

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim Final

Date of Report October 30, 2018

Auditor Information

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Company Name: KEA Correctional Consulting LLC	
Mailing Address: P.O. Box 1872	City, State, Zip: Castle Rock, CO 80104
Telephone: (484)999-4167	Date of Facility Visit: May 7-10, 2018

Agency Information

Name of Agency: Core Civic	Governing Authority or Parent Agency (If Applicable): NA		
Physical Address: 10 Burton Hills Road	City, State, Zip: Nashville, TN 37215		
Mailing Address: Same as Above	City, State, Zip: Same as Above		
Telephone: (615)263-3000	Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
The Agency Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission:	Agency Mission is articulated in the Facility Characteristics narrative of this report.		
Agency Website with PREA Information:	http://corecivic.com/security-operations/prea		

Agency Chief Executive Officer

Name: Damon Hininger	Title: President/CEO
Email: damon.hininger@corecivic.com	Telephone: (615)-263-3301

Agency-Wide PREA Coordinator

Name: Eric Pierson	Title: Senior Director PREA Programs and Compliance
Email: eric.pierson@corecivic.com	Telephone: 615-263-6915
PREA Coordinator Reports to: Steve Conry, Vice President, Correctional Programs Division	Number of Compliance Managers who report to the PREA Coordinator 63 Indirectly/0 Directly

Facility Information

Name of Facility: Red Rock Correctional Center			
Physical Address: 1750 East Arica Rd. Eloy, AZ 85131			
Mailing Address (if different than above): Same as Above			
Telephone Number: 520-464-3800			
The Facility Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Facility Mission: Click or tap here to enter text.			
Facility Website with PREA Information: http://corecivic.com/security-operations/prea			

Warden/Superintendent

Name: Bruno Stolc	Title: Warden
Email: bruno.stolc@corecivic.com	Telephone: 520-464-3801

Facility PREA Compliance Manager

Name: Theresa Degard	Title: Assistant Warden
Email: theresa.degard@corecivic.com	Telephone: 520-464-3805

Facility Health Service Administrator

Name: Matthew Musson	Title: Health Services Administrator
Email: matthew.musson@corecivic.com	Telephone: 520-464-3829

Facility Characteristics				
Designated Facility Capacity: 2000		Current Population of Facility: 1959		
Number of inmates admitted to facility during the past 12 months				2300
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:				1957
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:				2300
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:				0
Age Range of Population:	Youthful Inmates Under 18: 0		Adults: 18-70	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:				0
Average length of stay or time under supervision:				180 days - 1 year
Facility security level/inmate custody levels:				Medium
Number of staff currently employed by the facility who may have contact with inmates:				362
Number of staff hired by the facility during the past 12 months who may have contact with inmates:				125
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:				1
Physical Plant				
Number of Buildings: 14		Number of Single Cell Housing Units: 100		
Number of Multiple Occupancy Cell Housing Units:		748		
Number of Open Bay/Dorm Housing Units:		2		
Number of Segregation Cells (Administrative and Disciplinary):		28		
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):				
Pelco & Milestone camera system, placed in a manner to not show showers. Recordings maintained for 30 days.				
Medical				
Type of Medical Facility:		24 /7 Clinic		
Forensic sexual assault medical exams are conducted at:		Scottsdale Lincoln Health Network		

Other	
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	25
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	1

Audit Findings

Audit Narrative

The Prison Rape Elimination Act (PREA) on-site audit of the Red Rock Correctional Center (RRCC) was conducted May 7-10, 2018, by K. E. Arnold from Castle Rock, CO, a United States Department of Justice Certified PREA Auditor for both juvenile and adult facilities. Pre-audit preparation included review of all materials and self reports electronically uploaded to an encrypted thumb drive and mailed to the auditor's address via United States Postal Service and the same was securely packaged.

The auditor contacted Just Detention International (JDI) to inquire as to any reports or complaints received regarding RRCC. Via e-mail, the auditor was advised there were no issues known to them regarding RRCC. The auditor also contacted the Southern Arizona Center Against Sexual Assault with the same inquiry. The organization is described in the narrative for 115.21. Staff from the organization advised they could not provide any information regarding the request in view of privacy concerns.

