick residents from the two medical COVID-19 quarantine areas. I interviewed 10 targeted residents. Of the targeted interviews, there were not any residents at AMS to be interviewed who were physically disabled, blind, deaf, or hard of hearing; not any residents with a cognitive disability; and not any residents who identified as Transgender or Intersex. To meet the Auditor Handbook requirement of number of targeted interviews, interviews of other targeted resident groups were selected per the Auditor handbook instructions. I attempted to confirm the details of the targeted residents not interviewed by my tour observations of residents I encountered, through questioning other staff of the targeted group of residents, and by interviewing techniques to establish this during interviews with other residents.

Resident Interviews

Category of Residents	Minimum Required Interviews	Number of Interviews Conducted
Random Residents (Total)	10	12
Targeted Residents (Total)	10	10
Total Residents Interviewed	20	22
Breakdown of Targeted Resident Interviews		
• Residents with a Physical Disability <i>(0 identified)</i>		0
• Residents who are blind, Deaf, or Hard of Hearing <i>(0 identified)</i>		0
• Residents who are LEP <i>(0 identified)</i>		0
• Residents with Cognitive Disability <i>(0 identified)</i>		0
• Residents who Identify as Lesbian, Gay, or Bisexual <i>(1 identified)</i>		1
• Residents who Identify as Transgender or Intersex <i>(0 identified)</i>		0
• Residents in Segregated Housing for High Risk of Sexual Victimization <i>(0 identified)</i>		0
• Residents Who Reported Sexual Abuse <i>(5 identified)</i>		5
• Residents Who Reported Sexual Victimization During Risk Screening <i>(4 identified)</i>		4
Total Targeted Resident Interviews		10

Staff Interviews

Interviews were conducted with the following agency leadership (not counted in totals below):

- Mr. Jeff Hood, Director, Arizona Department of Corrections (Agency Head)
- Mr. Walt Pesterfield, Secure Care Bureau Administrator, Adobe Mountain School (Facility Head)
- Ms. Raquel Bradley, PREA Coordinator

Interviews were conducted of the following number of specialized staff during the on-site phase of the audit:

Category of Staff	Number of Interviews Conducted
Random Staff (Total)	12
Specialized Staff (Total)	21
Total Staff Interviewed	33
Breakdown of Specialized Staff Interviews	
• Agency contract administrator	1
• Intermediate- or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment	3
• Medical staff	1
• Mental health staff	1
• Non-Medical staff involved in cross-gender strip or visual searches	1
• Administrative (human resources) staff	1
• SAFE and/or SANE staff	1
• Volunteers who have contact with inmates	2
• Contractors who have contact with inmates (<i>0 currently assigned</i>)	0
• Investigative staff – agency level	2
• Investigative staff – facility level	2
• Staff who perform screening for risk of victimization and abusiveness	1
• Staff on the sexual abuse incident team	3
• Designated staff member charged with monitoring retaliation	2
• First responders, security staff	1
• First responders, non-security staff	1
• Intake staff	1
• Education staff	1
• IT staff	1
• Resident grievance staff	1
• Resident ombudsman	1
Total Specialized Staff Interviews*	28

***NOTE:** Seven of the 21 specialized staff interviewed were responsible for more than one of the specialized staff duties; therefore, the number of specialized staff interviews presented in the table above exceeds the number of specialized staff interviewed.

On July 22, 2020, I toured AMS, which started at 0800 hours and ended at 2240 hours. I toured during waking hours for the residents which are 0600 to 2000 hours and I toured during sleeping hours which are from 2000 hours to 0600 hours. To help prevent the spread of COVID-19 to me and from me to others at AMS, I wore personal protective equipment (PPE) to include a disposable full length gown, nitrile gloves, an N-95 respirator, a full face shield, and eye goggles. The accompanying AMS employees too wore the same PPE. The accompanying tour staff included the ADJC PREA Coordinator, the ADJC Inspector General, and one other AMS administrative employee. Given that AMS is ADJC's only facility, AMS did not have a PREA Manager to tour with the group.

During the tour, I inspected every building on AMS grounds. My tour inspection included all resident housing units, the Temporary Stabilization Units [TSU (Two Segregation Units, one for male residents, and one for female residents)] the chapel, the kitchen and dining areas, program staff offices, the administration building, the health unit, the intake building, the two large school buildings, the maintenance/physical plant building, the gymnasium which includes a swimming pool. My tour/inspection included observation of outdoor recreation fields and courts. ADJC does have an employee academy, but is away from AMS, but in close proximity to AMS to better accommodate cadet training of certain curriculum on AMS grounds. ADJC has a Central Office location with the Office of the Agency Head (Director), located in downtown Phoenix, Arizona, approximately 20 miles south of AMS.

With the ongoing COVID-19 pandemic, AMS has compartmentalized all housing units and activities to include school, programs, meals, outdoor, recreation, and housing unit dayroom indoor recreation, to individual resident housing unit halls. For example, a housing unit with four hallways will keep residents of each hallway separated from the residents of the other hallways from the same housing unit for all the above listed programs and activities. Also to reduce the spread of COVID-19, all school activities have been moved from the school buildings and classes are currently conducted in the housing unit dayrooms with classes consisting of residents compartmentalized by each housing unit hallway of resident rooms. Schooling takes place in the mornings, and program activities take place in the afternoons. Program activities are conducted the same as school in the housing unit day rooms. From my tour of the kitchen and dining areas, I did not observe any residents. To prevent the spread of COVID-19, the kitchen which ordinarily employs no more than 8 residents daily, was not currently not utilizing resident employees. Meals were not served in the dining hall as well and all meals were being delivered to the housing units where residents were served their meals in their rooms.

I did interact with employees and residents as I toured the facility and asked PREA specific questions with responses provided that employees and residents were well trained on detection, reporting, and responding to sexual abuse and sexual harassment of residents. I observed the audit notification posted in Spanish and English throughout AMS to include all housing unit bulletin boards and officer control rooms. I observed very high quality; large professionally printed PREA posters in all resident housing units in both Spanish and English to serve as reminder to residents of their rights to be free from sexual abuse and sexual harassment and of how to report such issues. The posters were of varying messages and pictures that would aid residents who could not read English or Spanish to understand the messages from the pictures and diagrams on the posters. I counted the number of residents and security staff in each housing unit to ensure staffing ratios was maintained during both waking and sleeping hours. Due to COVID-19, resident movement throughout AMS was strictly limited. Therefore, I was limited to only observing security staff to resident rations inside the housing units and the recreation yards. As residents moved to and from the recreation yard, I did observe pat down searches, which were conducted by same gender staff only.

On July 29, 2020, I met with the PREA Coordinator at ADJC Central Office, and I was provided access to all requested files I had not yet received access to and review as described above as ADJC and AMS do very well to maintain records files electronically. However, I did receive the records requested in hard/printed copy. In order to facilitate corrective action of findings of on compliance, it was asked of me if I had any developed concerns at that time. A debriefing was conducted and I advised that findings were preliminary as I had not completed my review of all material to triangulate all data for each standard from my pre-audit, on-site audit and post audit together. From my pre-audit, I did find several standard components of non-

compliance in ADJC policy that did not have any impact on the ADJC practice in place. Any policy finding of non-compliance is stated specifically in each standard of this report with stated corrective action determination. With this preliminary notification, this provided the agency with a head start to correcting policies. Additional corrective action such as staff training is further discussed in the specific standards of this report.

On August 7, 2020, I had a virtual debriefing meeting with the ADJC PREA Coordinator, the ADJC Deputy Director who was acting in the stead of the ADJC Director, the ADJC Inspector General, and the ADJC AMS Facility Head. I informed the ADJC Administrators I had completed my review of the audit material to include data from the pre-audit, the on-site audit, and the post on-site audit. From my triangulation of all gathered information to include but not limited to: data, interviews, facility inspection, and documentation review, etc., I had discovered findings of both compliance and non-compliance with the PREA standards. I explained I was now in the initial report writing phase. I informed the ADJC Administrators of the specific areas of non-compliance so that work could begin toward coming into compliance and of what actions would need to be completed. Specific findings of compliance and non-compliance are explained in detail of the specific standards sections below in this report and of those with needed corrective action planning. It was also explained that my initial report would be an interim report unless the findings of non-compliance could be implemented and institutionalized within the 45 day report preparation period allotted to auditors.

On August 13, 2020, I submitted my initial report to the ADJC PREA Coordinator which was an interim report. Corrective action plan recommendations are describe with each Standard with findings of non-compliance below.

Facility Characteristics

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

Arizona Department of Juvenile Corrections' (ADJC) mission is to rehabilitate seriously delinquent juveniles by providing appropriate and effective educational, treatment, pro-social and career training programs which will lead them to become productive law-abiding members of society.

Arizona statute charges ADJC with responsibility for all juveniles 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 [Adobe Mountain School (AMS)]; the development and provision of a continuum of services to juvenile offenders (residents); and the movement of residents from secure care to the community for continued supervision and management. Arizona statute authorizes ADJC to operate AMS and programs for the custody, control, treatment, education and rehabilitation of all residents committed to ADJC and incarcerated at AMS. In addition Arizona statute also requires ADJC to establish a state education system for committed juveniles. Residents in AMS 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.

Adobe Mountain School Demographics: The facility is located on the northern side of Phoenix, Arizona, just off Interstate 17 Highway and can be seen from the highway. The pedestrian entrance of the facility is approached from a vehicle parking lot, which sufficient space for all staff vehicles. The perimeter of AMS is encircled with security chain link fence with razor wire and includes two ingress/egress sally ports, one for vehicles and occupants, and one for pedestrian traffic adjacent to the vehicle parking lot. As one enters

either sally port, they must clear a metal detector, and personal property search. Refresher training for PREA response, reporting is provided to all non-regular staff entering AMS. This refresher training is documented with signatures of understanding by the visiting staff. Upon entering the facility, the grounds approaching up to the Administration building are well groomed and clean with cut grass on the ground and large trees and bushes that add to an impression AMS is a well administered facility. The Administration building houses the offices of the Facility Head (Secure Care Bureau Administrator) and all his support and administrative staff, the Human Resources Office, and security staff briefing rooms.

AMS houses both male and female residents in separate housing units. On the date of my on-site facility tour and inspection on July 22, 2020, there were 16 female residents and 189 male residents housed at AMS. AMS has a maximum bed count number of 459, but, the average annual count is 211 residents. AMS has 14 housing units of three varying design and architecture, but all housing units are basically the same functionally. All have rooms for all residents, some rooms are double occupancy, and some have single occupancy rooms. All the housing units have an ingress/egress point to enter or exit the housing unit dayroom from/to the outside. The central dayroom provides for schooling, programming and resident leisure and recreation periods. The dayrooms, referred to as "lounges," have comfortable chairs, a large screen television with video game equipment. Adjacent to the dayroom are Security Staff work stations and other staff offices for the assigned Youth Programs Officers and Supervisors. Extending from the dayroom, each housing unit has either three or four hallways. On each hallway are the resident rooms. On six of the housing units, the hallways have glass doors separating the dayroom from the hallways. The other eight housing units do not have any sort of door between the dayroom and the hallways. Opposite gender staff verbally announce when entering the housing unit from outside to the dayroom and when entering into the housing unit hallways, both those with glass doors and those without doors at the entrance of the hallways. On each housing unit hallway are resident rooms. Opposite gender staff also announce before entering the resident rooms. Each room has a toilet and sink, either one or two beds, a desk and chair, lighting fixtures, and shelves. Each room has a window that does not open to the outside. The room doors are solid and have a small window for staff to peer into for conducting security, health, and welfare checks on the residents assigned. The door window is small enough and high enough to prevent anybody passing by from peering inside the rooms, but large enough for staff to look inside the room if their face is up near the window. The room toilet is on the same wall as the door, so any passerby residents or staff in the hallway would not be able to see anybody using the toilet inside the room from the door window. The same for any resident who may be in the state of undress inside the room changing clothes, they would not be seen from any passersby in the hallway. On each hallway are showers for the residents use. The showers are individual showers with solid locking doors. Each day, a shower schedule controls the shower use with security staff securing one resident at a time in a shower and the door is locked while a resident is showering inside. When the showers are not in use, the shower doors remain locked to prevent residents from entering without security staff knowledge. The showers are private and provide for all residents to shower separately. Each housing unit has security video with recording and monitoring capabilities of the day rooms, hallways, staff offices, but do not have any video cameras inside the resident rooms (except in TSU rooms explained below) or showers. The cameras are not aimed so that they view into any resident rooms through the windows. AMS has two segregation housing units, one for male residents and one for female residents. AMS refers to these segregation units as "Temporary Stabilization Units (TSU)." The male resident TSU has ten (10) single bed rooms and the female TSU has six (6) single bed rooms. Each TSU room does have a video camera which can be monitored in the TSU officer station by security staff. The TSU video cameras can be monitored by AMS Administration and investigators from their office computer monitors, but only by Administrative staff and investigators of the same gender. As for the security staff assigned to the male and female TSU's, only male staff are assigned to the male resident TSU and only female staff are assigned to the female resident TSU. I was shown the video monitoring of empty TSU rooms and the entire room was visible from the video camera monitor to include the room toilet. I reviewed security staff rosters, which include staff first names, and was able to determine that only same gender staff was assigned to the male and female resident TSU's. At the time of my tour/inspection of AMS, there were not any residents housed in TSU. From the TSU journal, residents are placed in TSU for various needs of AMS and residents, to include PREA incidents, for less than 24 hours, and on average for only several hours.

New arrival residents are processed into AMS at the facility intake. At this location, residents will reside for approximately two weeks until their onboarding and classification is complete. This includes resident screening for high risk victimization, screening for high risk abusiveness, and PREA required resident training, which is completed on the first day of arrival at AMS. This is described further in the Assessment and Treatment section below.

