

PREA AUDIT REPORT ☐ Interim ☒ Final
COMMUNITY CONFINEMENT FACILITIES

Date of report: 08/16/2016

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| Auditor Information | | | |
| Auditor name: Lourdes Hernandez | | | |
| Address: P.O. Box 18762, Phoenix Az 85009 | | | |
| Email: yulissaapril@yahoo.com | | | |
| Telephone number: 520-431-2681 | | | |
| Date of facility visit: May 26 th and 27 th 2016 | | | |
| Facility Information | | | |
| Facility name: New Beginnings Treatment Center | | | |
| Facility physical address: 2445 N. Oracle Rd, Tucson, Az 85705 | | | |
| Facility mailing address: <i>(if different from above)</i> 7474 N. La Cholla Blvd. Tucson, Az 85741 | | | |
| Facility telephone number: 520-624-0075 | | | |
| The facility is: | <input type="checkbox"/> Federal | <input type="checkbox"/> State | <input type="checkbox"/> County |
| | <input type="checkbox"/> Military | <input type="checkbox"/> Municipal | <input checked="" type="checkbox"/> Private for profit |
| | <input type="checkbox"/> Private not for profit | | |
| Facility type: | <input checked="" type="checkbox"/> Community treatment center | | <input type="checkbox"/> Community-based confinement facility |
| | <input type="checkbox"/> Halfway house | | <input type="checkbox"/> Mental health facility |
| | <input type="checkbox"/> Alcohol or drug rehabilitation center | | <input type="checkbox"/> Other |
| | | | |
| Name of facility's Chief Executive Officer: Pamela Henley Johnsons | | | |
| Number of staff assigned to the facility in the last 12 months: 18 | | | |
| Designed facility capacity: 73 | | | |
| Current population of facility: 65 | | | |
| Facility security levels/inmate custody levels: No custody levels | | | |
| Age range of the population: 18 years and older | | | |
| Name of PREA Compliance Manager: N/A | | Title: Click here to enter text. | |
| Email address: Click here to enter text. | | Telephone number: Click here to enter text. | |
| Agency Information | | | |
| Name of agency: New Beginnings Treatment Center | | | |
| Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text. | | | |
| Physical address: 2445 N. Oracle Rd, Tucson, Az 85705 | | | |
| Mailing address: <i>(if different from above)</i> 7474 N. La Cholla Blvd. Tucson, Az 85741 | | | |
| Telephone number: 520-293-8085 | | | |
| Agency Chief Executive Officer | | | |
| Name: Pamela Henely Johnson | | Title: CEO | |
| Email address: phenelyj@nbtinc.com | | Telephone number: 520-293-8085 | |
| Agency-Wide PREA Coordinator | | | |
| Name: Tara Wilson | | Title: Program Director | |
| Email address: twilson@nbtinc.com | | Telephone number: 520-624-0075 | |

AUDIT FINDINGS

NARRATIVE

The PREA Audit for the New Beginning Treatment Center was conducted on May 26-27th, 2016 by certified PREA Auditor Lourdes Hernandez and Team Member John Noble. John Noble is not a certified PREA Auditor but however has an intensive background knowledge pertaining to PREA. He is currently the PREA Coordinator and has been involved in implementing the PREA Standards for the past three years for the agency he works for. He assisted with the staff interviews, review of resident files, and the review of staff files. Upon the completion of the onsite audit, notes taken by Team Member John and PREA Auditor were compared and discussed. Prior to the audit, the facility provided the auditor policies, procedures, and facility documentation related to the PREA Standards. Ongoing communication was held with the PREA Coordinator and the CEO in preparation for the PREA Audit. On 04/25/2016, New Beginnings Treatment Center posted the audit notices throughout the facility. The PREA Auditor was emailed pictures of the areas where the notices were placed. These notices were also left in place two weeks after the onsite PREA Audit was completed. The first day began with an entrance meeting with the PREA Coordinator, and then a tour of the facility was conducted. During the tour, camera placement, blind spots, and documentation throughout the facility were reviewed. Resident sleeping areas, bathroom areas, laundry area, kitchen area, counselor offices was toured. Notice of the Audit was posted in locations throughout the facility. Posters providing reporting methods were also noted to have been posted throughout the facility. All posters were in both English and Spanish. These notifications were also found on the doors to the resident rooms. During the tour, a blind spot was noted behind three of the buildings facing north. A gap between the building and a chain-link fence was not closed off and there were no cameras noted in that area. The blind spot was pointed out to the PREA Coordinator.

Following the tour, staff and resident interviews were conducted. The PREA Coordinator met with the PREA Auditor and explained the layout of the facility and the newly installed camera system which now provides ongoing supervision of residents.

A total of ten staff members were picked from all three shifts at random to be interviewed and three specialized staff members were also picked at random to be interviewed. There is no SAFE or SANE staff at the facility. The services are provided by a local hospital, Tucson Medical Center. There are no PREA Investigators on site. All administrative and criminal investigations are conducted by the Bureau of Prisons. All staff interviewed was well knowledgeable in their responsibilities when dealing with a PREA allegation regarding sexual abuse and sexual harassment and how to report retaliation. All staff was well versed in the agency's policy and procedures with all aspects of PREA.