The documentation review included, but was not limited to, agency and facility policies, staff training slides, completed forms regarding both staff and inmate training, MOUs, organizational chart(s), Core Civic (CC) and Arizona Department of Corrections (ADOC) PREA brochures, inmate education materials, photographs of PREA related materials (e.g. posters, etc.), executed Human Resources documents associated with relevant PREA standard(s), and staff training certifications. This review prompted several questions and informational needs that were addressed with the RRCC PREA Compliance Manager (RRCC PCM) and Quality Assurance Manager (QAM). The majority of informational needs were addressed pursuant to this process.

The auditor met with the Warden, Core Civic Senior Director PREA Compliance and Programs (CCPC), RRCC PCM (Assistant Warden Operations), Assistant Warden Programs (AWP), QAM, Program Manager (PM), Learning & Development Manager, and Investigator at 8:00AM on Monday, May 7, 2018. The auditor provided an overview of the audit process and advised all attendees the same would be facilitated in the least disruptive manner possible. Additionally, the auditor advised attendees of the tentative schedule(s) for the conduct of the audit. Between 8:30AM and 12:15PM, the auditor toured the entire facility with the RRCC PCM, CCPC, AWP, QAM, and PM in attendance.

It is noted the rated capacity of RRCC is 2000 inmates and the institutional count on May 7, 2018 was 1963.

During the on-site audit, the Auditor was provided a private office and conference room from which to review documents and facilitate confidential interviews with staff. Inmate interviews were facilitated in private offices located within each housing unit. The auditor randomly selected (from an inmate roster provided by the RRCC QAM) and interviewed 34 inmates on-site pursuant to the Inmate Interview Questionnaire. At least one inmate (representative of the total sample of inmate interviewees) was interviewed from each living pod throughout the facility.

According to the RRCC PCM, there were no inmate(s), confined in the facility at the time of the on-site audit, who reported a sexual abuse incident during the audit period. Similarly, the RRCC PCM advised there were no inmate(s) confined in the facility during the on-site audit who were transgender/intersex, housed in Segregation for high risk of sexual victimization, or youthful inmates.

It is noted the 34 random inmate interviewees were generally questioned regarding their knowledge of a variety of PREA protections and their knowledge of reporting mechanisms available to inmates for reporting sexual abuse and sexual harassment. Overall, random interviewees presented reasonable knowledge of PREA policies and practices. Of note, the auditor inquired as to the basis for their knowledge and several random inmates advised they had received training by RRCC staff. Exceptions are noted in the narrative for 115.33. It is noted all inmates, whose files reflected training deficiencies, had been trained prior to the auditor's departure from the facility.

Thirteen random staff selected by the auditor from a staff roster provided by the RRCC QAM, were interviewed. The Random Sample of Staff Interview Questionnaire was administered to this sample group of interviewees. Interviewees were questioned regarding PREA training and overall knowledge of the agency's zero tolerance policy, reporting mechanisms available to inmates and staff, the response protocols when an inmate alleges abuse, and First Responder duties.

The following specialty staff questionnaires were utilized during this review including:

- Agency Head
- Warden or Designee
- PREA Coordinator (1), RRCC PCM (1)
- Designated Staff Charged with Monitoring Retaliation (1)
- Incident Review Team (1)
- Human Resources (1)
- Investigator (1)
- Intermediate or Higher Level Facility Staff (1)
- Medical Staff (1)
- Mental Health Staff (1)
- SAFE/SANE Staff- (1)
- Intake (1)
- Staff Who Perform Screening for Risk of Victimization and Abusiveness (1)
- Security and Non-Security Staff Who Have Acted as First Responders (6)
- Staff Who Supervise Inmates in Segregated Housing (1)
- Non-medical Staff Involved in Cross-Gender Strip or Visual Searches (1)
- Contractors Who Have Contact With Inmates (1)

The Contract Administrator interview was not conducted as RRCC does not employ staff in that capacity.