Assessment and Treatment: Upon intake, all AMS residents undergo a comprehensive screening, assessment, and classification review and an orientation regarding ADJC procedures, rules, programs and services. This Reception, Assessment and Classification (RAC) Process occurs in the first 16 days after the resident's arrival to secure care (Note: PREA high risk for sexual victimization and 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 individual counseling to address criminal behavior and thinking. 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 areas 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 individual counseling, 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. Primary modalities include the Seven Challenges, Dialectical Behavior Therapy skills training groups, Aggression Replacement Training, and Sex Trafficking Awareness and Recovery.

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 a safe and uninterrupted environment in which all youth services 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/correctional officers monitor and manage youth programming activities and youth movement. Officers are with residents during all programming hours, ensuring they are safe and engaging in their required programming/treatment. Every officer is trained to manage youth 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. Staff also provides added supervision to ADJC's vulnerable population such as LGBTI residents, female residents, and residents classified with a risk of potential victimization.

Education: AMS is accredited through AdvancED 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. In meeting all the above listed education programs, AMS is well prepared in meeting education requirements for residents including those residents with physical disabilities; those residents who are blind, deaf, or hard of hearing; those residents with cognitive disabilities; and those residents who are Limited English Proficient. Therefore, AMS is well prepared for meeting all PREA training criteria for the same above listed residents

Health Services: Residents at AMS receive health services 24/7/365, through direct on-site services provided by ADJC employed nursing; on-site medical, dental, pharmacy and psychiatric providers, and off-site specialized health providers when indicated. 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, lab and STI testing, 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, dental and psychiatric providers. If necessary, offsite subspecialty appointments are coordinated with outside medical providers. Medical records are requested from previous providers for continuity of care.

Youth 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 (CHO) is responsible for the administration of due process for residents committed to ADJC. The CHO, or a Youth Hearing 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. DPPO also arranges for appeals of hearing decisions, if requested by residents. In addition, the Juvenile Ombudsman serves as an essential link between facility staff and the residents committed to ADJC's care. The ombudsman trains all residents committed to ADJC's care regarding their rights during their stay, and in understanding and accessing the grievance procedure. The ombudsman administers the grievance process, collecting grievances and assigning them for resolution, and ensuring that matters are timely resolved. The ombudsman assists residents in administrative hearings, investigates resident complaints, advocates for improvements and access to appropriate care, and monitors conditions at the facility. The ombudsman facilitates contact between residents and their outside attorneys, including remote (video or telephonic) court appearances. The ombudsman also assists in serving as a monitor for PREA compliance, and reports PREA investigation outcomes to residents.

Summary of Audit Findings

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

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

Standards Exceeded

Number of Standards Exceeded: 3

List of Standards Exceeded: 115.315, 115.317, 115.333

Standards Met

Number of Standards Met: 40

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met:

PREVENTION PLANNING

Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.311 (a)

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

115.311 (b)

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

115.311 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence and Observations 115.311

The Arizona Department of Juvenile Corrections (ADJC) Policy 1002 includes direction and instruction that apply to all standards, and makes reference to other policies that apply to specific standards and standard sections. The policy opens with: "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." ADJC Policies for preventing, detecting, and responding to sexual abuse and sexual harassment are included Policies 1002, 1160, 1161, and 1162 and others as described in other standards listed in this report.

ADJC has an employee assigned as the PREA Coordinator and is directly supervised by the ADJC Inspector General, who in turn is supervised by the ADJC Deputy Director, who in turn is supervised by the ADCJ Director (Agency Head). In matters of PREA, I have observed the PREA Coordinator work directly with the ADJC Director to resolve policy and procedure issues, to include resolving findings of non-compliance taken to the Director by the PREA Coordinator, resulting in quick resolve, even prior to the completion of this audit. The PREA Coordinator, from self-admission during my interview and from my inspection of documents and reports created and maintained by the PREA Coordinator, and observation of the effort and evidence of how well ADJC and Adobe Mountain School (AMS) do to comply with all PREA standards, the PREA Coordinator does have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards. Since AMS is ADJC's only facility, a PREA Manager is not assigned to AMS. The PREA Coordinator oversees all PREA Manager responsibilities of AMS. From my interview with the PREA Coordinator and my utilizing both the PREA Coordinator and PREA Manager interview questions, I was able to assess that the PREA Coordinator has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

My conclusion is that ADJC and AMS are in compliance with this standard.

Standard 115.312: Contracting with other entities for the confinement of residents

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

115.312 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's

obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) ☒ Yes ☐ No ☐ NA

115.312 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.312 Evidence and Observations

From review of contract documentation during on-site audit, the contracted entity's obligation to adopt and comply with the PREA standards is included in contracts. However, ADJC does not hold the contracts with other entities, the Arizona Department of Child Services (DCS) does, but still, ADJC working with DCS ensured this language is included in DCS contracts with other entities that house ADJC residents. However, ADJC maintains very thorough records of the number of residents adjudicated to ADJC who are housed in outside entities with contracts with the Arizona Department of Child Services. During the on-site portion of the audit, I inspected records maintained of daily counts, weekly counts, monthly counts, and annual counts of ADJC residents housed in DCS contracted outside facilities. ADJC for the past 12 months records I observed, has not housed any residents at the outside entities that occupied more than 50% or a majority of the beds available at any one outside entity facility. DCS also places children at these facilities from other sources that are not from ADJC such as foster care. For example, as of the first day of the on-site audit, 7/20/2020, ADJC had 13 residents housed at 13 different DCS contracted facilities, with one resident at each. The bed capacities at the facilities ranged from 5 beds to 40 beds. Per PRC Interpretive Guidance (FAQ) for 115.5, dated 2/7/2013 states: "The PREA standards make clear that a juvenile facility is one that is primarily used for the confinement of juveniles. If a majority of a facility's residents are under the age of 18 (unless under adult court supervision and confined or detained in a prison or jail), it will fall within the scope of the juvenile facility standards, even if non-delinquent youth are part of the facility's population. One example is a facility that houses 10 youth and only two of those youth are under the jurisdiction of juvenile justice agencies. According to the standard, because less than a majority of the youth in that facility are in the custody of the juvenile justice department, the **facility does not need to comply with PREA**

juvenile facility standards. For example, if the facility is used to house individuals “as part of a term of imprisonment or as a condition of pre-trial release or post-release supervision...” then the community confinement standards would apply. See 28 C.F.R. § 115.5 (definition of community confinement facility).” My conclusion is that ADJC does meet this standard in that contracts do include language that outside contracted entities comply with PREA, and that ADJC staff do monitor the outside contracted entities, but the outside contracted entities do not need to comply with PREA standards as the majority of youth placed in the outside contracted entities are not ADJC residents (youth). ADJC maintains strict observation and daily count of the daily population at outside contracted facilities and ensures the ADJC population never exceeds a majority of the of the outside contracted facility total youth population.

My conclusion is that ADJC and AMS are in compliance with this standard.

Standard 115.313: Supervision and monitoring

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

115.313 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted juvenile detention and correctional/secure residential practices? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility’s physical plant (including “blind-spots” or areas where staff or residents may be isolated)? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Institution programs occurring on a particular shift? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? ☒ Yes ☐ No
- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.) ☒ Yes ☐ No ☐ NA

115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of "secure".) ☒ Yes ☐ No ☐ NA
- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of "secure".) ☒ Yes ☐ No ☐ NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of "secure".) ☒ Yes ☐ No ☐ NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of "secure".) ☒ Yes ☐ No ☐ NA

- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? ☐ Yes ☒ No

115.313 (d)

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

115.313 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.313 Evidence and Observations

The ADJC/AMS staffing plan is very comprehensive and follows the guidance provided by PREA Resource Center (PRC) and training webinar for completing a comprehensive staffing plan for the past 3 years. From my facility tour on both resident waking hours and sleeping hours, and with interviews with the PREA Coordinator, the ADJC Director, and the AMS facility Head, all the enumerated criteria is considered in providing for adequate levels of staffing and video monitoring equipment. From the enumerated listed criteria of 115.313 (a) all are included for consideration in the staffing plan, but per the Facility Head and PREA Coordinator/Manager interviews and from learning from my review of the staffing plan, several of the criteria did not apply as they were not imposed upon ADJC and AMS for the twelve months prior to the development of the staffing plan, such as enumerated in the standard as 2 and 3, which are: “2) Any judicial findings of inadequacy; and 3) Any findings of inadequacy from Federal investigative agencies.” ADJC does consider generally accepted juvenile detention and correctional practices including the Multi-disciplinary Protocol for Child Abuse Investigation from Maricopa County Arizona, Nationally Accepted Sources for Clinical and Educational practices. ADJC has its own internal oversight bodies with inspectors from its Office of the Inspector General, with sworn police officer investigators with AZPOST certification. AMS has a juvenile composition of populations including sex offenders, substance abusers, mental health needs, core treatment, and various custody levels, of both male and female residents. All these various populations are considered for the placement of staff and supervisors and programming. ADJC and AMS abide by numerous Arizona State statutes, and rules of the Arizona Department of Administration and the Arizona Department of Child Services. The prevalence of incidents of sexual abuse are considered continually as they occur, and staffing and monitoring technology are evaluated. If they discover a blind spot, staffing and/or cameras are added.

115.313 (b), From my interview with facility head, he stated there has been one incident of non-compliance with staffing plan, recently June and July (June 27, 2020 to July 6, 2020), the COVID-19 pandemic had numerous residents and staff infected. Circumstance was explained and efforts to maintain staffing plan were documented. I was provided with documentation of the only incident of not maintaining the staffing plan which was due to the COVID-19, which infected many staff and residents. Shortages of staff due to sick staff, staff working from home that could, and new temporary housing for quarantine of residents needing to be security staffed. This exigent staffing plan issue was resolved with new hires, overtime pay, and seeking security staff from other outside agencies to work at AMS.

115.313 (c), from my interview with the facility head, he provided verbal confirmation that they work to meet the ratios of 1:8 and 1:16. From my tour/inspection of AMS, the ratio of 1:8 has been evolved so deliberately at AMS that all staff are aware of it, that every aspect of any program, education, activity with the residents, in every aspect of with what they do, is in increments of 8 residents, to include feeding, recreation, escorts, class sizes, programs, etc. I toured every area of AMS to include housing units, school buildings, office area, administration area, maintenance, chapel, program areas, during both waking hours and sleeping hours (graveyard shift) and counted all residents present in each area and the number of security staff, an never did I count an area out of the criteria of the 1:8 during waking hours and 1:16 during the sleeping hours. I interviewed non security staff, who is not on the specialized interview list, such as teachers and food preparation employees, and they said they have received additional training for security practices, but said the facility does not include them in the 1:8/1:16 ratio. For example, a class room teacher said there will always be included in his classroom enough officers

to keep the ratio at 1:8 or lower, and there are additional officers posted who will be brought into the classroom before one of the other officers needs to leave, such as to use the restroom. Currently, during the COVID-19 pandemic, all school work in the classrooms has ceased. I was able to compare resident attendance rosters with shift schedules and the 1:8 ratios were maintained. Classes are now being conducted in the housing unit dayrooms with 8 residents at a time from the assigned housing unit. Housing unit security staff maintains the 1:8. The dining halls are not being used as well to feed residents. Meals are delivered to residents in the housing units and are consumed by residents in their rooms. Prior to the COVID-19 pandemic, 8 residents were employed in the kitchen to help prepare meals and clean. Even with more than 8 AMS kitchen staff who has received security training, a security officer was posted in the kitchen. Currently due to COVID-19, no residents are assigned to work in the kitchen. I did observe security training records of non-security staff, such as teachers and kitchen food preparation employees.

115.313 (d) I have been provided copies of and reviewed annual review reports for 2017, 2018, and 2019. 2020 has not yet been completed. ADJC uses a report format provided by the PRC (Moss Group) Webinar for guidance in completing the staffing plan report. From my interview with the PREA Coordinator, and answers provided to the interview questions meet the standard requirements. For the past three years, ADJC has used the PREA Resource Center instruction and guide to develop a thorough and comprehensive complete an annual report and assess and adjust the staffing plan to meet all four enumerated criteria for this standard. Not only is the PREA Coordinator consulted, she is a part of the committee that completes this assessment. Adjustment for the 2020 staffing plan will include the adjustments for the COVID-19 pandemic which included reassignment of several housing unit areas to COVID-19 quarantine areas with specific security staff assignments. Throughout each year, adjustments to video monitoring equipment are made to better provide for uncovering blind spots as detected or discovered such as part of sexual abuse incident reviews (115.386), through replacement of obsolete or broken video monitoring equipment, or as funding becomes available for additional equipment installation.

115.313 (e), From ADJC Policy 1002: Intermediate Level Supervisors shall conduct and document unannounced rounds to identify and deter employee sexual abuse and sexual harassment using Form 4002.09A Supervisory Rounds in accordance with Policy 4002.09 Supervision of Juveniles; and employees shall not alert other employees of any of these rounds unless such announcement is related to the legitimate operational functions of the secure care facility. From ADJC Policy 4002.09: Shift Commanders, Youth Program Supervisors, and/or Administrators shall conduct and document unannounced rounds to identify and deter employee sexual abuse and sexual harassment using Form 4002.09A Supervisory Rounds. The Shift Commanders, Youth Program Supervisors, and/or Administrators shall: Conduct unannounced rounds on all shifts; Document in the housing unit log: (1) The name and title of the supervisor doing the monitoring; (2) The time spent on-site in the housing unit; and (3) The completion of the supervisory round. Complete Form 4002.09A Supervisory Rounds and file the form in the Supervisory Rounds Binder located in the Secure Care Bureau Administrator's Administrative Assistant's or designee's office. Employees shall not alert other employees of any of these rounds unless such announcement is related to the legitimate operational functions of the facility. From my review of post journal entries, from review of the completed forms 4002.09A described above, and from interviews with intermediate level or higher level supervisors, unannounced rounds are completed several times per month on each shift at random intervals. These supervisors also explained how they conduct the rounds as to not be predictable for other staff to know which direction of travel the supervisor is touring the facility. The supervisors also explained when doing these unannounced rounds, they open every room and office and inspect to ensure no employees or residents are in areas they are not to be or hidden by any employee who may be doing any inappropriate activity with any residents. To gain a better understanding of the hierarchy of supervisors

who qualify as intermediate or higher level supervisors, I submitted this question to the PREA Resource Center (PRC). PRC personnel responded with, "To make this determination, split the rank structure into thirds. Generally speaking, the top two-thirds are the intermediate and higher-level supervisors." From the AMS organizational chart, there are six ranks of supervisors, from facility head to line supervisors. Using the description provided by the PRC, the two-thirds intermediate and higher-level supervisors of AMS are the supervisors who completed and documented the unannounced rounds as required of this Standard component and ADJC policy.