Ten residents were interviewed at random to include one limited English resident. The PREA Auditor was provided with a facility roster of residents and shown on a pin up board the residents that were on site and available for interviews. There were no residents that were identified as disabled. There were no residents that were identified as LGBTI. All residents confirmed receiving information in regards to PREA upon their arrival at the facility in the form of pamphlets, brochures, and handbooks as well as the posters that are available throughout the facility. The material that was provided to the residents was given to them in their language. The majority of the residents interviewed were aware of how to report a PREA allegation and their rights to be free of retaliation for reporting an incident of sexual abuse or sexual harassment.

In the past 12 months preceding the audit, the New Beginnings Treatment Center has not had any reports of sexual abuse or sexual harassment.

A total of ten inmate files were reviewed, the files were picked at random by both the Auditor and Team Member John from the drawer in which they are securely kept. The files were well organized and included all pertinent information regarding their PREA education, follow-ups and the required signed acknowledgements.

There are no residents in this facility with mental health issues.

The Memorandums of Understanding (MOU) were reviewed. The facility currently has two MOUs. One is with the Tucson Police Department offering residents a third part reporting and the second with Southern Arizona Center Against Sexual Assault which provides the residents victim advocate services and mental health services.

At the conclusion of the on-site visit, an exit meeting was held with the facility CEO. Noted issues were discussed and the standards that needed to be addressed. The Auditor gave a brief overview of the audit and thanked the CEO for their hard work and commitment to the Prison Rape Elimination Act. The Auditor was very impressed with the positive climate of the facility and the program. The staff spoke very favorably of the facility, the residents, and the teamwork which is part of the culture of the facility. All the residents that were interviewed said they felt safe in this facility and that staff treat residents with respect. All residents are well aware that the facility does not tolerate sexual abuse and sexual harassment, and because most of the residents will be going home soon, they will not do anything to prevent their full release.

DESCRIPTION OF FACILITY CHARACTERISTICS

The mission of the New Beginnings Treatment Center is to provide an evolving treatment alternative to the community and the participants in a safe and supportive environment that demands accountability and responsibility. They emphasize community reintegration through a structured and cognitive teaching process empowering their participants to forge lifelong changes through their recognition of responsible thinking and behavior so they become contributing members of their community. All residents of this facility were former inmates from the Bureau of Prisons. Their time in the facility varies from several weeks, to several months. While the residents are in this facility, they are strongly urged to find means of employment to assist them to integrate back into the community.

The New Beginnings Treatment Center was built in the early 1940's. It is located in Tucson which is the county seat of Pima County. The facility sits on one (1) acre and is a combination of individual smaller and larger buildings set on a commercial site. There are nine buildings which include three designated office spaces, a dining room, and housing units for 73 clients which include bathrooms. There is one dorm style room with two bathrooms. Most rooms house three to five clients who share a bathroom (shower, sink, and toilet). Additionally there is an enclosed but outdoor laundry area, and outdoor Ramada, a vending machine area, and another open area which was formerly the pool. The facility is fronted by a wrought iron gate with restricted entry by buzzer system. There is an empty piece of property to the south that is owned by the agency. To the north there is a car dealership and to the east there are commercial properties and some vacant land. To the south there's an alley, and to the back of the building there is a mobile home development.

There are a total of 18 full time employees. The shifts are split up into three different shifts from 0630-1500, 1430-2300 and 2300-0730. On a typical day, there will be two security staff on graveyard shift, 6-7 staff on day shift and 6-7 staff on swing or modified swings after 1800-2300.

The residents at the New Beginnings Treatment Center are permitted if their level system allows it to leave the premises with prior authorization to either attend work, school or seek for job employment. Residents who are in the community for any reason or any length of time must contact the facility at least three times by landline telephone. All clients are to report back to the program by 1400 hours daily or upon completion of the work/school day. All residents are required to remain within the city limits of Tucson and/or Pima County, unless special permission has been granted.

All residents must participate in scheduled programs and a weekly counseling schedule is posted outside the counselor's office door. Services and programs that are provided are personal development classes, substance abuse groups, housing assistance, health and dental care assistance, monitoring for drug and alcohol use, clinical groups, anger management, treatment and program planning and addressing any and all needs to help the clients reintegrate successfully into the community.

Guests are welcomed to visit residents on Saturday, Sunday and Holidays from 1:30 pm to 4:30 pm. Residents are permitted legal visits with their attorney of record. During visiting hours, the residents that are not receiving visits must remain in their room.

SUMMARY OF AUDIT FINDINGS

[Click here to enter text.](#)

Number of standards exceeded: 2

Number of standards met: 32

Number of standards not met: 0

Number of standards not applicable: 5

Standard 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

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

The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment which outlines the agency's approach to preventing, detecting and responding to such conduct. This policy was clearly outlined in the New Beginnings Treatment Center Sexual Abuse Prevention and Response policy. The agency employs an upper-level, agency-wide PREA Coordinator. Based upon the interview, the PREA Coordinator appears to have sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA Standards.

The New Beginnings Treatment Center Organizational Chart shows that the PREA Coordinator is also the Program Director and reports directly to the CEO/Executive Director. The CEO/Executive Director reports to the Board of Directors. The PREA Coordinator/Program Director oversees the Clinicians/Counselor, Caseworker I/II/III, Operations Assistant and Social Services.