It is noted CC is the umbrella company for RRCC.

The following inmate interviews were facilitated in addition to the random inmate interviews. The interview sets are noted below:

Disabled and Limited English Proficient Inmates (3) plus (3), inclusive of one with Cognitive Disabilities
Inmate Who Reported Sexual Victimization During Risk Screening (1)

The auditor reviewed 18 Staff Training records and one Contractor Staff Training Record, 17 inmate files, 13 staff HR files, seven PREA investigative files, and other records reflected throughout the following narrative, prior to the audit, during the audit, and subsequent to completion of the same.

On May 7, 2018, the auditor was processed into the facility at the facility Front Entrance. The auditor did note PREA third-party notification (telephonic reporting information) posted in the Front Entrance.

Similarly, PREA Hotline notification numbers were painted on walls in each area, inclusive of the Visitation Room, throughout the facility. Ethics Liaison posters (staff private reporting mechanism) were posted in the Staff Assembly Area. PREA Audit Notices were prevalent throughout the facility, inclusive of the housing units, pods, program areas, etc. It is also noted a reminder regarding opposite gender staff announcements is painted above the doorway in each pod.

During the facility tour, the auditor observed, among other features, the facility configuration, location of cameras, staff supervision of inmates, unit layout (inclusive of shower/toilet areas), placement of PREA posters and informational resources, security monitoring, and inmate programming.

There are four housing units, each with six pods (cells) and two tiers in each. Additionally, there are two dormitory style units (four pods each) and a Segregation Unit. In the large units, one Correctional Officer (CO) is assigned to a Control Center and three additional COs move between two pods each. The auditor notes these COs were visible in the pods. Additionally, staff advised the auditor that each cell is equipped with a duress system to report immediate needs. The same annunciates in the Unit Control Center. Staff are likewise visible in the dormitory style units.

Throughout the tour, the auditor observed numerous PREA posters in housing units, program areas, Food Service, staff offices/gathering places. Clearly, inmates have access to continual education regarding PREA processes. Additionally, PREA Audit Notices were generously posted throughout the facility.

The auditor noted ample camera surveillance in all areas, inclusive of programs and operations areas. For example, four cameras are strategically positioned in the Visitation Room, in addition to direct staff supervision. No cameras are present in the Visitation Room Strip Room and windows are frosted for

privacy purposes. There is one well-positioned camera in the Laundry and the window is frosted however, the auditor recommends the frosted level be raised. The large units are generally equipped with three cameras each and at least camera is positioned in programs classrooms.

The auditor observed the Central Control Center (manned by two female COs at the time), particularly focusing on camera placements and the degree of inmate exposure in their cells and shower areas. The Central Control Center COs provided the auditor several different views of housing unit/pod/program/operational area cameras and he found no evidence of inmate exposure in violation of PREA standards and expectations. There are no cameras in housing unit inmate cells.

It is also noted cameras are mounted in key areas outside buildings and recreation areas. The auditor observed staff supervision of the recreation area(s) and the central location of the same, thereby facilitating perpetual supervision whenever staff, of all disciplines, are on the compound.

The auditor tested one of the PREA Hotlines [ADOC Office of the Inspector General (OIG)] in F Unit and confirmed the same was operational. A follow-up e-mail regarding the test was received by the RRCC PCM.

Facility Characteristics

RRCC operates pursuant to contract with ADOC and accordingly, daily security/programmatic and PREA operations are focused on both CC and ADOC policies, procedures, and practices. Inmates, sentenced in State of Arizona Courts, are housed at RRCC.

The facility was built in 2006 and is owned and operated by CC. RRCC is comprised of 100 single cells and 748 multiple occupancy cells, as well, as, the previously mentioned dormitory style housing beds.

Programming opportunities are abundant as observed by the auditor. Educational, Vocational Trade, Addiction Treatment, Life Skills, and spiritual/religious opportunities are available to the inmate population.

The CC Mission Statement reads as follows.

We help government better the public good through:

Core Civic Safety - We operate safe, secure facilities that provide high quality services and effective re-entry programs that enhance public safety.