My conclusion is that ADJC and AMS are in compliance with this standard.

Standard 115.315: Limits to cross-gender viewing and searches

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

115.315 (a)

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

115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? ☒ Yes ☐ No ☐ NA

115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches? ☒ Yes ☐ No

115.315 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No

- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? ☒ Yes ☐ No
- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) ☐ Yes ☐ No ☒ NA

115.315 (e)

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

115.315 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.315 Evidence and Observations

ADJC policy prohibits cross gender strip or body cavity searches of residents. From policy 1002, "ADJC shall not conduct cross-gender strip searches or cross-gender visual body cavity searches." From my policy review, my interviews with AMS employees and residents, and from my AMS tour inspection, and staff training curriculum, ADJC does meet this standard. All AMS employees interviewed knew of this requirement that they were not permitted to conduct cross gender strip searches of residents. All residents interviewed stated they were never strip searched or knew of any other resident being strip searched by opposite gender staff. I observed this requirement in employee training for conducting searches of residents.

As for pat down searches, ADJC policy does permit for cross gender pat down searches in exigent circumstances. From Policy 4052.01, "Pat searches shall be conducted only by employees of the same gender as the juvenile being searched except in exigent circumstances and when approved by the Security Operations Chief Administrator or designee; Any cross-gender pat down searches shall be documented in an Incident Report (IR) indicating: Policy 4052.01 Search of Juveniles, Their Belongings, and Housing Unit Common Areas Page 2 of 8 (1) The date, time, and location of the search; (2) The name and title of the officer conducting the search; (3) The name and K number of the juvenile searched; and (4) The specific factors existing that required the cross-gender search." From my interview with AMS employees and residents, cross gender pat down searches do not occur. All employees interviewed stated cross gender pat down searches are not permitted nor is there a need as there is always sufficient same gender staff available to conduct same gender pat down searches. All residents that I interviewed stated they have never been pat down searched by any staff of the opposite gender nor have they observed any other residents pat searched by opposite gender staff. From my AMS tour and inspection, I did observe pat down searches and did not observe any staff conducting opposite gender resident pat down searches. I observed employee training which included curriculum prohibiting cross gender pat down searches of residents. As for 115.315 (c), ADJC policy provides for exigent circumstances for cross gender resident pat down searches and for appropriate authorization and documentation of cross gender resident pat down searches, but no such documentation of any such cross gender resident pat down searches exists as from my determination and from staff and resident interviews, there have not been any cross gender resident pat down searches at AMS with in the past 12 months or longer.

As for the documentation of cross gender strip searches, ADJC and AMS policy prohibits cross gender strips searches, so any documentation of a cross gender strip search would be completed as an employee violation of ADJC policy and be accompanied by administrative corrective action for the violating employee. For this stricter ADJC policy of no cross gender strip searches under any circumstance, exigent or not per the PREA standard, I provide that ADJC exceeds the PREA standard. ADJC policy does provide for cross gender pat down searches under exigent circumstances and includes requirements for authorization and documentation of cross gender pat down searches. However, as I learned from interviews with staff and residents, cross gender pat down searches have not occurred in the past twelve months or longer and therefore there was not any documented reports of cross gender pat down searches for me to review.

ADJC does have policy that provides for residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Policy 4002.09 states: "Employees shall allow juveniles to shower, perform bodily functions, and change clothing without a nonmedical employee of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine room checks." From my interviews with staff and residents, all stated that residents are able to shower, perform bodily

functions, and change clothing without a nonmedical employee of the opposite gender viewing their breasts, buttocks, or genitalia. From my tour and inspection of AMS, specifically the resident housing units, each resident room has a toilet. The room doors are solid and have a small window for staff to peer into for conducting security, health, and welfare checks on the residents assigned. The door window is small enough to prevent anybody passing by from peering inside the rooms, but large enough for staff to look inside the room if their face is up near the window. The room toilet is on the same wall as the door window, so any passerby residents or staff in the hallway would not be able to see anybody using the toilet inside the room from the door window. The same for any resident who may be in the state of undress inside the room changing clothes, they would not be seen from any passersby in the hallway. On each hallway are showers for the residents use. The showers are individual showers with solid locking doors. Each day, a shower schedule controls the shower use with security staff securing one resident at a time in a shower and the door is locked while a resident is showering inside. When the showers are not in use, the shower doors remain locked to prevent residents from entering without security staff knowledge. The showers are private and provide for all residents to shower separately. Each housing unit has security video cameras with recording and monitoring capabilities of the dayrooms, hallways, staff offices, but do not have any video cameras inside the resident rooms (except in TSU rooms explained below) or showers. The cameras are not aimed so that they view into any resident rooms through the windows. AMS has two segregation housing units, one for male residents and one for female residents. AMS refers to these segregation units as "Temporary Stabilization Units (TSU)." The male resident TSU has ten (10) single bed rooms and the female TSU has six (6) single bed rooms. Each TSU room does have a video camera which can be monitored in the TSU officer station by security staff. The TSU video cameras can also be monitored by AMS Administration and investigators from their office computer monitors, but only by Administrative and investigative staff of the same gender. As for the security staff assigned to the male and female TSU's, only male staff are assigned to the male resident TSU and only female staff are assigned to the female resident TSU. I was shown the video monitoring of empty TSU rooms and the entire room is visible from the video camera monitor to include the room toilet. I reviewed security staff rosters, which include staff first names, and was able to determine that only same gender staff was assigned to the male and female resident TSU's.

ADJC policy does require staff of the opposite gender of residents to announce their presence when entering housing units. From Policy 4002.09: "Employees shall announce their presence when entering a housing unit of the opposite gender." From my interviews of staff and residents, all stated that staff of opposite gender verbally announces their presence by saying a loud something to the effect of "Female in the hall," or "Male in the building." From my tour and inspection of AMS, all the housing units have an ingress/egress point to enter or exit the housing unit dayroom from/to the outside. Adjacent to the dayroom are security staff work stations and other staff offices for the assigned Youth Programs Officers and Supervisors. Extending from the dayroom, each housing unit has either three or four hallways. On each hallway are the resident rooms. In six of the housing units, the hallways have glass doors separating the dayroom from the hallways. The other eight housing units do not have any sort of door between the dayroom and the hallways. Opposite gender staff verbally announce when entering the housing unit from outside to the dayroom and when entering into the housing unit hallways, both those with glass doors or those without doors at the entrance of the hallways. On each housing unit hallway are resident rooms; opposite gender staff also announce before entering the resident rooms.

AMS school is not a facility such as a group home without discrete housing units, so this bulleted point of 115.315 (d) does not apply. From ADJC Policy 1002: "ADJC shall not search or physically examine a transgender or intersex juvenile for the sole purpose of determining the juvenile's genital status: If a juvenile's genital status is unknown, the QHCP may determine the status by reviewing medical records, during conversations with the juvenile or, if necessary by a private broader medical examination." All staff interviews provided that staff are well aware and comply with this ADJC policy and PREA standard. Also during my interviews, I asked how a resident's gender would be learned if it was unknown and the resident refused to say what their gender was. All interviewed staff asked this was able to explain by observing files or by a medical examination. From the staff training curriculum, I learned that the lesson plan includes the

criteria of this ADCJ policy and PREA standard. Unfortunately, AMS did not have any transgender or intersex residents housed at the time of this audit for me to interview and learn what they had to include on this standard requirement.

From ADJC Policy 1002, "ADJC shall not search or physically examine a transgender or intersex juvenile for the sole purpose of determining the juvenile's genital status: If a juvenile's genital status is unknown, the Quality Health Care Professional (QHCP) may determine the status by reviewing medical records, during conversations with the juvenile or, if necessary by a private broader medical examination." From my interviews with staff, all knew of this policy and procedure. The randomly selected staff did not know of any currently residing transgender or intersex residents. Unfortunately, AMS did not have any transgender or intersex residents housed at the time of this audit. Therefore, I was not able to interview any transgender or intersex residents regarding the search practices of transgender or intersex residents by staff. From staff interviews, all staff were trained on how to conduct proper and professional pat down searches of residents in respectful manner, for all residents including transgender and intersex residents, in the least intrusive manner and consistent with security needs. I also observed the staff training curriculum for searches which included very detailed step by step instruction. ADJC policy 4052.01 too includes step by step uniform procedures for conducting strip searches. From resident interviews, they stated that staff conduct pat down searches in professional and respectful manner, but the residents stated they have not had any cross gender pat down searches.

My conclusion is that ADJC and AMS are in compliance with this standard and exceeds the standard due to ADJC and AMS not performing any cross gender pat down and strip searches of residents, the privacy residents have from being observed in the state of undress given the design of the housing units and all residents having a room to reside in with private toilet and no use of dormitory style housing with multi use resident toilets, all showers are private with solid doors and one resident at a time use of showers.

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

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

115.316 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? ☒ Yes ☐ No

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

115.316 (b)

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

115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?
☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.316 Evidence and Observations

Included in ADJC Policy 1002: "Juveniles with disabilities and juveniles who are limited English proficient: 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: Such accommodations shall include: (1) Providing access to interpreters and having interpreting services available in accordance with Policy 1301.09 Translator/Interpreter Services and ADJC Policy 1002 PREA Zero Tolerance for Sexual Abuse and Sexual Harassment Page 6 of 24 Bilingual Employees to juveniles who are limited English proficient; (2) 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 (3) Providing access to all PREA related efforts to prevent sexual abuse. 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 my interview with Agency Head (Director), he stated AMS is a school which provides for special education, which residents with disabilities receive. Residents with sight issues have instruction read to them. Most residents with disabilities have cognitive disabilities. Most residents with LEP, are Spanish speaking and AMS has a full time employee who serves as an interpreter. All family and resident handbooks, pamphlets, posters, education material is in both Spanish and English. AMS is accredited through AdvancED 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. In meeting all the above listed education programs, AMS is well prepared in meeting education requirements for residents including those residents with physical disabilities; those residents who are blind, deaf, or hard of hearing; those residents with cognitive disabilities; and those residents who are Limited English Proficient. Therefore, AMS is well prepared for meeting all enumerated criteria of 115.316 (a) including the question: Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other.

ADJC does have as separate contract with an Interpreter service to aid in interpreting needs for any resident AMS does not have available an employee to provide interpretation. I was provided copies of invoice payment documentation to support this service is available and used when required. I was not able to interview any residents with disabilities or who were LEP as there were not any such residents currently residing at AMS during this audit. From my tour of the facility, I observed numerous posters in Spanish and English posted. I spoke with many residents as I toured and I did not come across any residents who could not speak and understand English. I did not come across any residents who appeared to be physically disabled. I did interview several residents who spoke both English and Spanish and they did not have any misunderstanding of PREA reporting and what abuse is.

My conclusion is that ADJC and AMS are in compliance with this standard.

Standard 115.317: Hiring and promotion decisions

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

115.317 (a)

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

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

115.317 (b)

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

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees, who may have contact with residents, does the agency consult any child abuse registry maintained by the State or locality in which the employee would work?
☒ Yes ☐ No
- Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? ☒ Yes ☐ No
- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? ☒ Yes ☐ No

115.317 (e)

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

115.317 (f)

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

115.317 (g)

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

115.317 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.317 Evidence and Observations

ADJC submitted with the above listed standards and components of this standard from the PAQ and PAQ attachments, Policies 1163.02 for 115.317 (a): In accordance with the Prison Rape Elimination Act (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; or 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. Policy 1163.02 for 115.317 (b) 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; Policy 1163.02 for 115.317 (c): ADJC shall, before hiring new employees who may have direct contact with committed juveniles confined at Adobe Mountain School: Perform criminal background records checks and consult child abuser registries; and Consistent with Federal, State, and local law, make its best efforts to contact all prior employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Policy 1163.02 for 115.317 (d): ADJC shall perform criminal background records checks and consult child abuser registries before enlisting the services of any contractor who may have direct contact with committed juveniles confined at Adobe Mountain School; Policy 1163.02 for 115.317 (e): 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; Group C clearance from same policy: Group C - Persons who have direct, unsupervised juvenile contact. Group C includes: Mentors; Tutors; Religious Volunteers, such as ministers, priests, rabbis, or clerics, providing approved religious services which consist solely of or include unsupervised one-on-one direct contact with a designated juvenile for a bone-fide religious or spiritual purpose, such as confession or blessing; Contractors with direct juvenile contact; and All ADJC employees (rehired, reinstated and promoted). Policy 1163.02 for 115.317 (f): 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; Misconduct is defined as: (1) 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; (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; and (3) 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. Policy 1163.02 for 115.317 (g): ADJC shall consider omissions regarding misconduct as defined in "f", or the provision of false information, as grounds for termination; Policy 1163.02 for 115.317(h): 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. During my tour and inspection of AMS and ADJC personnel

files and retained copies of employee applications for hire, for promotion and for contractors. All criteria of enumerated components for 115.317 (a) are included. (b) ADJC policy requires this practice as stated in this PREA standard. I have reviewed employee, promotional, and contractor applications and have found that this component meets the Standard. I interviewed the background employee who has clarified that this standard is considered, and ADJC policy does require this as well. (c) ADJC policy provides for this standard, ADJC background staff interviews provided clear answers that meets the standard, and from my review of personnel files clearly demonstrates that the three enumerated criteria of this standard are practiced by ADJC. (d) ADJC policy provides for these Standard criteria, my interview with the ADJC background employee provided proof of ADJC meeting these Standard criteria, and my review of contractor files provided proof of ADJC meeting the criteria of this PREA standard. (e) From ADJC policy, this standard is at least every five years, from the background employee interview, this standard requirement is met every three years, and from my documentation review, this is met every three years. I first observed documentation that the last backgrounds were conducted in December, 2018. I also inquired about when the backgrounds were last conducted prior to the 2018 checks. I was provided with documented proof that the checks prior to 2018 were in October, 2015. (f) ADJC has policy that describes that paragraph (a) is included in new hire, promotion, and contractor applications. ADJC does not have a required self-evaluation policy. ADJC does have policy requiring self-disclosure of misconduct. From interviews with criminal background employee, the criteria of this standard are being met. I have reviewed an investigation file where several employees failed to self-disclose or report their observation and knowledge of possible criminal behavior, and this investigation was completed to the fullest extent and principals were held accountable with corrective action. (g) From interview with the ADJC PREA Coordinator, and review of the ADJC Administrative Investigations policy, material omissions of misconduct shall be grounds for termination. (h) ADJC includes in policy for providing requested information per this standard, my interview with the backgrounds employee confirmed providing information to other institutional employers who request of substantiated sexual abuse and sexual harassment allegations.