The Policy included definitions of prohibited behaviors regarding sexual abuse and sexual harassment.

Standard 115.212 Contracting with other entities for the confinement of residents

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

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

X Not applicable Standard

According to documentation provided, the New Beginnings Treatment Center does not contract with other entities for the confinement of their residents. This standard is non-applicable to this facility.

Standard 115.213 Supervision and monitoring

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

- ☐ Does Not Meet Standard (requires corrective action)

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

Based on The New Beginnings Treatment Center policy, the agency has developed, documented and made it best efforts to comply on a regular basis with a staffing plan. The staffing plan provides for adequate levels of staffing and uses video monitoring to enhance the protection of all inmates against sexual abuse and sexual harassment. The staffing plan was deviated from on two separate occasions. Both of the two incidences were of unforeseen nature. The facility requires for each shift to always have one male and one female staff on shift. On the two occasions that the staffing plan was deviated from, the female security staff did not report to the graveyard shift. The first documented occasion, the female staff member called in and the facility standard procedure of calling in another female staff to replace her was not done due to the female staff member calling in too late. The second documented occasion, the female staff member had submitted her resignation a few weeks prior and then failed to report to work on her last scheduled day. On both of these occasions, the effected shift was graveyard and staff was able to provide supervision with two male staff members.

The facility has recently installed and added to the number of cameras that were being used to supervise the residents. The facility went from operating 19 cameras to operating 21 cameras. The new system provides monitoring of office areas where residents could possibly be alone with staff and of pat search areas. The cameras monitor critical areas and provide adequate indoor and outdoor coverage. The cameras are monitored by a staff member constantly. The camera monitors are located in the receiving area of the facility.

A blind spot area was noted during the tour. Buildings 3 and 4 have a noticeable gap between the building and the chain-link link fence. There are no camera angles that are monitoring these areas.

Corrective Action Recommendations: The Auditor informed the facility of the issue and they were unable to provide immediate remedy by boarding up the areas on the south side of the facility where the blind spots are located. The areas are unable to be boarded because this would be restricting access and would place the facility in a fire safety code violation. However, the facility will be installing fencing with doors at each opening with handles that are locked on the outside but not the inside. The facility anticipates the installation will be complete by July 27, 2016.

The Auditor was provided photographs of the wrought iron doors that were installed in the needed areas on July 15, 2015 to evidence and demonstrate corrective actions taken by the New Beginnings Treatment Center administration regarding this standard. A total of six doors were installed.

Standard 115.215 Limits to cross-gender viewing and searches

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

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

There have been no incidences of cross-gender strip searches or cross gender visual body cavity searches. The New Beginnings Treatment Center Policy indicates that cross-gender resident strip searches shall not be conducted except in exigent circumstances that would be considered temporary unforeseen circumstances that require immediate action in order to combat a threat to the safety and security or order or when performed by medical practitioners. During staff interviews, they confirmed that they do not perform cross-gender strip searches. The policy also outlines that cross-gender pat searches of female residents by male employees is prohibited except in exigent circumstances defined as temporary unforeseen circumstances that require immediate action in order to combat a threat to the safety, security or order.

Whenever a cross-gender pat search of a female resident or cross-gender strip search of any resident does occur, the search shall be documented. During resident interviews, the female residents confirmed that they were being pat searched by only female staff.

The facility has policies and procedures that enable the residents to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them. All resident living quarters have bathrooms which have sinks, toilets and showers. The bathrooms have locks from the inside that allow the residents privacy while they change clothing, perform bodily functions and shower. Two living quarters for the female residents share one bathroom. The bathroom is accessible from both living quarters. During the interviews, female residents expressed that since the bathroom is shared, it is a common practice to schedule their showers around all the residents' schedules that live in those areas. It is a common practice among the female residents to inform the other female residents when one resident will be showering and allow time for the other female residents to use the bathroom if they need to prior to showering. When the resident enters the bathroom, they lock both doors and unlock them once they are done using the bathroom. Staff announces their presence prior to entering these bathroom areas as these are the only areas that residents are allowed to change their clothing. Resident interviews confirmed that staff does announce their presence prior to entering the bathroom areas and the privacy they are given when showering, performing bodily functions and changing clothing. According to resident interviews, they are never naked in front of staff members as they know they are only allowed to change in the bathrooms.

The New Beginnings Treatment Center Sexual Abuse Prevention and Response policy prohibits staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. During staff interviews, it was confirmed that staff is well aware that they are prohibited from conducting a search or physically examine a resident to determine their genital status. The facility did not have any such search within the last 12 months.

All staff members received adequate training pertaining on how to properly conduct cross-gender pat-down searches and searches of transgender or intersex inmates in a professional and respectful manner.

Standard 115.216 Residents with disabilities and residents who are limited English proficient

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

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

The agency takes appropriate action to ensure that inmates with disabilities and inmates that are limited English proficient have an opportunity to participate and benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and harassment. The agency's policy for Sexual Abuse Prevention and Response requires for education to be provided in accessible formats to all residents including those who are limited English proficient, deaf, visually impaired or otherwise disabled, as well as residents who have limited reading skills. All written education material provided to residents is given in both English and Spanish. Posters throughout the facilities are provided in English and Spanish. Some of the staff members also speak English and Spanish.