Core Civic Community - We deliver proven and innovative practices in settings that help people obtain employment, successfully reintegrate into society, and keep communities safe.

Core Civic Properties - We offer innovative and flexible real estate solutions that provide value to government and the people they serve.

Summary of Audit Findings

Number of Standards Exceeded: 3

As standard provision 115.31(c) requires additional PREA training every two years, RRCC exceeds the standard based on the provision of annual PREA training.

A document entitled CC/RRCC PREA Institutional Plan provides some guidance regarding protocols to be initiated in sexual abuse cases as applied to three staff titles. The auditor's review of a completed document entitled Sexual Abuse Incident Check Sheet reveals the chronological steps articulated in CC policy, the required activities, date/time of completion of these activities, and the names/numbers of the alleged victim and perpetrator. The auditor finds these two documents represent significant organizational tools designed to ensure crisis management effectiveness. Accordingly, the auditor finds RRCC exceeded 115.65(a) requirements.

The Agency Head interviewee advises CC accesses information from several sources, using incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, and response policies, practices, and training. Specifically, he advises that a 5-1 Incident Reporting System is implemented wherein incidents and reports are, minimally, reviewed by Corporate and designated facility staff within a 24-hour period. Monthly, a report of PREA related incidents details frequency, location(s) of incidents within the facility, amongst other criteria. Pursuant to this procedure, Corporate and facility staff collaborate to diagnose any PREA-related issues, concerns, etc. These proactive steps, in addition to SART review findings and continual monitoring of data, are utilized to attain optimal efficiency in terms of sexual safety of inmates at CC facilities. The auditor finds RRCC to exceed 115.88(a) in view of the above.

Number of Standards Met: 40

Number of Standards Not Met: 0

See below.

Summary of Corrective Action (if any)

Provision 115.33(a) requires residents receive information at time of Intake about the zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or harassment. Within 30 days of arrival, inmates must receive information regarding their rights to be free from sexual abuse and sexual harassment, to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

As clearly reflected in the narratives for 115.33(a) and (b), RRCC is not compliant with either provision. Specifically, documentary evidence reflects provision of information at Intake and Orientation is largely untimely. Minimally, absent timely provision of requisite PREA information at Intake, inmates are not sufficiently educated regarding sexual abuse/sexual harassment reporting procedures and the zero tolerance policy. Absent timely Orientation, inmates are not advised of their rights pursuant to PREA, techniques for evasion of PREA incidents, and what sexual assault looks like.

As indicated in the afore-mentioned narratives, corrective action has been implemented by virtue of establishment of an Intake Unit with PREA education responsibilities delegated, minimally, to a single employee. Pursuant to conversation with this employee, the auditor finds he is knowledgeable of his responsibilities.

Continued monitoring of inmate arrival rosters compared to the timeliness of completion of Intake education and Orientation education (audits of inmate files and associated documents to determine timeliness) will be essential to corrective action. Addressing findings on a perpetual basis will likewise be critical.

Corrective action must be completed on or before December 28, 2018 however, resolution is targeted for completion on or before September 28, 2018. RRCC staff will submit a monthly list of new commitments and the auditor will select random names from the same. Requisite documentation will be forwarded to the auditor, verifying the inmate's date of arrival at RRCC and the date of provision of initial PREA education. Similarly, requisite documentation will be forwarded to the auditor regarding Orientation completions. The documentation submitted to the auditor will bear the inmate's signature and date on each document.

The auditor will review progress during this targeted 90-day period and if closure is appropriate after the 90-day period, he will effect the same.

Pursuant to 115.41(b), all inmates will receive a screening for sexual victimization/sexual abusiveness during Intake Screening, conducted within 72 hours of arrival. On-site review of 17 random inmate files reveals 13 initial PREA screenings were found to be untimely as prescribed by CC policy. Specifically, initial screenings were conducted within two to 20 plus days from the date of arrival at RRCC.