My conclusion is that ADJC and AMS are in compliance with this standard and exceeds the standard with background checks of all employees and contractors being completed every three years exceeding the PREA standard of completing background checks at least every five years.

Standard 115.318: Upgrades to facilities and technologies

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

115.318 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

115.318 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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115.318 Evidence and Observations

From the PAQ and attached documentation, it was provided that ADJC and AMS did not design or acquire any new facilities or modify AMS except for general maintenance and upkeep. I compared recent area photographs of AMS with older area photographs and did not observe any new developed buildings.

AMS did install new video monitoring equipment to enhance the facility security for removing blind spots and to replace outdated and worn out equipment. From interviews with the ADJC Director, the Facility Head, and my added interviews with IT staff at AMS, and other administrative staff, new video equipment is added to any newly discovered blind spots, as AMS does not want to find any blind spots not covered by a video camera. Interviewed staff did maintain that no camera are located inside any resident rooms with the exception of the TSU units as described in the section for 115.315 and the Facility Characteristics. Nor are any cameras placed in or aimed toward any area where residents may be in the state of undress. I was advised that AMS has 330 video cameras. From my tour of AMS and my observation, I did not observe any cameras out of place as described to me in my interviews nor violations of video camera monitoring by opposite gender staff.

My conclusion is that ADJC and AMS are in compliance with this standard.

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

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

115.321 (a)

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

115.321 (b)

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

115.321 (c)

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

115.321 (d)

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

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

115.321 (e)

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

115.321 (f)

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

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.321 Evidence and Observations

ADJC has its own employees who conduct administrative and criminal investigations; therefore ADJC is responsible to conduct its own investigations. The criminal investigators are AZPOST certified sworn police officers with the authority to conduct criminal investigations. Both criminal and administrative investigators are assigned to the ADJC Inspector General Office. I was provided and reviewed ADJC policies that pertain to this standard included as: Policy 1002, 1160, 1161, 1162 that ensure all requirements of this standard and Arizona statutes are complied with. ADJC and the Arizona Department of Child Services follow a uniform evidence protocol that maximizes the potential for obtaining usable evidence for criminal and administrative proceedings which is appropriate for youth. This protocol is the Multidisciplinary Protocol for the Investigation of Child Abuse, developed by the Interagency Council, Maricopa County Children's Justice Project, created in 1995, and last updated in March of 2016. My interviews included: Random staff, Sane nurse, PREA Coordinator who answered the interview questions of a PREA Manager and the PREA Coordinator, residents who reported sexual abuse, Administrative and criminal investigators, medical and mental health staff, and contact to national and local victim services. ADJC does not have any agreements with rape crisis advocates, but not for lack of trying. The PREA Coordinator provided me with documentation in attempt to obtain agreements with rape crisis advocates but was not met with success. AMS has several mental health psychologists who have been screened for appropriateness to serve in this role as rape crisis advocate and received education concerning sexual assault and forensic examination issues in general. The AMS staff in this role has received training in the form of 40 hours of classroom instruction provided by the Arizona Coalition to End Domestic and Sexual Violence, which is the coalition in Arizona that provides this training to all other rape crisis advocate services in Arizona. If requested by a resident victim, these trained AMS employees will provide advocacy as required of this standard. From my interview with the sexual abuse nurse examination (SANE) nurse, who is not an employee of ADJC and is with an organization which provides SANE's for all sexual abuse victims in Phoenix and surrounding areas, I found that ADJC and AMS are in compliance with this Standard. The SANE nurse stated if a SANE was needed for an AMS resident, the resident would be brought to their location or a hospital where the examination would be conducted. The SANE stated there would never be an incident when a SANE nurse from their organization would not be available to complete an examination. From my review of ADJC policy and interviews with the SANE nurse and ASM employees, the SANE is at no cost to victims, and no charge would be required of the resident victim. From interviews of victims, they were not charged for any medical attention they received stemming from their allegation of sexual abuse.

My conclusion is that ADJC and AMS are in compliance with this standard.

Standard 115.322: Policies to ensure referrals of allegations for investigations

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

115.322 (a)

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

115.322 (b)

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

115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).) ☐ Yes ☐ No ☒ NA

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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115.322 Evidence and Observations

ADJC internal administrative and criminal investigators and does not rely upon outside investigative authorities to complete AMS investigations. From my interview with the ADJC Director, investigators, the Facility Head, the PREA Coordinator, and random staff, all sexual abuse and sexual harassment allegations are investigated. The position of ADJC and AMS is very conservative when it comes to allegations that may be a PREA allegation, so all protocols in place for a sexual abuse and sexual harassment allegation are implemented until the investigation staff learns that an allegation is for sexual abuse or sexual harassment. I reviewed numerous administrative and criminal investigation files and it is clear ADJC conducts and completes sexual abuse and sexual harassment investigations. From ADJC Policies 1002, 1161.01, 1162: Special Investigators assigned to the Investigations Bureau for the purpose of investigating offenses, apprehending offenders and juvenile absconders, recovering stolen property and facilitating prosecution shall be Arizona Peace Officer Standards and Training (AZPOST) certified sworn police officers. From policy 1162: c. The ADJC Investigations Bureau, Arizona Peace Officer Standards Training (AZPOST) Certified Investigators shall investigate all allegations. ADJC policies are located on ADJC's website, and I was able to observe and read the policies on this website. ADJC does document all referrals.

My conclusion is that ADJC and AMS are in compliance with this standard.

TRAINING AND EDUCATION

Standard 115.331: Employee training

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

115.331 (a)

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

115.331 (b)

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

115.331 (c)

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

115.331 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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115.331 Evidence and Observations

ADJC Policy 1002 includes the training requirements of all enumerated competencies of this standard in addition to other PREA requirements of other standards. I reviewed the staff training curriculum and found it contains all the required competencies of this standard. From my interviews with random staff, all staff answered yes to the “yes or no” questions provided in the interview questions. I probed staff with each question and asked them to explain what their understanding was for each question, for example, it’s easy to say yes they were trained about zero tolerance, but it’s a different thing to understand what zero tolerance means. I asked for clarification all the enumerated questions and the staff did know what each meant and described each in detail. AMS has both female and male residents; training curriculum is tailored for the employees working with both female and male residents. AMS is a facility that houses both male and female residents and all staff may be assigned to work with both male and female residents, therefore the training curriculum is tailored for the gender of both female and male residents at the facility. Because AMS does have both female and male residents, AMS is ADJC's only facility, and the training curriculum for staff is tailored to meet both genders of residents; AMS employees do not receive additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa, as no other separate facilities exist with ADJC. AMS provides PREA training annually in a classroom setting and all employees sign an "In-Service Training Roster" which states: “Signatures are an acknowledgment of your understanding and agreement to comply with the established policies, procedures, and content taught in all scheduled training, PREA Refresher.”

My conclusion is that ADJC and AMS are in compliance with this standard.

Standard 115.332: Volunteer and contractor training

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

115.332 (a)

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

115.332 (b)

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

115.332 (c)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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115.332 Evidence and Observations

From ADJC Policy 1002: Volunteer, contractor, and mentor training: 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; All volunteers and contractors who have contact with residents shall be trained of ADJC's zero-tolerance regarding sexual abuse and sexual harassment and informed who to report such allegations. I have reviewed the ADJC volunteer and contractor training curriculum and it provides for all the training requirements of this standard and as stated in ADJC policy. Due to COVID-19, AMS has suspended all volunteer and contractor services, there for I was unable to interview any previously contracted contractors, but I was able to interview several volunteers. The interviews were conducted telephonically as the volunteers were not permitted access to AMS, again due to COVID-19 precautions for the volunteers safety and for the residents and employees of AMS safety. From the volunteer interviews, they were able to describe their training provided by ADJC and of their roles in the event an allegation of sexual abuse and sexual harassment was brought to them or observed by them. I observed training records for AMS volunteers and contractors and they sign an "In-Service Training Roster" which states: "Signatures are an acknowledgment of your understanding and agreement to comply with the established policies, procedures, and content taught in all scheduled training, PREA Refresher."

My conclusion is that ADJC and AMS are in compliance with this standard.

Standard 115.333: Resident education

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

115.333 (a)

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Is this information presented in an age-appropriate fashion? ☒ Yes ☐ No

115.333 (b)

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.333 (c)

- Have all residents received the comprehensive education referenced in 115.333(b)?
☒ Yes ☐ No
- Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?
☒ Yes ☐ No

115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? ☒ Yes ☐ No

115.333 (e)

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

115.333 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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115.333 Evidence and Observations

From my review of ADJC policy, tour and inspection observations of AMS to include the intake area, and from interviews with residents, random staff, intake staff, education staff, the facility head, the PREA Coordinator, and the ADJC Director, all enumerated criteria of training residents of PREA and their rights are well instructed to the residents and I found the residents are very well versed in their rights and obligations of ADJC in providing required PREA safeguards and services. Many residents informed during their interviews that they were provided comprehensive PREA instruction while they were a part of other jurisdictions such as the County Jails prior to their arrival at AMS. From resident and intake staff interviews, all new arrival residents receive information explaining in an age appropriate fashion (AMS resident range of ages is from 14 to 19 years of age) of ADJC's Zero Tolerance policy, their rights to be free from sexual abuse and sexual harassment, their rights and methods of how to report sexual abuse and sexual harassment, and their right to not be punished for reporting sexual abuse and sexual harassment even if later it is determined to be unfounded. This is provided to the new arrival residents on their first day of arrival at AMS. Also from interviews with residents and intake staff, and from review of resident training records, resident receive more in depth and comprehensive PREA required training to include all enumerated criteria of this standard, again age appropriate and in person training with intake staff. Shortly after the PREA standards were effective in 2012, AMS provided PREA training for assigned residents. All currently assigned residents have received PREA training, but there no longer any residents incarcerated at AMS when the PREA standards were made effective and implemented. I have observed during my tour inspection and have been provided numerous examples of education material in formats accessible to all residents in the form of handbooks, both for the residents and the parents and guardians for residents, brochures, posters, all in English and in Spanish. The posters, handbooks and brochures are quality material, very inclusive of needed information, professionally printed and constructed quality, and age appropriate and with verbiage and descriptive pictures. From interviews with ADJC administration, it was described to me that AMS is a "school" as described in the Facility Characteristics section of this report, and AMS has proved it meets the learning needs of residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as residents who have limited reading skills. ADJC

keeps very thorough records of resident PREA training and I have observed and obtained a sample of these records, which includes resident signatures of understanding.

My conclusion is that ADJC and AMS are in compliance with this standard and exceeds the standard as ADJC and AMS are very well advanced in providing instruction with residents and evidently have been doing so very well with the arrival of PREA standards. It is very apparent ADJC and AMS want residents to be very well versed in their PREA rights and how to avoid and report sexual abuse and sexual harassment. From the high quality and message of the posters and handbooks prove that ADJC and AMS take the training of residents very seriously. Not only does ADJC provide handbooks to residents, but they provide a Family Handbook which includes PREA information to parents, family members, friends, and guardians of residents. The hand book is available on the ADJC public website.

Standard 115.334: Specialized training: Investigations

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

115.334 (a)

- In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)
☒ Yes ☐ No ☐ NA

115.334 (b)

- Does this specialized training include techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)
☒ Yes ☐ No ☐ NA

115.334 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does

not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)

☒ Yes ☐ No ☐ NA

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.334 Evidence and Observations

ADJC is responsible for conducting its own administrative and criminal investigations and has two administrative and two criminal investigators employed. All four investigators are assigned to the ADJC Inspector General Office. The two criminal investigators are Arizona Peace Officer Standards and Training (AZPOST) certified sworn police officers. From ADJC Policy 1002: 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. From my interviews with both administrative and criminal investigators and from my review of all ADJC investigator training records, they have completed specialized training which included techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in a confinement setting, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. From my review of the training records, the investigators completed the training curriculum for this training criterion that is provided the PRC training resources. Although they completed more than the minimum curriculum, I did verify that they did complete the specific training modules for the enumerated criteria of this standard. ADJC employees its own medical and mental health staff and does not have any contracted or volunteer medical and mental health staff.

My conclusion is that ADJC and AMS are in compliance with this standard.

Standard 115.335: Specialized training: Medical and mental health care

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

115.335 (a)

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

115.335 (b)

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

115.335 (c)

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

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
☒ Yes ☐ No ☐ NA

- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.335 Evidence and Observations

From ADJC Policy 1002: 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. From my interviews with both medical and mental health staff, from review of the specialized training curriculum, and from review of training records, AMS medical and mental have staff have met this additional specialized training to the training that all AMS employees receive. AMS medical staff do not complete forensic examinations. These examinations are completed by outside sources by certified SANE nurses.