The New Beginnings Treatment Center Sexual Abuse Prevention and Response policy prohibits the use of 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 or the investigation of the resident's allegations. Staff is familiar with this policy and resident interview confirmed that other residents are not used to assist with interpreters.

No incidence of circumstances when resident interpreters have been documented.

Standard 115.217 Hiring and promotion decisions

- ☐ Exceeds Standard (substantially exceeds requirement of standard)

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

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

In review of the New Beginning Treatment Center policy and based on staff interviews, the agency does not hire or promote anyone who may have contact residents and prohibits enlisting the 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, has been convicted of engaging or attempting to engage in sexual activity in the community 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 the activity described above. The agency considers all incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor or volunteer, who may have contact with inmates.

In review of ten random personnel files, the agency performs extensive criminal background checks before hiring new employees and employees who have been employed for more than five years, five year background checks have been performed.

The New Beginnings Treatment Center requires for all employees, contractors or volunteers to disclose any sexual misconduct.

Standard 115.218 Upgrades to facilities and technologies

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

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

When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the New Beginnings Treatment Center policy requires the effect of the design, acquisition, expansion, or modification on the company's ability to protect residents from sexual abuse.

During this audit cycle, the facility enhanced their technology by adding two more cameras to their existing system further enhancing the supervision of residents.

The facility recently expanded the parking lot area. The expansion of the parking lot reduced the space out in the Ramada area. This expansion assisted in providing better visibility from the control room to the Ramada area where residents sit outside during the day.

Standard 115.221 Evidence protocol and forensic medical examinations

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

- ☐ Does Not Meet Standard (requires corrective action)

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

The New Beginnings Treatment Center is not responsible for conducting administrative or criminal sexual abuse investigations. The investigations are completed by the Tucson Police Department and the Bureau of Prisons RRM US Courts.

The agency offers all victims of sexual abuse access to forensic medical examinations, at the Tucson Medical Center without financial cost, where evidentiary or medically appropriate. Such examination is performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs).

The New Beginnings Treatment Center has an established Memorandum of Understanding with the Southern Arizona Center Against Sexual Assault to provide residents with victim advocate services. The organization has paid and volunteer victim advocates.

Standard 115.222 Policies to ensure referrals of allegations for investigations

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

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

The New Beginnings Treatment Center Program Director ensures that an administrative investigation and a referral for a criminal investigation, where appropriate, are completed for all allegations of sexual abuse and sexual harassment.

During the past 12 months, the agency has not received any allegations of sexual abuse or sexual harassment.

The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency's website, www.nbtcinc.com.

Standard 115.231 Employee training

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

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

The New Beginnings Treatment Center policy and the facility Training Curriculum was reviewed and confirmed all employees were provided the required PREA training at this facility. The training addressed all elements of this standard. The random review of the employee files showed that the agency is providing ongoing refresher training throughout the year. Each time a staff member receives this additional training, they are required to sign an acknowledgement form.

All staff that was interviewed was very knowledgeable about PREA, the agency's zero tolerance policy and how to report/respond to allegations of sexual abuse and sexual harassment.

The training staff is receiving includes:

- “Your Role Responding to Sexual Abuse
- Sexual Misconduct Exam
- Preventing Sexual Abuse and Misconduct
- “12” minute video “Guidance Cross Gender and Transgender Pat Searches

Although the PREA Standards only require for refresher training to be provided every two years, The New Beginnings Treatment Center is going above and beyond and are providing staff members with ongoing training all year long. This was verified while reviewing the staff files and during staff interviews.

The staff has also been provided with training by the Southern Arizona Center Against Sexual Assault members in regards to sexual assault responses, role of a victim advocate and the role of therapist.

Standard 115.232 Volunteer and contractor training

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

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

The New Beginnings Treatment Center policy outlines the requirements for training of all volunteers and contractors who have contact with residents. The contractors and volunteers are provided with training such as:

- 1) Facts about sexual assault and sexual abuse
- 2) Many ways to report and seek help
- 3) Definitions
- 4) How to keep safe
- 5) Addresses and telephone numbers for reporting

The New Beginnings Treatment Center has developed a Sexual Abuse, Assault Prevention, Misconduct and Harassment Policy for Subcontractors. The policy covers crucial information such as: the agency's Zero Tolerance policy against any form of sexual abuse and sexual harassment, all subcontractors and volunteers must receive initial training and annual refresher training on sexual misconduct, mandatory reporting requirements by employers, reporting process, and consequences for failing to report or false reports. The policy also outlines the definition of sexual harassment, sexual abuse/assault, procedures to reporting sexual harassment/abuse and confidentially. The subcontractor or volunteer is also required to sign verification that they have read and reviewed the policy, staff also signs serving as a witness for the subcontractor or volunteer.

The New Beginnings Treatment does not have any volunteers at this time. No contractors were on site during the audit.