In view of the above, the auditor finds RRCC to be non-compliant with 115.41(b). Accordingly, corrective action must be completed on or before December 28, 2018 however, resolution is targeted for completion on or before September 28, 2018. As mentioned in the narrative for 115.33, corrective action has already been implemented with respect to this provision. Establishment of the Intake Unit and assignment of initial PREA screening to one staff member is a huge step towards correction.

To ensure the auditor is reasonably assured this deficiency has been corrected, RRCC staff will provide a monthly inmate roster of inmates admitted since May 10, 2018. The auditor will randomly select inmates and RRCC staff will forward the initial PREA screening for each inmate, to the auditor for review.

The auditor will review progress during the target 90-day period and if closure is warranted after the 90-day period, he will effect the same.

Pursuant to the auditor's previously referenced on-site review of 17 random inmate files, many of the same relative to random inmate interviewees, seven inmates received timely PREA Reassessments in accordance with the provision. Accordingly, these findings validate, for the most part, the statements of random inmate interviewees who stated they did not receive a follow-up screening [See narrative for 115.41(f)].

In view of the above, the auditor finds RRCC to be non-compliant with 115.41(f) for the three year audit period. The corrective action procedure, as reflected above in the narrative for 115.41(b), is also applicable to 115.41(f), substituting the initial PREA screening with the PREA Reassessment documentation.

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Pursuant to the Pre-Audit Questionnaire (PAQ), the Warden self reports the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly. According to the Warden, the policy outlines procedural implementation of the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment, the policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment, and sanctions for those found to have participated in prohibited behaviors. Finally, a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates, is included in this policy.

The Zero Tolerance policy is clearly articulated in Core Civic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 1-33, and Arizona Department of Corrections (ADOC) Department Order 100, pages 1-21. Additionally, all other requirements articulated in this provision are likewise addressed throughout the previously referenced policies and pages. The afore-mentioned CC policy is comprehensive, incorporating both standards and implementation language.

Pursuant to the PAQ, the Warden self reports the agency employs or designates an upper-level, agency-wide PREA Coordinator (CCPC) with sufficient time and authority to develop, implement, and oversee agency efforts to comply with PREA standards in all of its facilities. The Senior Director, PREA Programs and Compliance, is designated as the CCPC pursuant to the CC Organizational Chart.

According to the auditor's review of the CC Organizational Chart, the CCPC reports to the Vice President, Operations Administration.

Pursuant to interview with the CCPC, the auditor learned he does feel he has sufficient time to manage all of his PREA related responsibilities. Each facility has a PREA Compliance Manager (PCM), numbering in excess of sixty.

As Senior Director, he oversees the Director who facilitates reviews of all PREA investigations. The Director tracks any follow-up regarding reviewed PREA investigations. The Director is now working on an enhanced PREA training program for implementation at the facilities.

The CCPC's primary focus is audit preparation. Specifically, he reviews each PAQ for sufficiency and comprehensiveness prior to forwarding the same to PREA auditors. The CC Quality Assurance Department currently facilitates mock audits of each facility. The CCPC reviews each mock audit report and coordinates corrective action with Wardens and facility PCMs. He posts common audit deficiencies on a shared website so stakeholders can assume a proactive approach, as opposed to, reactive. Additionally, the CCPC coordinates all corrective action following each PREA audit.

Finally, the CCPC reviews each facility PREA Staffing Plan and signs the same. Assistance with relevant MOU development is also a primary responsibility, with approval being conferred by the CC Legal Department.

Pursuant to the PAQ, the Warden self reports there is a designated PREA Compliance Manager (PCM) at RRCC. According to the Warden, she does have sufficient time and authority to coordinate the facility's efforts to comply with PREA standards. The auditor's review of a memorandum authored by the Warden reflects the Assistant Warden (Operations) (AWO) is designated as PCM at RRCC. According to the RRCC Organizational Chart, the AWO/PCM reports directly to the Warden (CEO).

The RRCC PCM interviewee advised she does have sufficient time to manage her PREA related responsibilities.

In view of the above, the auditor finds RRCC to be substantially compliant with 115.11.