My conclusion is that ADJC and AMS are in compliance with this standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

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

115.341 (a)

- Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident? ☒ Yes ☐ No
- Does the agency also obtain this information periodically throughout a resident's confinement? ☒ Yes ☐ No

115.341 (b)

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

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (1) Prior sexual victimization or abusiveness? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (3) Current charges and offense history? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (4) Age? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (5) Level of emotional and cognitive development? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (6) Physical size and stature? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (7) Mental illness or mental disabilities? ☒ Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (8) Intellectual or developmental disabilities? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (9) Physical disabilities? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (10) The residents' own perception of vulnerability? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? ☒ Yes ☐ No

115.341 (d)

- Is this information ascertained through conversations with the resident during the intake process and medical mental health screenings? ☒ Yes ☐ No
- Is this information ascertained during classification assessments? ☒ Yes ☐ No
- Is this information ascertained by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? ☒ Yes ☐ No

115.341 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

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

115.341 Evidence and Observations

From ADJC Policy 1002: 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: (1) 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 Behavioral Health Tab to attempt to ascertain information, at a minimum, about: (a) Prior sexual victimization or abusiveness; (b) 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; (c) Current charges and offense history; (d) Age Level of emotional and cognitive development; (f) Physical size and stature; (g) Mental illness or mental disabilities; (h) Intellectual or developmental disabilities; (i) Physical disabilities; (j) The juvenile's own perception of vulnerability; and (k) Any other specific information about individual juveniles that may indicate heightened needs for supervision, 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: (1) Reviewing court records, case files, behavioral records; and (2) 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 Behavioral Health Tab; 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. Monthly, the MDT completes reviews of each resident to include consideration of any new information for risk screening throughout the residents' confinement.

From my interviews with assessment risk screening staff and from my review of completed risk assessment documentation, I found that all eleven enumerated criteria of this standard are included in the risk screening of residents for potential victimization and/or abusiveness. Additional screening criteria of ADJC are added to this screening instrument as well. From additional interviews with the PREA Coordinator/Manager and the screening employee, information from the risk screening assessments is maintained in a confidential manner so as to not permit the information to be learned and used to exploit or harm the resident by staff or other residents. The assessment material is maintained electronically with only permitted staff with a need to know the assessment information having access to the system.

My conclusion is that ADJC and AMS are in compliance with this standard.

Standard 115.342: Use of screening information

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

115.342 (a)

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments? ☒ Yes ☐ No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments? ☒ Yes ☐ No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments? ☒ Yes ☐ No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments? ☒ Yes ☐ No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments? ☒ Yes ☐ No

115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? (N/A if the facility *never* places residents in isolation for any reason.) ☒ Yes ☐ No ☐ NA
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? (N/A if the facility *never* places residents in isolation for any reason.) ☒ Yes ☐ No ☐ NA
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? (N/A if the facility *never* places residents in isolation for any reason.) ☒ Yes ☐ No ☐ NA
- Do residents in isolation receive daily visits from a medical or mental health care clinician? (N/A if the facility *never* places residents in isolation for any reason.) ☒ Yes ☐ No ☐ NA
- Do residents in isolation also have access to other programs and work opportunities to the extent possible? (N/A if the facility *never* places residents in isolation for any reason.) ☒ Yes ☐ No ☐ NA

115.342 (c)

- Does the agency always refrain from placing lesbian, gay, and bisexual (LGB) residents in particular housing, bed, or other assignments solely on the basis of such identification or status?
☒ Yes ☐ No
- Does the agency always refrain from placing transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status? ☒ Yes ☐ No
- Does the agency always refrain from placing intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status? ☒ Yes ☐ No
- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex (LGBTI) identification or status as an indicator or likelihood of being sexually abusive?
☒ Yes ☐ No

115.342 (d)

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

115.342 (e)

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

115.342 (f)

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

115.342 (g)

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

115.342 (h)

- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A if the facility *never* places residents in isolation for any reason.) ☒ Yes ☐ No ☐ NA
- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A if the facility *never* places residents in isolation for any reason.) ☒ Yes ☐ No ☐ NA

115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? (N/A if the facility *never* places residents in isolation for any reason.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.342 Evidence and Observations

(a) From ADJC Policy 1002: Placement of juveniles in housing, bed, program, education, and work assignments: ADJC shall use all information obtained pursuant to 28 C.F.R. § 115.341 (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 Continuous Case Plan (CCP) every 30 days 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. Quality Mental Health Professionals (QMHP) 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). In addition to this extensive policy requirement for meeting this component of the standard, I verified this practice with my review of completed screening documentation, confidential lists of residents identified as potential victims and/or abusers, and with interviews of the PREA Coordinator and the risk screening staff, who is a QMHP and a part of the MDT as described in ADJC policy above. I was provided lists of residents with potential risks of being victims and abusers or both and including other vulnerabilities. AMS is a small facility as described in the facility characteristics of this report, but has many housing units and each housing unit as multiple hallways, and each resident is placed in a room to themselves or double bunked with another resident and with nearly half of AMS occupying the bed space available. All residents with a sex offense are housed in a single bed room without a roommate. From my observation of the list of high risk residents, I did not observe during my tour any high risk of victimization residents placed in the same housing unit areas as residents at high risk of being sexually abusive. I also cross referenced the high risk lists with the AMS resident assignment roster as well to learn if any of the opposite high risk residents were housed together and did not learn of any.

(b) From ADJC Policy 1002: 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 Temporary Stabilization Unit (TSU): 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. From Policy 4010, The Unit Psychology Associate or On-site QMHP shall complete a clinical interview face-to-face with each juvenile as soon as possible but within two hours of the juvenile's admission to the Temporary Stabilization Unit. Per the policy, stays in the TSU shall not ordinarily extend beyond 24 hours. Each 24 hour extension requires the Mental Health Treatment Coordinator or QMHP meet with and discuss the extension with the resident. From interviews from the facility head, staff who supervise residents in TSU, and medical and mental health staff, AMS strictly adheres to the policy in place over placement of residents in TSU and residents placed in TSU are seldom there for over 24 hours, and in most cases, only a couple hours. I reviewed the TSU Youth History Log and found that for the past 12 months, no resident was placed in TSU for longer than 24 hours, for any reason, PREA related per this standard or not.

(c) From ADJC Policy 1002: 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. From my tour and inspection of the AMS, did I observe any such particular housing units, or areas of any housing unit for assignments of LGBTI residents. At the time of the on-site audit AMS did not have any identified transgender or intersex residents for me to interview, but from target LGB residents I found that AMS school did not have any separated housing units or areas for LGBTI residents. This was confirmed with the interview with the PREA Coordinator/Manager.

(d) From ADJC Policy 1002: 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: Upon receiving a transgender or intersex new commit juvenile at intake, a special staffing shall be held on behalf of the juvenile to review and determine accommodations such as housing unit, programming assignments, education, treatment services, and safety concerns. The following positions shall be in attendance at this special staffing: PREA Coordinator; Clinical Director; Medical Director; Legal Systems Bureau Administrator or designee; Education Administrator; Juvenile's Parole Officer or designee; and the juvenile's current Youth Program Supervisor (YPS). Determinations made at this special staffing shall be documented in the Vulnerable Population Transgender and Intersex Automated System located in the Agency portal. Any employee that receives information that a juvenile, who is a current resident at Adobe Mountain School, identifies as transgender or is intersex, shall notify the PREA Coordinator by phone or email within 72 hours: The PREA Coordinator shall communicate with the Medical Director, Clinical Director, the unit YPS, YPOIII and QMHP to initiate an assessment and determine if a special staffing is required: If a special staffing is not required, the MDT shall review the youth's accommodations at the next scheduled CCP staffing; and If a special staffing is required, section #16 of this Policy shall be followed. The juvenile's MDT shall discuss transgender and intersex juveniles at the juvenile's monthly staffing or when adjustments to their accommodations are required. I was not able to interview any transgender or intersex residents due to there not being transgender or intersex residents assigned to AMS at the time of the on-site audit. However from my interview with the PREA Coordinator and my review of several transgender and intersex ADJC "Vulnerable Population: Transgender/Intersex Staffing" documentation described in ADJC policy, I found that ADJC and AMS do meet this standard requirement.

(e) From ADJC Policy 1002: he 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. ADJC policy provides for this requirement at least twice per year, but from interviews with the PREA Coordinator and the risk screening staff and from my documentation review, the reassessment meeting with transgender and intersex residents occur more frequently, monthly by the Multidisciplinary Team of AMS.

(f) From ADJC Policy 1002: A transgender or intersex juvenile's own views with respect to his or her own safety shall be given serious consideration; The unit QMHP or another unit's QMHP shall meet with the transgender or intersex juvenile prior to the special staffing as outlined above and enter the information discussed in the Vulnerable Population Transgender and Intersex Automated System located in the Agency's portal: At this meeting the QMHP and the juvenile shall complete Form 1002J Youth Preference Form- Transgender and Intersex; and a copy of the completed and signed Form 1002J shall be maintained in the system and made available to the transgender or intersex juvenile upon their request. From my interview with the PREA Coordinator/Manager, the risk screening staff and from my review of the above listed documentation, I was able to verify that a transgender or intersex resident's own views with respect to his or her own safety are given serious consideration. At the time of the on-site facility audit, AMS did not have any transgender or intersex residents confined for me to interview.

(g) From ADJC Policy 1002: Transgender and intersex residents shall be given the opportunity to shower separately from other residents. I did interview the PERA Coordinator/manager and risk screening staff and there answer provided for this standard compliance. There were not any transgender or intersex residents assigned to AMS at the time of the on-site audit for me to interview. As I observed during my facility tour and inspection, the most compelling proof that AMS school

provides for giving transgender or intersex residents the opportunity to shower separately from other residents is that all showers in every AMS housing unit are private showers, solid wall construction, each in a private room with a solid windowless door which is locked by staff when a resident is showering. One resident showers at a time. The showers are private for all residents.

(h) From ADJC Policy 1002: 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. In addition to ADJC Policy 1002, ADJC has Policy 4061 which is all inclusive of the manner of residents placement in isolation, or as referred to by ADJC as "Temporary Stabilization Unit. From review of Policy 4061, ADJC requires very extensive documentation that meets well above the documentation requirements of this standard component.

(i) From my interview with isolation unit (TSU) staff, residents are not assigned to TSU for 30 days. I was not able to interview any residents of sexual victimization or who suffered sexual abuse housed in isolation (TSU) as there were not any assigned as such at the time of my on-site facility audit. From my review of the TSU Youth History Log, there have not been residents assigned to TSU for 30 day, for longer than 24 hours. From my review of ADJC Policy 4061, reviews for continuing need for separation are completed at 24 hours.

My conclusion is that ADJC and AMS are in compliance with this standard.

REPORTING

Standard 115.351: Resident reporting

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

115.351 (a)

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

115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the resident to remain anonymous upon request? ☒ Yes ☐ No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? (N/A if the facility *never* houses residents detained solely for civil immigration purposes.) ☐ Yes ☐ No ☒ NA

115.351 (c)

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

115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report? ☒ Yes ☐ No

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence and Observations

From ADJC Policy 1002: 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. From interviews with staff and residents, all knew of the multiple methods ADJC and AMS provide for reporting sexual abuse and sexual harassment, retaliation but others for reporting, and for staff neglect or violation of responsibilities that may have contributed to sexual abuse and sexual harassment. The various reporting methods can be used for all the enumerated components of this standard. Reporting methods as reported to me during interviews included: Tell a trusted staff member, write a grievance, write a letter, tell the Juvenile Ombudsman, use the "hotline" phone to call the Department of Child Services (DCS), write a letter to DCS, tell a friend or family, write or call outside advocacy service. ADJC and AMS provide two methods to report to an outside agency privately. The contracted agency is the Arizona Department of Child Services and does immediately forward to the ADJC all allegations received and follows up to ensure allegations are investigated. When ADJC approached DCS with an agreement to provide this service, DCS agreed to do so and did so by also adding the process of receiving and reporting allegations to DCS policy as well. Therefore, the agreement stands now as a part of ADJC and DCS policies. There are several methods for residents to report allegations to DCS: they can write a confidential and anonymous letter to DCS. The letter does not need to have a return resident name on the envelope, and is mailed to DCS in the same fashion as ADJC can send legal mail out, which will not be read or reviewed by staff. Not only are letters with PREA allegations sent to DCS in this manner, but all letters to DCS from resident with other subject matters can be sent to DCS, therefore staff have no knowledge of which letters to DCS contain PREA allegations and which do not. Additionally, letters to DCS are delivered regardless of having applied postage or not. AMS also has a telephone with a direct line to DCS where a DCS employee will answer the call, not a recording. Residents can speak with the DCS employee anonymously and privately, but this telephone system is not an anonymous call on the AMS side as residents must ask ADJC staff to utilize the phone, and therefore AMS staff will know which residents are placing calls to DCS, but they will not know the content of what is discussed with the DCS employee. The address for

writing to or calling DCS is provided to residents on brochures, the handbooks, and posted on bulletin boards inside of the housing units. Resident may also contact a friend or family member who in turn can call or write to DCS to report an allegation of sexual abuse and sexual harassment.

From ADJC Policy 1002: ADJC employees shall: Accept reports made verbally, in writing, anonymously, and from third parties; Complete an Information Report (IR) to report sexual abuse and sexual harassment and mark it "Confidential;" Submit the completed IR by the end of each shift. From my interviews with the PREA Coordinator/Manager, she described the methods for which residents could report to include the grievance process which residents could write their allegation, with or without names, and submit it in the housing unit secured grievance box. Only the Juvenile Ombudsman (JO) has the key for unlocking the grievance boxes. I interviewed the JO and he too stated as the PREA Coordinator did about written grievance allegations and he was able to explain the PREA protocol if he received a sexual abuse or sexual harassment allegation via a resident grievance. AMS also provides writing material and has a resident communication form that could be used. ASM also provides postage for residents who need postage. From my interview with residents, all knew of the several methods provided to them to write their allegations to report. When I toured the facility, I observed the grievance lock boxes in each of the housing units and they were tamper proof and accessible for residents to deposit their grievances. From interviews with staff, they proved they were well aware of several methods they could report privately allegations of resident sexual abuse or sexual harassment. The explained methods of using a telephone to call their supervisor, they could ask to speak to their supervisor or administrator face to face in a private office setting, or they could write an email using the "PREA Email" which submits directly to the ADJC Inspector General and the PREA Coordinator. Not only did the interviewed staff know who to report privately, but they were able to explain the reasoning for it, for example to protect the confidence of the allegation from other staff and residents. I reviewed the staff training curriculum and found this component of the standard was part of the annual training.