Standard 115.233 Resident education

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

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

The New Beginnings Treatment Center requires that all residents receive PREA education during the intake process and it is provided by staff. The residents receive information explaining the zero tolerance policy regarding sexual abuse and sexual harassment. Residents are also provided information on how to report incidents or suspicions of sexual abuse, sexual harassment, and retaliation for reporting such incidents.

During the Intake process, inmates are required to initial a checklist on the Client PREA Intake Orientation. The form contains the following information:

1. This facility has a ZERO TOLERANCE policy against sexual abuse/sexual harassment
2. Sexual abuse can happen to males and females
3. Sexual abuse can occur physically and verbally
4. Physical sexual abuse occurs when a person physically touches or tries to touch another person's private parts, either on top or under the clothes.
5. Verbal sexual abuse occurs when a person verbally threatens to touch the private parts of another person
6. Sexual abuse can be reported to any staff member, or someone you trust by calling the National Sexual Assault Hotline 1800-656(HOPE) 4673 or Adult Protective Services 1-877-767-32385/ <https://www.azdes.gov/reportsadultabuse>
7. Sexual abuse can also be reported by utilizing the reporting form for sexual abuse and sexual harassment or sending a letter
8. All persons are expected to immediately report any sexual abuse, even if the abuse happens to another person
9. Reporting sexual abuse/sexual harassment is a serious allegation
10. All sexual abuse/sexual harassment will be investigated
11. Anyone who sexually abuses another person may face criminal charges
12. Retaliation against victim or the person who reported the sexual abuse will NOT be tolerated
13. All victims and reporters information will be protected
14. False reporting of sexual assault WILL have consequences

After reading or being read each line, the resident along with the staff member must initial and sign each line and sign the form.

All of the PREA information, training materials, and pamphlets were reviewed for content and are in compliance with this standard. The training being provided was adequate and provided in both English and Spanish. If a resident does not read, or write in either language, the material is also provided to them in manner in which they can comprehend the information. The pamphlets and training material provides information on how to report, who they can report sexual abuse or sexual harassment and also provides information for reporting to outside entities. The residents are given the information during the intake process and then more comprehensive education is provided to the residents in person no less than 30 days after arriving at the facility.

A random review of resident files showed that residents acknowledge through signature that they have received and understood the training. Random interviews of residents indicated an understanding of the training received and they mentioned participating in the PREA Intake Orientation. Posters and brochures are displayed throughout the facility about being free from sexual abuse, as well as the different avenues residents have to report. All of the posted information was available in English and Spanish.

Standard 115.234 Specialized training: Investigations

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

- ☐ Does Not Meet Standard (requires corrective action)

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

X Not-applicable standard

Based on the documentation provided, the New Beginnings Treatment Center does not conduct investigation pertaining to sexual abuse and sexual harassment at their facility. Both the criminal and the administrative investigations are conducted by the Bureau of Prisons. Therefore, this standard was found to be non-applicable to this facility.

Standard 115.235 Specialized training: Medical and mental health care

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

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

X-Non-applicable

Based on documentation provided and staff interviews, the New Beginning Treatment Center does not provide medical or mental health services. The services are provided by Tucson Medical Center and SACASA. Therefore, this standard was found to be non-applicable to this facility.

Standard 115.241 Screening for risk of victimization and abusiveness

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

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

New Beginnings Treatment Center policy was reviewed along with the objective PREA Risk of Sexual Victimization and Abusiveness Screening form. The PREA Risk of Sexual Victimization and Abusiveness Screening form includes the 30 day follow-up screening. The form and policy demonstrate compliance with the standard. All residents are screened upon arrival to the facility using the objective screening form.

The screening form covers all required criteria for assessment of residents to be at risk of sexual victimization as well as those potential

sexual predators. Based on interview with the staff that is responsible for completing the form, the information gathered from the screening forms were used as a guideline to making housing, bed, work, education and program assignments. Residents are not disciplined for refusing to answer, or for not disclosing complete information in response to the questions being asked.

Within 30 days of their arrival, all residents receive a 30-day reassessment screening for their risk of victimization or abusiveness based upon any additional, relevant information received since the initial intake screening. A resident's risk level is also reassessed due to a referral, request, and incident of sexual abuse or upon receipt of additional information that may have a bearing on the inmate's risk of sexual victimization or abusiveness.

Standard 115.242 Use of screening information

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

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

The New Beginnings Treatment Center policy was utilized to verify compliance with this standard along with an interview of a Case worker responsible for risk screening. The information gathered showed consistency being used to determine housing, bed, work, education and program assignments to better enhance the safety of the residents.

When determining the placement and program assignments for each transgender, or intersex resident, the facility considers the transgender or intersex resident's own views with respect to his or her own safety on a case by case basis.

All residents at the New Beginnings Treatment to include transgender and intersex residents are given the opportunity to shower separately from other residents.

The agency does not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, wings solely on the basis of such identification or status, unless such placement is in dedicated facility unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such residents.

The screening form utilizes a scoring range to score the answers provided by the residents. In the event of a high scoring range, the PREA Coordinator along with other team members would discuss why the score was so high. They would look at prior history, notify in house clinical supervisor to do a mental health screenings, possibly place resident in a dorm setting living area with camera, ask resident what they fear and notify proper entities such as case worker and social services.