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

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

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on

or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) Yes No NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) 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*)

Pursuant to the PAQ, the Warden self reports the agency has not entered into or renewed a contract for the confinement of inmates on or after August 20, 2012 or since the last PREA audit, whichever is later. CC is a private provider of detention/confinement services and does not contract with other companies/ etc. to house inmates designated to CC custody and control.

The auditor finds RRCC to be substantially compliant with 115.12. No deviations from standard provisions were identified.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video

monitoring? Yes No

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

115.13 (b)

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

115.13 (c)

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

115.13 (d)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports CC requires each facility to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect inmates against sexual abuse. Since the last PREA audit, the average daily number of inmates is reported as 1523 and the staffing plan is predicated on a daily average of 2000 inmates.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 8 and 9, section 14-2.4(D)(1 and 2) addresses the 11 components of 115.13(a) and staffing plan requirements.

The auditor reviewed Staffing Plans and Annual PREA Staffing Plan Assessments dated September 6, 2016 and November 7, 2017. All requisite criteria are addressed in the Annual PREA Staffing Plan Assessments and the same is reviewed and approved by the RRCC PCM, Warden, CCPC, and Vice President Facility Operations. The auditor finds the Annual Staffing Plan and Assessment to be compliant with 115.13(a) and (c).

Pursuant to the Warden's interview, he related the facility does have a staffing plan. Adequate staffing levels to protect inmates against sexual abuse and video monitoring, are considered in the plan. Specifically, overcoming any identified blind spots, as determined by facility staff, Sexual Abuse Review Team (SART) reviews, PREA and Security mock audits, and other audits are always considered and pursued for corrective action. The staffing plan is documented and maintained electronically at the facility, at a minimum.

When assessing adequate staffing levels and the need for video monitoring, the facility plan considers the following:

- a. Direct supervision is preferred in all areas however, camera surveillance may augment the same.
- b. There has been no judicial findings of inadequacy during this audit period.
- c. There has been no findings of inadequacy from federal investigative agencies.
- d. There has been no findings of inadequacy from internal or external oversight bodies. ADOC Inspector General (IG) and CC Corporate audits are very comprehensive, addressing all functional institutional departments.
- e. In regard to components of the facility's physical plant, additional cameras may be requested or changes in types of cameras this year.
- f. Inmate population considerations include assessment of Security Threat Group (STG) presence within the facility, inmate population racial balance, programming needs, Medium custody status, characteristics of individual inmates or groups of inmates, and inmate social norms.
- g. The number of supervisory staff to adequately supervise the staffing complement and any facility "hot spots" that may require an increased presence of supervisory staff.
- h. Institutional programs are supervised by a roving Programs Officer. An instructor is assigned to each area and the Programs Officer provides additional custodial presence and coverage.
- i. Any applicable state or local laws, regulations, or standards are negotiated in the contract with ADOC.
- j. The prevalence of substantiated and unsubstantiated incidents of sexual abuse is considered in the staffing plan and any corresponding requests for increased staffing.
- k. Any other factors, outside the scope of the above, would be considered in staffing plan development.

In regard to daily checks for compliance with the staffing plan, the Warden, Chief of Security, Assistant Chief of Security, and Assistant Wardens are quite familiar with the PREA Staffing Plan, as well as, the contractual requirements of the facility staffing plan. Accordingly, as rounds are made throughout the facility, these individuals are adept at spotting deviations. Additionally, a live roster review is facilitated each week, as well as, the Chief of Security and Assistant Chief of Security monitor daily roster vacancies and the use of overtime to fill behind the same.

Pursuant to the RRCC PCM, RRCC has a basic staffing plan as designated by CC Corporate. This plan meets the basic contract requirements as articulated by the customer. As incidents occur, we always assess the area in which the incident occurred and whether additional staffing is required to offset supervision/camera surveillance deficiencies. Accordingly, the same would factor into requests for additional staffing or realignment of positions.

In regard to judicial findings of inadequacy, there are none at RRCC. If there were any judicial findings, the Warden, CCPC, and the RRCC PCM, minimally, would dissect the finding(s) and make changes accordingly.