My conclusion is that ADJC and AMS are in compliance with this standard.

Standard 115.352: Exhaustion of administrative remedies

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

115.352 (a)

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

115.352 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any

portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.352 (c)

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

115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.352 (e)

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

- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.352 (f)

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

115.352 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.352 Evidence and Observations

From ADJC Policy 1002, to cover all components of this standard: ADJC does have an administrative grievance system. Residents do not have to attempt to informally resolve grievances. The process is a formal process from start to finish with no time frame to initiate a grievance complaint. From ADJC Policy 2304.01: the policy that covers all resident grievances has an option if the resident chooses to use an informal grievance called Contact Form to discuss an issue that doesn't rise to a formal grievance. Thus, this is elective and not mandatory. From Policy 1002: Juvenile Grievances: 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: (1) May submit the grievance without submitting it to the employee who is the subject of the complaint; and (2) That the grievance is not referred to an employee who is the subject of the complaint. b. 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. (1) 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; (2) 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; (3) 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 (4) 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. Emergency grievances - 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.; . If the matter involves sexual abuse/harassment or child abuse, 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: (1) 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, (2) Shall provide an initial response within 48 hours, and (3) 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. Based upon ADJC policy and from interviews and review of grievance files, ADJC meets compliance with all components of this standard.

My conclusion is that ADJC and AMS are in compliance with this standard.

Standard 115.353: Resident access to outside confidential support services and legal representation

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

115.353 (a)

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

115.353 (b)

- Does the facility inform 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? ☒ Yes ☐ No

115.353 (c)

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

115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? ☒ Yes ☐ No
- Does the facility provide residents with reasonable access to parents or legal guardians? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.353 Evidence and Observations

From my review of material provided to residents, addresses and phone numbers are provided on brochures, handbooks, policy, and posters. From my facility tour and inspection, I did observe more of this material inside resident housing units. From interviews, residents confirmed this material was available and accessible, and residents knew names of and contacted outside advocacy services available to them. From ADJC Policy 1002: Resident access to outside support services and legal representation: The agency shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide juveniles with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements; If the agency is able to enter into an agreement with a community service provider, the facility shall provide juveniles with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations: The facility shall enable reasonable communication between juveniles and these organizations and

agencies in as confidential a manner as possible; and The facility shall inform, 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. The facility shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians. The PREA Coordinator was unable to enter into agreement with outside service providers and presented me with supporting documentation of such attempts. The PREA Coordinator continues to attempt to enter into agreements as the documented attempts are both recent and old. AMS also has mental health staff who has attended the Arizona Coalition to End Domestic and Sexual Violence training to provide internal advocacy assistance to residents. Even though agreements have not been successfully entered into with outside advocacy services, the phone numbers and addresses are available to local and national service providers to residents and AMS does provide phone calls to these services. Further, it was determined via interviews that communications with these services would not be monitored. All interviews (staff and residents) confirmed and acknowledged that residents are provided with reasonable access to parents or legal guardians and that all residents are provided reasonable and confidential access to their attorneys, or other legal representative.

My conclusion is that ADJC and AMS are in compliance with this standard.

Standard 115.354: Third-party reporting

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

115.354 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

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

115.354 Evidence and Observations

ADJC and AMS provide handbooks to the parents and guardians of ASM residents. In the parent handbooks are instruction for third party reporting. I observed from the ADJC public website, instructions for third party reporting are available. From ADJC Policy 1002: 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 Director@adjc.gov; and The ADJC Director's number at 602.364.4051 to bring the matter directly to his attention. To test this procedure, I sent an email to the email address and I placed a phone call. The phone call was received by a person from the ADJC Director's office who described as part of their responsibility was to receive and report allegations of third parties and forward the allegations to the PREA Coordinator in the Office of the Inspector General. I inspected the ADJC website, the phone number in the ADJC Policy 1002, and the phone number in the ADJC Family Handbook all matched. However, the website email address listed in the Policy 1002 (Director@adjc.gov) did not match with the ADJC website email address and Family Handbook email address (Director@azdjc.gov) for writing an email with an allegation of sexual abuse and sexual harassment. I sent emails to both addresses. The email address in the policy did not go through. The email with the email address posted on the ADJC website and the ADJC family handbook did go through to the ADJC Director's Office and I did receive a response.

Finding of Non-Compliance

The email address as provided in the ADJC Policy was not accurate for writing and reporting a third party allegation for sexual abuse or sexual harassment. The email addresses provided on the ADJC website and the ADJC Family handbook were accurate and I was able to complete a test to the addresses provided. But given the one source, ADJC Policy 1002, providing an incorrect email address for third party reporting, the ADJC does not meet this standard.

Corrective Action Plan

In working with the ADJC PREA Coordinator, it was discussed that ADJC Policy 1002, page 16, paragraph 20(a)I would be corrected for the "typo" in the policy for the email address stated as: Director@adjc.gov to the correct email address as included in the public ADJC website and Family Handbook as: Director@azdjc.gov. The ADJC PREA Coordinator stated this would correct the ADJC Policy with the correct email address.

Corrective Plan Period

On August 10, 2020, I was informed by the PREA Coordinator that Policy 1002 was corrected to include the corrected email address. I tested the email and received an appropriate response within a few minutes of sending, with a response that stated reported allegations are forwarded to the PREA Coordinator. I inspected ADJC Policy 1002 on the ADJC public website and found that the corrected email address for third party reporting had been corrected.

My conclusion is that ADJC and AMS are in compliance with this standard.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

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

115.361 (a)

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

115.361 (b)

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? ☒ Yes ☐ No

115.361 (c)

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

115.361 (d)

- Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? ☒ Yes ☐ No

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?
☒ Yes ☐ No
- If an alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? ☒ Yes ☐ No
- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation? ☒ Yes ☐ No

115.361 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.361 Evidence and Observations

From ADJC Policy 1002: Employee and ADJC reporting duties following a juvenile report: ADJC employees shall report immediately in accordance with Policy 1162 Reporting and Investigating Suspected Child Abuse and ARS 13-3620 Mandatory Reporter: 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. ADJC Employees shall be prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions; ADJC employees shall comply with applicable mandatory child abuse reporting laws. 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 (facility head) 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. If the alleged victim is under the guardianship of the court, notify the juvenile's attorney instead of the parents or legal guardian. Staff interviews confirmed that staff are required to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in the facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Resident interviews affirmed that staff always reports any allegations. Policy 1002 requires and staff interviews affirmed, that staff report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the designated ADJC investigators the Department of Child Services (DCS). All staff stated; both security and medical, that they were mandatory reporters.

My conclusion is that ADJC and AMS are in compliance with this standard.

Standard 115.362: Agency protection duties

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

115.362 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.362 Evidence and Observations

From ADJC Policy 1002: ADJC juvenile protection duties: 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. All staff interviews to include the ADJC Director, the AMS facility head, and randomly selected staff presented answers to questions that affirmed their understanding to take immediate action to protect any known resident to be in imminent risk of sexual abuse. Training curriculum included this instruction as well.

My conclusion is that ADJC and AMS are in compliance with this standard.

Standard 115.363: Reporting to other confinement facilities

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

115.363 (a)

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

115.363 (b)

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

115.363 (c)

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

115.363 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.363 Evidence and Observations

From ADJC Policy 1002: Reporting to other confinement facilities: 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 IR in accordance with Policies 1190 Incident Reporting and 1190.01 Incident, Misconduct, and Positive Behavior Recording; and the reporting Office of the Inspector General shall: (1) 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 (2) Document that it has provided such notification. From interview with the ADJC AMS Secure Care Bureau Administrator (SCBA, AMS Facility Head), described he reports allegations of sexual abuse from residents that occurred at other agency facilities to the head of the facility or designee where the alleged incident occurred. The SCBA stated he made such notifications via telephone and did not document such phone calls as the Office of the Inspector General (OIG) made additional notifications and documented their notifications.

Finding of Non-Compliance

ADJC Policy 1002 states the Office of the Inspector General shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. ADJC Policy 1162 repeated the same as in Policy 1002. The specific component of this Standard states the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.

Corrective Action Plan

The needed corrective action included correcting ADJC Policy 1002 and 1162 to include the language of the Secure Care Bureau Administrator (The AMS Facility Head) to make the notifications to the facility head or appropriate office and to document such notifications of allegations of sexual abuse received that occurred at other agency facilities. The Secure Care Bureau Administrator will complete all such notifications going forward and make appropriate documentation of completing such notifications.

Corrective Plan Period

On August 7, 2020, the ADJC PREA Coordinator and the AMS SCBA advised that ADJC Policy 1002 and 1162 have been corrected to include the language as required in the corrective action plan as described above. The PREA Coordinator and the SCBA provided documentation of a recently received allegation of sexual abuse at another agency facility and of the SCBA making notification to that agency's appropriate office of the alleged abuse. I reviewed ADJC Policy 1002 and Policy 1162 on the ADJC public website and affirmed the policies have been corrected as described in the corrective action plan. Even though only one allegation with the corrected notification process has occurred, the institutionalization of this corrective action has been met and proved to be in practice.

My conclusion is that ADJC and AMS are in compliance with this standard.

Standard 115.364: Staff first responder duties

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

115.364 (a)

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

115.364 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.364 Evidence and Observations

From ADJC Policy 1002: 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. Also per policy 1002: 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? Are you in pain/bleeding? [Victim only] 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 s/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. From policy 1161.01: 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**;

In addition to the ADJC Policies above regarding the preservation of evidence, The AMS facility response plan provides a checklist form (form 1002D First Responder Checklist) for employees to utilize in documenting their response and to ensure proper steps are taken. From my review of Form 1002D, all components of this Standard are complete and correct.

From review of the staff training curriculum, it included instruction that meets all the components of this Standard correctly. From my interviews of staff, all staff knew and understood most components of this standard, except that a large number of interviewed staff stated that they would ensure, instead of request, that victims of sexual abuse did not take any actions that could destroy evidence such as washing, brushing teeth, etc. Some staff interviewed stated that they would request that both the victim and abuser not take any actions that could destroy evidence such as washing, brushing teeth, etc. From resident interviews, they proved the residents are very well informed and instructed of their rights and PREA training provided to them upon their arrival at AMS.

Finding of Non-Compliance

ADJC Policies 1002 and 1161.01 have written instruction that contradict the components of this Standard; specifically: **Request** that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence; and, **Ensure** that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating,

defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence.

ADJC Policy 1002, page 15, paragraph 23(a)iii: "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, etc. states that staff should request that the abuser not destroy evidence when it should be for staff to ensure that the abuser not destroy evidence.

ADJC Policy 1002, page 16, paragraph 23(e)ii4: If the victimization just occurred **do not leave the victim alone or allow** him/her to wash, brush his/her teeth, etc. This policy states to do not allow instead of request the victim not to wash, brush his/her teeth, etc.

ADJC Policy 1161.01, page 2, paragraph 3(b)ii4: If the victimization just occurred, **do not leave the victim alone or allow** him/her to wash, brush his/her teeth, etc. Again, this policy states to do not allow instead of request the victim not to wash, brush his/her teeth, etc.

From staff interviews, I found that numerous employees were not correct in their understanding of requesting victims of sexual abuse not destroy evidence on their person. Numerous staff stated they are to ensure victims of sexual abuse not destroy evidence on their person. Most staff interviewed confidently understood to ensure sexual abusers not destroy evidence on their person.

Corrective Action Plan

In coordination with the ADJC PREA Coordinator, I advised her of the ADJC policy discrepancies on July 29, 2020 so that ADJC could immediately correct the policies and immediately work toward implementing the proper components of this Standard. Once the policies were corrected, ADJC would train all AMS employees of the components of this Standard and have all AMS employees sign a training record of their receiving and understanding these components of this Standard. As stated above, the training curriculum was previously proved to be correct for this component of this Standard, so training curriculum changes were not required. Once the policy corrections and staff training are completed, The CAP includes additional interviews of randomly selected staff on all shifts at AMS to determine their understanding of this component of this Standard.

Corrective Plan Period

On August 10, 2020, the ADJC PREA Coordinator informed me that the policy corrections have been completed. I reviewed the corrected policies on the ADJC public website which include the language of requesting victims of sexual abuse and ensuring sexual abusers not destroy evidence on their persons, specifically: If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim and ensure the abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating. On August 17, 2020, the ADJC PREA Coordinator advised that the training of all AMS staff was completed on August 16, 2020, and I was provided a copy of the training curriculum and copies of training records with staff names and signatures acknowledging their understanding of the training material. On August 17, 2020, I conducted interviews of twelve (12) randomly selected employees. The interviews were conducted virtually to prevent the spread of COVID-19. From these interviews it was evident that employees have gained correct understanding of this Standard Component.

My conclusion is that ADJC and AMS are in compliance with this standard.