Standard 115.251 Resident reporting

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

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

The New Beginnings Treatment Center policy, the Resident Handbook, PREA pamphlets and posters provided to residents were utilized to verify compliance with this standard. Staff and resident interviews verified the residents have multiple internal ways to report incidents of sexual abuse and sexual harassment. The residents are allowed to report in person, in writing, or third party by contacting several established hotlines.

The facility provides residents with two hotline numbers as well as the option to contacting the local Tucson Police Department which provides the residents with confidential and private ways or reporting sexual abuse and harassment to outside entities. The residents are also provided with an address to contracted facilities that will accept their report in writing. The residents are also provided with an address of where they can do a “walk-in” visit to the contracted facility and make their report.

Contact was made with the contracting facility using the telephone number provided to residents. The phone line was found to be in-service.

The facility provides residents with several reporting mechanisms such as forms, several hotline numbers, addresses to write, web pages and an address to report in person to an outside entity. The New Beginnings Treatment Center is committed to providing all of the residents with the resources that they need to report a sexual abuse thus exceeding the requirements of this standard.

Standard 115.252 Exhaustion of administrative remedies

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

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

Based on New Beginnings Treatment Center policy, it is outlined in this policy that unless otherwise mandated by contract, alleged PREA incidents will not be processed through the facility’s resident grievance process. Should a report be submitted and received as a resident grievance, whether inadvertently or due to contracting agency requirements, it will be immediately be referred to the PREA Coordinator. Based on the interview with the PREA Coordinator, the alleged PREA grievance would be immediately addressed and all proper actions will be taken without the resident having to follow the grievance process.

Standard 115.253 Resident access to outside confidential support services

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

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

The New Beginnings Treatment Center has a current written agreement, Memorandum of Understanding (MOU) with the Southern Arizona Center Against Sexual Assault (SACASA) which was reviewed. There are posters throughout the facility that inform residents how to access the victim series for emotional support by calling, writing or going in person to the SACASA offices. The information is also provided to

residents during the intake process in the form of brochures. During resident interviews, it was confirmed that they are receiving this information during the intake process. Residents are also familiar with SACASA because of the posters that are placed throughout the facility.

Contact was made with the Executive Director of SACASA and agreement and services provided where verified. The Executive Director confirmed that the services of the advocates would be provided at the facility or at their facility which ever one the victim selected. The SACASA currently has volunteer and paid victim advocates.

(WAITING ON FACILITY TO RESPOND IN REGARDS TO SUBSECTION (B) OF THIS STANDARD)

Standard 115.254 Third-party reporting

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

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

The facility provides multiple methods for receiving third party reports of sexual abuse and sexual harassment on the agency website at: www.nbtinc.com. The information available on the website explains how to report sexual abuse and sexual harassment on behalf of a resident. Third party reporting can also be done by contacting the Tucson Police Department. The facility takes all reports seriously no matter how they are received and will ensure each report is thoroughly investigated.

Standard 115.261 Staff and agency reporting duties

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

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

The New Beginnings Treatment Center policy was reviewed to verify compliance with this standard. Policy requires all staff to report immediately any knowledge or information regarding an incident of sexual abuse, sexual harassment, or retaliation. Random staff interviews revealed that staff is very aware of their responsibilities to report incidents of sexual abuse and sexual harassment. Although the facility has not had any reported incidents of sexual abuse or sexual harassment, staff is well aware of the appropriate steps to when a resident makes an allegation. Staff is aware they are to immediately protect the victim, place the victim in a safe place and contact the PREA Coordinator. The abuser would also be separated and if needed, the crime scene would be closed off. Proper authorities such as the Tucson Police Department would also be notified.

The staff was also aware of the policy requiring them not to reveal any information about a sexual abuse incident to anyone other than to the extent necessary. The staff is aware that they are prohibited from speaking with other people other than a supervisor or investigator. The facility reports all allegations of sexual abuse and sexual harassment to the facility's PREA Coordinator.

Standard 115.262 Agency protection duties

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

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

Based on the New Beginnings Treatment Center policy, when the facility learns a resident is subject to a substantial risk of imminent sexual abuse, the staff shall take immediate action to protect the resident. The PREA Coordinator confirmed that there has not been any incident reported in the past 12 months, where it was necessary for the facility to take any action in regards to a resident being at substantial risk of sexual abuse.

In the event that the facility learns that a resident is in substantial risk of imminent sexual abuse, the facility would meet with the resident, conduct a follow up with the resident for up to 90 days, possibly move the resident to a dorm setting room with cameras, possibly change locations, and move beds.

Standard 115.263 Reporting to other confinement facilities

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

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

The New Beginnings Treatment Center policy requires all sexual abuse allegations reported by another facility regarding any resident that was confined at the facility to be fully investigated. In the event that the facility receives an allegation from another facility, the Federal Bureau of Prisons would be contacted and an appropriate investigation would take place.

The policy also requires the Program Director of the New Beginnings Treatment Center to report all allegations of sexual abuse, reported by a resident while confined at another facility, to the facility head or appropriate office head of the facility where the alleged abuse occurred as soon as possible but no later than 72 hours after receiving the allegation.

The facility has not received any allegations from another facility or had to report allegations of sexual abuse to other facilities.