The same procedure would be implemented if there were any findings of inadequacy from federal investigative agencies and internal or external oversight bodies. Of note, there were no such findings during this audit period.

In regard to the physical plant, blind spots and inadequate supervision practices in the areas assessed pursuant to staff rounds/mock audit observations/and PREA audit findings are the primary considerations for change. Potential corrective actions are assessed and brain stormed for implementation.

Inmate population considerations include the prevalence of STGs, inmate cultural considerations, inmate tendencies, population history of violence, inmate security level(s), inmate classification characteristics, and customer preferences. These considerations are addressed from both an "area of the institution" perspective and globally throughout the facility.

Number and placement of supervisory staff is assessed and established based on input from facility executive staff, written directives regarding tour expectations, "hot spots" within the institution that require additional experienced oversight, and customer preferences.

When considering staffing needs based on programs occurring on a particular shift, the number of programs, number of inmate participants, number and type of volunteer(s) or contractor(s) leading programs, any special supervision considerations, and the number/type/specifics of any PREA incidents that may have been perpetrated in a programs area, are the primary focus.

The ADOC IG facilitates an annual audit of RRCC and we review the findings, making adjustments/changes, if and where warranted. These audits are quite comprehensive, in nature.

As referenced above, the prevalence of substantiated and unsubstantiated incidents of sexual abuse are assessed pursuant to several processes. By virtue of PREA and the compilation of statistics and review of various reports, the PCM is aware of this information.

If other relevant factors present themselves, consideration is given to the same when developing the Annual Staffing Plan.

Pursuant to the PAQ, the Warden self reports the facility does not justify all deviations from the staffing plan each time there is non-compliance. Follow-up with respect to this provision has revealed there were no instances of deviation from the staffing plan (areas left vacant) during the last 12 months. Accordingly, the auditor finds 115.13(b) to be not applicable to RRCC.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 9, section 14-2.4(D)(4) addresses the procedure for documentation of non-compliance with the PREA Staffing Plan. The RRCC Chief of Security is responsible for identification of non-compliance and he/she reports the same to the RRCC PCM. She, in turn, reports the specifics of the deviation, inclusive of any corrective action, to the CCPC within seven calendar days of the date of the deviation.

Pursuant to interview with the Warden, all instances of non-compliance with the PREA Staffing Plan would be documented. Of note, the Warden reports there has been no instances of non-compliance with the RRCC Staffing Plan. Pursuant to the contract with ADOC, non-compliance with the staffing plan is disallowed.

The auditor's observation of staffing during the facility tour and during non-regular business hours reveals substantial compliance with 115.13. In the larger units wherein there are six housing pods and a Control Center, three COs are assigned for pod supervision with one CO assigned to the Control Center. Each Pod CO is assigned supervision of two pods. The pods are located adjacent to each other and accordingly, the Pod COs make continual rounds in and out of each assigned pod. It is also noted there is an intercom system available in each cell wherein inmates can contact the Unit Control Center Officer to report any nefarious activity. It is noted the Control Center COs also have good line of sight to observe activities within each pod.

Units V and X are dormitory-style living units, containing four pods each. Again, Pod COs supervise two pods each.

It is noted that camera surveillance and the use of mirrors is good in each unit. According to the Warden, changing some fixed cameras to PTZ cameras will be requested and implemented during the next budget cycle.

Pursuant to the PAQ, the Warden self reports that at least once every year, the facility, in collaboration with the CCPC, reviews the staffing plan to determine whether adjustments are needed to the staffing plan; the deployment of monitoring technology; or the allocation of facility resources to commit to the staffing plan to ensure compliance with the same.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 9 and 10, section 14-2.4(D)(5) (a,b,and c) addresses the elements required in 115.13(c).

Pursuant to the CCPC, he is consulted regarding any assessments of, or adjustments to, the staffing plan for RRCC. Specifically, he is a reviewer and co-signer for the RRCC annual Staffing Plan pursuant to policy.