Standard 115.365: Coordinated response

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

115.365 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.365 Evidence and Observations

AMS is the only ADJC facility and has a facility plan. The plan includes a First Responder Checklist, form 1002D which is used by employees to ensure they completed each of the steps of the plan. From ADJC Policy 1002: Coordinated response to incidents of sexual abuse: employees shall use Form 1002D 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 (1) (a) Who did it? (b) When did this occur? (c) Where did this occur? (d) Are you in pain? (e) Are you bleeding? (2) Separate juvenile victim from alleged suspect immediately, if applicable; (3) Contact Shift Commander; (4) Call for Security escort to the Health Unit for medical evaluation; (5) Complete Confidential IR; and (6) If the allegation is of an immediate incident of abuse: Review Form 1002D First Responder Checklist and follow steps 1-5 of this section. Shift Commander shall contact the Office of the Inspector General; Shift Commander and investigator shall assess the incident and formulate a plan; Shift Commander or investigator shall notify the On-Duty Administrator; On duty administrator shall contact the Secure Care Bureau Administrator; and Secure Care Bureau Administrator shall contact the Director, Legal Services Bureau Administrator, and parent(s). Health Unit personnel shall: Stabilize juvenile and treat injuries; Contact Medical Director or designee; and Contact qualified advocate employee if requested by the juvenile victim. Investigator shall: Contact SANE nurse to conduct medical examination, if applicable; and Contact a Security Sergeant or Security Lieutenant for pictures, if applicable Secure Care Bureau

Administrator or designee shall: Evaluate each incident and assign housing unit/area for juvenile victim and/or suspect; and Notify the PSA or QMHP within 24 hours of the incident. At their discretion, the PSA OR QMHP shall process with the juvenile when it is appropriate and in coordination with the assigned Investigator. I have received and reviewed the facility plan.

My conclusion is that ADJC and AMS are in compliance with this standard.

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

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

115.366 (a)

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

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.366 Evidence and Observations

From my interview with the ADJC Director (Agency Head), he was asked if the his agency or any governmental entity responsible for collective bargaining on his behalf, entered into or renewed any collective bargaining agreements or other agreements since August 12, 2012? He answered no to this question. From my review of investigation records involving employees, the alleged abusive employees

were not permitted to have contact with residents until the conclusion of the investigation with unfounded or unsubstantiated results or termination of the employee.

My conclusion is that ADJC and AMS are in compliance with this standard.

Standard 115.367: Agency protection against retaliation

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

115.367 (a)

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

115.367 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services, for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations,? ☒ Yes ☐ No

115.367 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: The conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: The conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Any resident disciplinary reports? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Resident housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Resident program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.367 (d)

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

115.367 (e)

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

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

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

115.367 Evidence and Observations

From ADJC Policy 1002: ADJC's protection against retaliation: 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 Coordinator in collaboration with the Juvenile Ombudsman shall (1) 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. (2) Refer employees to communicate any type of retaliation by juveniles or employees to the Chief Human Resources Officer; (3) 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; (4) Act promptly to remedy any such retaliation; (5) Continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need; and (6) In the case of juveniles, Juvenile Ombudsman 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.

From interviews with the ADJC Director, the AMS Secure Care Bureau Administrator, the PREA Coordinator, the Juvenile Ombudsman, and residents, ADJC does provide for all the enumerated components of this standard. For residents monitoring for retaliation, the ASM Juvenile Ombudsman (JO) conducts monitoring of residents and documents all monitoring activity to include periodically meeting with the residents. The JO monitors for at least 90 days and watches for conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff such as unwarranted disciplinary reports, housing and program changes and acts promptly to remedy any such retaliations. Any such retaliation found, the JO reports to the PREA Coordinator who in turn initiates remedies to stop the retaliation. From review of the monitoring documentation for the past twelve months, there were not any incidents found of retaliation of residents. The PREA Coordinator conducts retaliation monitor for employees and

helps the JO with monitoring for retaliation for residents. When monitoring for retaliation for employees, the PREA Coordinator monitors for at least 90 days and works closely with Human Resources staff to learn if staff received any disciplinary, checks rosters for shift or assignment changes, and meets with the employees themselves to discuss any issues of retaliation. From the monitoring for retaliation of employees, there have not been any discovered incidents of staff retaliation.

My conclusion is that ADJC and AMS are in compliance with this standard.

Standard 115.368: Post-allegation protective custody

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

115.368 (a)

- Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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115.368 Evidence and Observations

From ADJC Policy 1002: Juveniles in ADJC custody: ADJC shall provide separated housing to protect a juvenile who is alleged to have suffered sexual abuse subject to the requirements of section 16 of this policy. From section 16 of this policy, which provides for components of Standard 115.342, for the residents placed in segregation. Please refer to Standard 115.342 of this report. From the Pre-audit Questionnaire, one resident was placed in segregated housing, or Temporary Stabilization Unit (TSU) at AMS. The resident was placed in TSU as it was initially determined this resident was the alleged sexual abuser of an incident of sexual abuse with another resident. It was learned shortly after placement in TSU, that the investigation found that resident was not the alleged abuser, but was the victim of sexual abuse by another resident. From my interview with this resident, and from my review of documentation, this resident was placed in TSU for 22 hours and 55 minutes. AMS maintains

records of all residents placed in TSU for any reason, PREA related or not, and residents are not kept in TSU for longer than 24 hours.

My conclusion is that ADJC and AMS are in compliance with this standard.

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

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

115.371 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] ☒ Yes ☐ No ☐ NA

115.371 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334? ☒ Yes ☐ No

115.371 (c)

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

115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? ☒ Yes ☐ No

115.371 (e)

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

115.371 (f)

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

115.371 (g)

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

115.371 (h)

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

115.371 (i)

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

115.371 (j)

- Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?
☒ Yes ☐ No

115.371 (k)

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

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

- When an outside agency investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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115.371 Evidence and Observations

From ADJC Policy 1002: ADJC criminal and administrative investigations: ADJC shall follow this policy and 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. From ADJC Policy 1162, 1160.01, and 1161.01, all enumerated components of this standard are included and correct for the Standard criteria except one section of Policy 1160.01 of Administrative Investigations that includes: Truth Verification Examinations: The Director or designee may order an employee to submit to a truth verification examination concerning an administrative investigation; In the case of an employee requesting the examination, the Director or designee shall approve or disapprove his/her request; When a complaint from a citizen, juvenile, and/or other employee is the basis for the investigation, **the Director or designee may require the citizen, juvenile, and/or other employee to submit to a truth verification examination** prior to the employee submitting one if the administrative investigation meets the following criteria: The conduct complain is non-criminal; no substantiated corroborating information has been discovered by the investigating supervisor/investigator; and It would not substantially slow or adversely impact the administrative investigation.

ADJC conducts and completes its own criminal and administrative investigations and has the legal authority to complete criminal investigations as all criminal investors are sworn Arizona Peace Officer Standards Training (AZPOST) Certified Investigators. Additionally, all ADJC administrative and criminal investigators have completed special training as required per Standard 115.334. I have reviewed all investigation files and reports and all are thorough in including all collective of evidence

gathering and interviews of victims, suspects, and witnesses. All prior complaints of the suspects are reviewed and documented. Interviewed Investigators stated that investigations are completed regardless if the reporter recants the allegation or if the victim or alleged abuser is released from AMS or no longer employed. Both administrative and criminal investigators explained that if an allegation is criminal activity, the criminal investigation will be completed to the fullest before an administrative investigation is initiated to avoid compelled interviews. The stated there has not been an incident of needing to request prosecutors before conducting compelled interviews. From interviews with investigators and residents who reported sexual abuse, truth telling examinations have not taken place. However, as stated above, ADJC Policy 1160.01 does provide for truth telling examinations of residents. Criminal investigation files and reports were reviewed and provide for thorough description of physical, testimonial, and documentary evidence. Administrative investigations include when warranted staff actions or failures that contributed to the abuse, and a description of the physical evidence, facts, and reasoning behind the credibility assessments. Per the criminal investigator interviewed, all substantiated criminal investigations are submitted to County Attorney's Office for prosecution. I reviewed investigation files greater than five years ago to determine if ADJC retains all written reports and material from sexual abuse investigations and found that ADJC maintains files for longer than required of this Standard.

Finding of Non-Compliance

From ADJC Policy 1160.0, page 5, paragraph 18, Truth Verification Examinations as described above, ADJC is not in compliance with 115.371(f) having policy that shall not require a resident who alleges sexual abuse to submit to truth-telling examination as a condition for proceeding with the investigation.

Corrective Action Plan

On July 29, 2020, I advised the ADJC PREA Coordinator of this finding of non-compliance from Policy 1160.01 providing for truth-telling examinations for residents who reported sexual abuse allegations so that she could work toward implementing corrective action in the policy without delay. From interviews with investigators, they were previously aware that truth-telling examinations were not authorized per this component of the Standard, have received training for this component, and have not completed any such truth-telling examinations for residents who reported sexual abuse allegations. Therefore additional training for investigative staff for this policy change is not required. To correct the ADJC policy, ADJC will include additional language that truth-telling examinations will not be permitted for a resident who alleges sexual abuse.

Corrective Plan Period

On August 12, 2020, the ADJC PREA Coordinator advised me that ADJC Policy 1160.01 had been amended to not requiring residents who report sexual abuse to not be required to submit to truth verification examinations. I reviewed the corrected policy on the ADJC public website, and learned that corrected language was included in the policy.

My conclusion is that ADJC and AMS are in compliance with this standard.

Standard 115.372: Evidentiary standard for administrative investigations

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

115.372 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.372 Evidence and Observations

From ADJC Policy 1002: 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. From interviews with both criminal and administrative investigators, they stated that this evidentiary standard is used for both criminal and administrative investigative substantiated determinations.

My conclusion is that ADJC and AMS are in compliance with this standard.

Standard 115.373: Reporting to residents

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

115.373 (a)

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

115.373 (b)

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

115.373 (c)

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

115.373 (d)

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

115.373 (e)

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

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

115.373 Evidence and Observations

From ADJC Policy 1162: The Inspector General or designee 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 (employee or resident abuser or convicted (employee or resident abuser) 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. I have reviewed JO documentation and it provides that residents were informed of investigation results. From interviews with the JO, it was learned he provides verbal notifications of outcomes. Notifications included substantiated cases submitted to the County Attorney. No cases in the past 12 months have been prosecuted. Interviews with residents affirmed they were verbally notified of investigation outcomes.

My conclusion is that ADJC and AMS are in compliance with this standard.

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

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

115.376 (a)

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

115.376 (b)

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

115.376 (c)

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

115.376 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.376 Evidence and Observations

From ADJC Policy 1002: Disciplinary sanctions for employees: 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. From the staff disciplinary list from Policy 2003.04: Sexual contact, oral sexual contact or sexual intercourse with a juvenile under the supervision of the Department; Category 7. Category 7 offenses result in dismissal from ADJC on a first offense. Disciplinary sanctions for violations of ADJC policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. ADJC Policy 2003.04 provides a list of various staff disciplinary sanctions, and each sanction has a severity category of one to seven, one being of sanctions for minor violations and seven being of sanctions for severe violations. Additionally, the disciplinary sanctions increase in severity given the repetitive number of such violations the employee commits. This system provides for the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of ADJC sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement unless the activity is not criminal, and to any relevant licensing bodies. All such terminations or resignations for criminal activity have been reported to law enforcement. ADJC criminal investigators are sworn law enforcement officer and receive reports of sexual abuse and sexual harassment. Per the ADJC PREA Coordinator interview, relevant licensing bodies would include notifications to, but not limited to medical and mental health professional licensing bodies and for teachers, professional educational certification/licensing bodies. Per the PREA Coordinator, no such notifications to professional licensing bodies have occurred in the past twelve months as there have not been any allegations of sexual abuse or sexual harassment in the past twelve months. From my review of investigation files, I did not observe any such investigations involving medical, mental health or education staff.

My conclusion is that ADJC and AMS are in compliance with this standard.

Standard 115.377: Corrective action for contractors and volunteers

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

115.377 (a)

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

- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.377 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.377 Evidence and Observations

From ADJC Policy 1002: Corrective action for contractors and volunteers: 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. From review of criminal and administrative investigation files, it is clear ADJC takes quick and swift corrective action toward sexual abuse and sexual harassment allegations involving volunteers and contractors. From interview with the Secure Care Bureau Administrator (SCBA) (facility head) of AMS, any volunteers and contractors who violate this policy are subject to administrative discipline including termination of contractor and volunteer service, criminal sanctions, or both. Further, it was noted that the volunteers and contractors who violate this policy shall be prohibited from contact with residents and shall be reported to ADJC criminal investigators who are sworn law enforcement officers, unless the activity was clearly not criminal, and to relevant licensing bodies. The SCBA stated he would prohibit further contact with residents, and in the case of any violation of ADJC policies by a volunteer and contractor, Human Resource staff would make contact with the appropriate licensing bodies. Further, the SCBA stated he had the authority to remove any volunteer or contractor from AMS and would do so immediately upon an allegation or suspicion of sexual abuse or sexual harassment.

My conclusion is that ADJC and AMS are in compliance with this standard.

Standard 115.378: Interventions and disciplinary sanctions for residents

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

115.378 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? ☒ Yes ☐ No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? ☒ Yes ☐ No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services? ☒ Yes ☐ No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician? ☒ Yes ☐ No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible? ☒ Yes ☐ No

115.378 (c)

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

115.378 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions? ☒ Yes ☐ No
- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education? ☒ Yes ☐ No

115.378 (e)

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

115.378 (f)

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

115.378 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.378 Evidence and Observations

From ADJC Policy 1002: Interventions and disciplinary sanctions for juveniles. 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 Temporary Stabilization (TSU), 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 TSU; 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; 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. ADJC Policy 4080 and 4081 are designed to support positive behavior and hold juveniles accountable for their behaviors through a system of positive behavior interventions and supports that provide: A common set of expectations for juvenile behavior expressed in positive terms; Instructional procedures for teaching, modeling, and reinforcing positive behavior and interventions; and Support for juveniles who engage in problematic behavior that violates expectations. I was not able to find in ADJC policy any specific disciplinary sanction for residents who make sexual contact with staff only upon a finding that the staff member did not consent to such contact. However, ADJC Policy 4081 does include instruction for when juveniles violate behavioral expectations which could result in a resident receiving a "Mane Catch ticket" and result with sanctions for the violation to included formal legal charges (if applicable). From my interview with the ASM Secure Care Bureau Administrator SCBA) (Facility head), AMS uses Positive Behavior Intervention and Support (PBIS) reward system for residents, it provides rewarded privileges for positive behavior and removes privileges for negative behavior, which may lead to criminal charges. The SCBA stated the sanctions are proportionate to the nature and circumstances of the abuses committed, the residents' histories, and the sanctions imposed for similar offenses by other residents with similar histories. The SCBA stated mental health of the resident is considered and TSU is not used as disciplinary. From my interview with medical and mental health staff, they provide residents with therapy and counseling to address and correct underlying reasons for sexual abuse and rewards or withholding programming or education are not conditions placed upon residents for participation in sexual abuse therapy and counseling. From interviews with employees, age of consent laws prohibit all sexual activity between residents involving residents under the age of consent. From interview with the PREA Coordinator, ADJC does prohibit sexual activity between residents and corrective action per Policy 4081 may apply. I reviewed corrective action documentation and did not observe any violations of the enumerated components of this Standard.