Standard 115.264 Staff first responder duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)

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

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

The New Beginnings Treatment Center policy and PREA Workbook outline the responsibilities of all staff members receiving an allegation of sexual abuse in accordance with this standard. The Policy clearly states what actions are to be taken and who the staff members need to notify of the allegation.

The random staff interviews confirmed that staff knew what to do as the first responders and clearly pointed out that the victim's safety was everyone's priority. Compliance was also confirmed through the review of training documents provided.

In the event that a staff member becomes aware of an allegation, as the first responder the staff member would take the following actions:

- Ensure the scene is safe to enter
- Make sure the victim is safe
- Render first aid or refer the victim for appropriate medical care
- Secure the scene to protect the victim
- Report to the appropriate authorities
- Preserve evidence (not collect evidence)
- Follow active listening, observation, documentation, and questions for safety purposes

Standard 115.265 Coordinated response

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

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

The New Beginnings Treatment Center Response Plan outlines a very comprehensive written plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders. The plan clearly defines the responsibilities of the first responder and the procedures to follow in detail. Part of the response is a detailed check off list which ensures all steps in the plan are carried out in a timely manner.

The Written Institutional Plan outlines that staff will take the following actions:

- Separate the victim and alleged abuser
- Preserve and protect the crime scene and protect the client
- Until the area is secured staff will monitor 24/7 via camera or on-site
- If the abuse is recent, request the alleged victim to not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.
- If the first responder is not a Client Support Specialist, the responder will be required to ask the alleged victim to not take action that may destroy evidence
- Immediately report to the Lead Client Support Specialist and/or Assistant Program Director
- The Program Director will instruct the Lead Client Specialist or designee to notify 911 (TPD) and advise of the sexual abuse allegation

- This will initiate the Tucson Police Department Crisis team first responders. Southern Az Center Against Sexual Assault (SACASA) shall be notified of the allegation
- If the client agrees to a medical transport for a forensic examination, the agency will follow-up with the healthcare and investigators. Victim advocates may accompany the client
- The Program Director will notify RRM
- the agency will notify Az Department of Health Services in written format within 24 hours of the allegation and Adult Protective Services
- Adult Protective Services must be notified in the event of a sexual abuse allegation is initiated against a client determined to be vulnerable adult from the initial risk assessment

The plan also provides the written forms that must be filled out with all pertinent information pertaining to the assault to include a form for incidents requiring medical services, a PREA Checklist for Incident Report and a PREA After action Checklist.

Standard 115.266 Preservation of ability to protect residents from contact with abusers

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

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

Based on the interviews with the agency head and the PREA Coordinator, the New Beginnings Treatment Center does not participate in collective bargaining.

Standard 115.267 Agency protection against retaliation

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

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

The New Beginnings Treatment Center policy clearly describes the procedures and practice to be followed to detect and prevent all retaliations against any resident or staff member who report sexual abuse or sexual harassment. The facility has assigned a staff member to carry out the responsibilities of monitoring for retaliation. The retaliation monitoring staff member was interviewed and explained their role in preventing retaliation and the measures that are taken to protect the residents and staff from retaliation.

The HR Generalist will conduct the monitoring of staff that have reported or participated in a sexual abuse or sexual harassment incident and the Program Director will monitor any clients involved.

For the clients, the Program Director or Assistant Program Director will monitor the following: housing assignment, any necessary transfers or removal necessitated for the victim or abuser, and/or emotional support services for the client as needed to ensure there is no retaliation by

staff or clients. The “PREA After Checklist” should be completed to ensure compliance.

The HR Generalist will monitor staff that have assisted with an investigation or reported alleged abuse to ensure emotional support is offered and ensure retaliation is not being exercised by clients or other staff member.

The conduct and treatment of these staff and clients will be observed by reviewing disciplinary reports, program changes, negative performance appraisals and client housing issues.

This monitoring will be offered for 90 days utilizing the client Protections Against Retaliation Report or the staff Protection Against Retaliation Report and extend this monitoring if needed if the initial monitoring indicates concern.

Standard 115.271 Criminal and administrative agency investigations

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

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

X Non-applicable

The New Beginnings Treatment Center is not responsible for criminal and administrative agency investigations. Based on the interview conducted with the PREA Coordinator, the criminal investigations are referred to the Tucson Police Department and the Bureau of Prisons. The Bureau of Prisons is also responsible for conducting the administrative investigations when warranted. Therefore, this standard is not applicable to this facility.

Standard 115.272 Evidentiary standard for administrative investigations

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

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

X Non-applicable

Based upon the interview with the New Beginnings Treatment Center PREA Coordinator, the facility does not conduct administrative investigations. The administrative investigations are conducted by the Bureau of Prisons. Therefore, this standard is not applicable to this facility.

Standard 115.273 Reporting to residents

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

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

The New Beginnings Treatment Center policy articulates the protocols for reporting the outcomes of PREA investigations to the victim and informing the victim of the current status of the perpetrator. The policy also requires for the relevant information to be requested from the outside investigating agency or entity in order to inform the resident.

The notifications are documented on a PREA Victim Notification form. The form is available in English and Spanish. The form is provided to the residents either by email, mail or in person. The form that is provided to the resident contains information such as: the determination, if the staff member is no longer posted at the facility, if the staff member is no longer employed by the agency, if the staff member has been indicted on a charge related to sexual abuse. If the allegation was made against another resident, the form informs the victim if the alleged abuser has been indicted on a charge related to sexual abuse, if the alleged abuser has been convicted on a charge related to sexual abuse.

Standard 115.276 Disciplinary sanctions for staff

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

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

The New Beginnings Treatment Center policy states that staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse policy. The policy clearly states that termination is the presumptive disciplinary sanction for staff who has engaged in sexual abuse with a resident.

Because there have been no allegations of sexual abuse or sexual harassment involving staff at New Beginnings Treatment Center, there have been no disciplinary actions against any staff member.

Standard 115.277 Corrective action for contractors and volunteers

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

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

The New Beginnings Treatment Center policy states any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies. During the interview with the Agency Head/PREA Coordinator, there have been no incidences of sexual abuse by contractors or volunteers. If it was to occur, the contractor or volunteer would immediately be banned from the facility, their supervisors would be notified, proper notifications would be made to security staff to prevent contractor or volunteer from re-entering the building. Proper investigation procedures would be followed.

Standard 115.278 Disciplinary sanctions for residents

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

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

The requirements of this standard are incorporated in the New Beginnings Treatment Center Rules and Regulations which are given to all residents upon arrival at the facility.

The Rules and Regulations states that facility prohibits all sexual activity between residents and that there is no consensual sex between staff and residents.

The Rules and Regulations also states the consequences the resident may face if found to be in violation of the rules and regulations. The resident would be served with a formal Incident Report and a Center Discipline Committee Hearing.

The agency prohibits disciplinary actions for a report of sexual abuse or sexual harassment made in a good faith based upon a reasonable belief that the alleged incident conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Standard 115.282 Access to emergency medical and mental health services

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

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

Even though the New Beginnings Treatment Center has not had any allegations of sexual abuse or sexual harassment, the following procedure pertaining to victim services are set in place in the event that a resident requires medical and mental health services stemming

from a sexual assault:

Alleged sexual assault victims will receive access to immediate medical treatment and crisis intervention services. Upon a report or discovery of an alleged incident, staff will call 9-1-1 to initiate these services through Tucson Police Department and Southern Arizona Center Against Sexual Assault (SACASA). The nature and scope of services will be determined according to the medical and mental health practitioners' professional judgment. SACASA will provide medical and mental health treatment to the victim at no cost and the hospital will provide medical services at no cost. SACASA will inform female victims of sexually abusive vaginal penetration about pregnancy test and given timely and comprehensive information and access to pregnancy related medical services. SACASA will inform victims on no costs test for sexually transmitted infections. Victims will be encouraged to be transported to Tucson Medical Center for a forensic examination by a SAFE or SANE certified medical professional.

This information is clearly outlined in the New Beginnings Treatment Center PREA Medical OPS.

Treatment of services of 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.

Standard 115.283 Ongoing medical and mental health care for sexual abuse victims and abusers

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

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

Based on the staff interviews and the review of the PREA Medical OPS, the ongoing services of medical and mental health for the victim and abuser would be provided by SACASA. These services are provided at the SACASA office.

Since the facility has not had any reported sexual assault, no files were available for review or residents to interview.

Standard 115.286 Sexual abuse incident reviews

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

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

Based on The New Beginnings Treatment Center policy it outlines that the post investigation interview will ordinarily occur within thirty days of the conclusion of the investigation by the review team. The review team shall include upper-level facility management, the Executive Director with input from line supervisors, investigators, and medical and mental health practitioners.

The agency has deployed an excellent PREA Incident Review Team Report which addresses all elements of this standard. The review team

shall 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; LGBTI and/or Gender Non-Confirming 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 enable 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 staff. If any of the above elements trigger a “Yes” response on the form, a detailed explanation for each “Yes” answer is required. The form also requests for any additional recommendations for improvement.

Standard 115.287 Data collection

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

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

The New Beginnings Treatment Center policy requires the facility to ensure that incidents of sexual abuse are recorded as required at least annually for aggregated data. The aggregated data will at a minimum, include all categories of data necessary to respond to the Survey of Sexual Abuse Violence as directed the Department of Justice.

Data collected shall be securely stored and retained in accordance with the facility’s record retention policy.

Upon request, New Beginnings Treatment Center shall provide all data form the previous calendar year to the Department of Justice no later than June 30th.

Standard 115.288 Data review for corrective action

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

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

According to New Beginnings Treatment Center policy, the facility reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response to policies, practices and training. The Annual Report is made available on the New Beginnings Treatment Inc website at: www.nbtinc.com.

Standard 115.289 Data storage, publication, and destruction

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

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

New Beginnings Treatment Center policy was reviewed to verify compliance with this standard. The PREA Coordinator shall make all aggregated sexual abuse data available to the public at least annually through the New Beginnings Treatment Center, website. Before making aggregated sexual abuse data publicly available, New Beginnings Treatment Center, shall remove all personal identifiers.

AUDITOR CERTIFICATION

I certify that:

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

Lourdes Hernandez

06/27/2016

Auditor Signature

Date