My conclusion is that ADJC and AMS are in compliance with this standard.

MEDICAL AND MENTAL CARE

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

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

115.381 (a)

- If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.381 (c)

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

115.381 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.381 Evidence and Observations

From ADJC Policy 1002: Juvenile medical and mental health screening; 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 15.341, 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; and Medical and mental health practitioners shall obtain informed consent from juveniles before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the juvenile is under the age of 18. Form 1002H PREA Advisement and Consent Form for Juveniles over 18 (Extended Jurisdiction Juveniles) shall be signed by juveniles upon the extended jurisdiction juvenile turning 18 and/or upon extended jurisdiction juveniles disclosing prior sexual victimization that did not occur in an institutional setting. Form 1002H PREA Advisement and Consent Form for Juveniles over 18 (Extended Jurisdiction Juveniles) shall be scanned in Formbase in the Reception, Assessment and Classification tab under the PREA folder. From interviews of residents who disclosed sexual victimization at risk screening, they recalled being offered mental health counseling by mental health staff. From my interview with risk screening staff, they offer mental health counseling to all sexual abuse victims and perpetrators during risk screening. The staff who complete risk screening are mental health practitioners. From my review of intake documentation reports and mental health documentation, mental health counseling occurs within 14 days. The information related to sexual victimization and abusiveness is limited to the Multidisciplinary Team (MDT) as described above in Standard 115.342 and consists of mental health professionals and the resident's primary case manager. Documentation reviewed from 115.342 provided for meeting this component of this Standard.

Finding of Non-Compliance

As stated above in ADJC Policy 1002, informed consent is obtained from extended jurisdiction juveniles (residents between 18 and 19 years of age) before reporting information about prior sexual victimization that did not occur in an institutional setting. From my review of Form 1002H, the form does not request from the residents if they consent to this information being reported. The form informs the residents that the information will be reported and requires the resident to sign the form affirming they have been informed.

Corrective Action Plan

On July 6, 2020, during the Pre-audit phase, I notified the ADJC PREA Coordinator of this finding of non-compliance so that she could develop and implement an amendment to Form 1002H to include language to obtain informed consent before reporting information from residents over age 18 about prior sexual victimization that did not occur in an institutional setting. Action to inform medical and mental health staff of the new addition needed to be completed as well. The form did not need to be replaced or completely revamped as it contained additional information and notification to residents,

only the addition of informed consent was being corrected to more specific language. Notification to and training of medical and mental health needed to be completed.

Corrective Plan Period

On July 16, 2020, Form 1002H had been amended by the ADJC Legal Department via the PREA Coordinator and put into use shortly thereafter. During on my on-site audit, July 20 to July 27, 2020, interviews of medical and mental health staff, they were previously trained about obtaining informed consent, from whom and for the reason for obtaining consent were required, and of the use of form 1002H. Therefore, additional training was not required of medical and mental health staff as part of this corrective action plan.

My conclusion is that ADJC and AMS are in compliance with this standard.

Standard 115.382: Access to emergency medical and mental health services

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

115.382 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? ☒ Yes ☐ No

115.382 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362? ☒ Yes ☐ No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.382 (c)

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

115.382 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.382 Evidence and Observations

From ADJC Policy 1002: Juvenile access to emergency medical and mental health services. Juveniles have the right to emergency medical and mental health services: 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 and QHCPs 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: (1) 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 (OIG), shall not delay primary trauma intervention longer than 24 hours; and Shall provide trauma intervention immediately if the juvenile is in acute crisis. (2) 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; (4) 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; and (5) The MDT shall incorporate any supportive follow-up treatment needs into the juvenile's CCP. Medical responsibilities: A juvenile believed to be a victim of a sexual assault/abuse should be brought to the Health Unit: (1) The QHCP shall: Assess the juvenile; Provide any emergency treatments, as needed; and Limit exams to immediate serious injuries. (2) 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: (1) 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. (2) The QHCP shall document any spontaneous statements made by the victim; and (3) 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; OIG 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 the OIG shall: (1) Supervise the juvenile and request him/her not to shower or, if applicable, rinse out his/her mouth prior to the offsite examination; (2) 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 OIG to be retained by them. (3) Ensure the specialized medical examination is performed at a predetermined, authorized location; (4) Ensure that the Health Unit in collaboration with an Investigator from the Office of the Inspector General makes the appointment; (5) 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. Refer to www.childhelpinfocenter.org. If a juvenile makes a disclosure of sexual assault/abuse during a routine unrelated evaluation by a QHCP, the QHCP shall: (1) Follow the guidelines outlined in previously in this policy; and (2) 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: (1) 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? (2) 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: (1) 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 (2) 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. From my on-site tour and interviews, resident victims of sexual abuse are provided with unimpeded access to emergency medical treatment and crisis intervention services. All of interviews with security staff, who are all trained as first responders, confirmed this component and noted that they are trained to protect the victim and to notify a supervisor who will notify the appropriate medical and mental health staff. Further, interviews acknowledged that resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

My conclusion is that ADJC and AMS are in compliance with this standard.

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

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

115.383 (a)

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

115.383 (b)

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

115.383 (c)

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

115.383 (d)

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

115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☒ Yes ☐ No ☐ NA

115.383 (f)

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

115.383 (g)

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

115.383 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.383 Evidence and Observations

From ADJC Policy 1002: 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; If pregnancy results from conduct specified in paragraph 3 of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy related medical services; 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. Residents who reported sexual abuse stated they did not have to provide for the financial cost nor did any of their family members have to provide for the financial cost of medical treatment. I interviewed mental health staff and found they conduct mental health evaluations of all known resident-on resident abusers within 60 days, usually sooner within 14 days, of learning of such abuse history and provide treatment when deemed appropriate by mental health practitioners. From interviews with residents and medical and mental health staff, and from my review of sexual abuse investigation files, medial files, SOAP notes, and mental health treatment files, all the enumerated components of this Standard have been met. As for the components (d) and (e) of this Standard, there have not been any incidents of victimization of sexually abusive vaginal penetration within the past 12 months. I looked at investigation files beyond the past 12 months. From ADJC policy stated above and from interviews with the PREA Coordinator and medical staff, the criteria of (d) and (e) of this Standard will be provided if vaginal penetration sexual abuse incidents occur.

My conclusion is that ADJC and AMS are in compliance with this standard.

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

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

115.386 (a)

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

115.386 (b)

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

115.386 (c)

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

115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.386 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.386 Evidence and Observations

From ADJC Policy 1002: Sexual abuse incident reviews: The Sexual Abuse Incident Review Committee 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. From ADJC Policy 1050.06: The PREA Coordinator 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 Coordinator; Secure Care Bureau Administrator; Security Operations and Programs Chief Administrator; Support Services Chief Administrator; Education Superintendent; Medical Director; Legal Systems Bureau Administrator; Quality Assurance Supervisor; and Inspector General. 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 PREA Coordinator or designee shall maintain the Sexual Abuse Incident Review Reports per ADJC established records retention schedules. I have reviewed form 1050.06A and found that it contains all the enumerated components of section (d) of this Standard and additional criteria of ADJC's for review. I have reviewed completed samples of form 1050.06A as well and found that the enumerated criteria of this standard were completed. Staff rosters of the review committee were included with each form 1050.06A and included the staff as included in ADJC policy, to include but not limited to upper level managers, line supervisors, investigators, and medical and mental health staff. I confirmed that the thirty day time frame was met by comparing investigation file dates to the sexual abuse incident review date. All were within thirty days. The ADJC policy includes the PREA Manager to be included in the reviews, but since AMS is ADJC's only facility currently, AMS does not have a PREA Manager and the ADJC PREA Coordinator is a part of all sexual abuse incident reviews. From interviews with the members of the sexual abuse incident review committee, the Secure Care Bureau Administrator (SCBA), and the PREA Coordinator in place of a PREA Compliance Manager, all enumerated criteria of the Standard are considered. Any recommended changes at AMS are approved by the SCBA and any recommended ADJC changes, such as ADJC policy changes, are approved by ADJC Director, provided by the SCBA and the PREA Coordinator. The Form 1050.06A includes documentation of completed recommendations. During my tour of AMS, areas of the facility were inspected for completed recommendations which mostly involved changes in practices by staff to avoid distractions. I was shown other areas of the facility where modifications were completed such as video camera installations and blind spot removals as part of recommendations from sexual abuse incident reviews.

My conclusion is that ADJC and AMS are in compliance with this standard.

Standard 115.387: Data collection

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

115.387 (a)

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

115.387 (b)

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

115.387 (c)

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

115.387 (d)

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

115.387 (e)

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

115.387 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.387 Evidence and Observations

From ADJC Policy 1002: 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; and 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 (SSV) 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. From the Pre-audit Questionnaire, ADJC policy, and review of ADJC's standardized instrument and set of definitions,

this minimally included the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice (DOJ). From interview with the ADJC PREA Coordinator, as of the date of this audit, the SSV for ADJC has not yet been completed for 2019 as the DOJ has yet to send the SSV for 2019 to agencies. Therefore, it is unknown what all the questions from the most recent version (2019) of the SSV conducted by the DOJ will be. ADJC maintains a continuous tracking report that contains all the data of sexual abuse and sexual harassment incident allegations throughout the calendar year which is utilized in compiling the data and answering questions for the SSV and the ADJC annual report.

My conclusion is that ADJC and AMS are in compliance with this standard.

Standard 115.388: Data review for corrective action

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

115.388 (a)

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.388 (b)

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

115.388 (c)

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

115.388 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.388 Evidence and Observations

From ADJC Policy 1002: Data review for corrective action: Office of Inspector General and Legal Systems Bureau in collaboration with the PREA Coordinator 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. From interview with the ADJC Director, weekly "Safe Environment" meetings with administrators, clinical staff, and the PREA Coordinator are conducted at AMS to identify trends, practices, procedures, sexual abuse and sexual harassment investigation outcomes and make necessary changes to improve sexual abuse prevention, detection, response policies, practices and training. The PREA Coordinator affirmed that corrective action is an ongoing process as well with the weekly meetings as described by the Director, outcomes of sexual abuse incident reviews. The PREA Coordinator added that the ADJC annual report includes findings and corrective action for the ADJC as a whole and for AMS, the agencies only facility. From my review of the 2018 annual report, it included a comparison of 2018 corrective action and data with prior years to when ADJC initiated PREA compliance. From interview of the Director, all annual reports are approved and signed for approval, which I have reviewed documentation with his signature of approval. The ADJC PREA Annual Data and Compliance Report is carefully drafted to not include any specific material from the report when publication would present clear and specific threat to the safety and security of AMS. The annual report is available for review at ADJC's website: adjc.az.gov.

My conclusion is that ADJC and AMS are in compliance with this standard.

Standard 115.389: Data storage, publication, and destruction

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

115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?
☒ Yes ☐ No

115.389 (b)

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

115.389 (c)

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

115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.389 Evidence and Observations

From ADJC Policy 1002: Data storage, publication, and destruction: 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 all prior year SSV files at ADJC Central Office when I conducted file reviews. Per the PREA Coordinator, the files are securely maintained at ADJC Central Office. I have reviewed the ADJC PREA Data Collection Reports, which did not include any personal identifiers, on the ADJC public website: adjc.az.gov.

My conclusion is that ADJC and AMS are in compliance with this standard

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.401 Evidence and Observations

The ADJC PREA Coordinator provided me with a Pre-audit Questionnaire and required attachments of policies and documentation. An on-site audit was conducted which included a tour and inspection of Adobe Mountain School (AMS) and interviews of staff to include the ADJC Director, the PREA Coordinator, randomly selected staff and specialized staff, and randomly and targeted residents. This ADJC and AMS audit was conducted in the first year of the third three-year audit cycle. AMS is ADJC's only facility. The last audit conducted of ADJC and AMS was conducted in the first year of prior three-year audit cycle, and I have reviewed that audit report on the ADJC public website: adjc.az.gov. During the on-site audit of AMS, I had access to, and ability to observe, all areas of AMS. I also was able to enter and observe files stored at ADJC Central Office. I received copies of all request documentation, both hard copied and electronically stored. I was permitted to conduct private interviews with residents, but due to the current COVID-19 pandemic, and to provide for the safety of the residents and me from possibly spreading COVID-19, all interviews were conducted virtually. The residents were brought to a room at AMS with a monitor and microphone and I conducted interviews at another location with a computer monitor and microphone. From my monitor, I could see the entire room the residents were seated in, which was private and sound proof. Prior to starting each resident interview, I asked each resident if they were alone, if they were coerced into conducting the interview, and if they had been prepared by AMS staff for the interview. Each resident replied with being alone, not coerced, and not knowing the reason for meeting with me until I informed them.

My conclusion is that ADJC and AMS are in compliance with this standard.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeal pursuant

to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.403 Evidence and Observations

ADJC has one juvenile facility, Adobe Mountain School. ADJC has published on its ADJC website its Final Audit Report for the prior three-year audit cycle, during the first year of that three-year audit cycle.

My conclusion is that ADJC and AMS are in compliance with this standard.

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

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August 18, 2020

Auditor Signature

Date

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

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