Pursuant to the PAQ, the Warden self reports that intermediate-level or higher level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Rounds are

documented and cover all shifts. Facility policy does prohibit staff from alerting other staff of the conduct of such rounds.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 10, section 14-2.4(E)(1)(a and b) addresses the elements required in 115.13(d), inclusive of the staff prohibition from alerting other staff members that the rounds are occurring, unless the announcement is related to the legitimate operational functions of the facility.

The auditor's review of memorandums from four RRCC administrative staff to ADOC administrators substantiates unannounced rounds facilitated throughout the facility on all shifts. Memorandums from the Warden, a Program Manager, and both AWs specifically address unannounced PREA rounds. Documents entitled ADOC Inspections/Tour Report substantiate the conduct of unannounced rounds during all shifts. Additionally, the September, 2017 monthly report (submitted to ADOC officials) reflects numerous unannounced tours of the facility on all shifts, by the Warden, taking sexual safety into account. Warden's staff meeting minutes in various functional disciplines throughout the facility explicitly detail PREA discussions and staff obligations.

The auditor's review of six ADOC Correctional Services Log (Housing Unit and other functional areas) wherein various correctional supervisors documented unannounced PREA checks also substantiates compliance with 115.13(d).

Pursuant to the intermediate or higher facility level staff interviewee, he facilitates unannounced sexual safety rounds. He documents such rounds in the Post Journals used for documentation of this provision requirements. He documents his rounds as Post/PREA checks.

While facilitating these checks, the interviewee advises he never lets staff know where he is going. When making rounds, he constantly changes his pattern. For example, the time(s) for rounds, route (makes rounds in a few units and then terminates rounds until later in the shift or misses a unit and then returns later).

The auditor's review of random Post Journals in various units during the facility tour validated the interviewee's comments. Rounds were facilitated from shift to shift and documented as described above.

The auditor finds RRCC is substantially compliant with 115.13.

Standard 115.14: Youthful inmates

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

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other

common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Youthful inmates are not housed at RRCC. The Warden validated the same during the audit process.

The auditor's review of page 96 of the contracting solicitation for ADOC reflects the contract is for 2000 inmate beds. ARS 41-1609.01/41 1609.03 specifies the contract for adult offenders.

In view of the above, the auditor finds RRCC to be substantially compliant with 115.14.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) Yes No NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female inmates?
X Yes No

115.15 (d)

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

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports cross-gender strip or cross-gender visual body cavity searches of inmates are not conducted at RRCC. Accordingly, no cross-gender strip or cross-gender body cavity searches of inmates were conducted at RRCC during the last 12 month period.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page16, section 14-2.4(K)(1)(a) addresses 115.15(a). All requirements of the provision are addressed in this policy citation. ADOC Department Order 708 entitled Searches, page 8, section 1.7.1 specifies that strip searches shall be performed by staff of the same gender as the inmate. As previously mentioned, RRCC is a private contract facility engaged in a business relationship with ADOC. Accordingly, compliance with ADOC policy, as well as CC policy, is requisite to the agreement.

Pursuant to the two non-medical staff involved in cross-gender strip or visual searches interviewees, female staff do not conduct cross-gender strip or visual searches at RRCC. When questioned regarding circumstances that would require cross-gender strip or visual searches, one interviewee stated a dire emergency and no male staff around, would warrant such a search. Dire circumstances were defined as a scenario wherein evacuation of inmates is required under precarious circumstances.

Pursuant to the auditor's review of the CC website, only male inmates are housed at RRCC. Accordingly, the conduct of cross-gender pat searches of female inmates at RRCC is not applicable [115.15(b)].

Pursuant to the PAQ, the Warden self reports facility policy requires that all cross-gender strip searches and cross-gender visual body cavity searches are documented. As female inmates are not housed at RRCC, policy provisions regarding cross-gender pat searches of female inmates are not applicable.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page16, section 14-2.4(K)(1)(c) addresses 115.15(c) in totality. All such searches, as defined in 115.15(c) are documented on the Form 5-1B (Notice to Administration).

Of note, whenever possible, cross-gender pat-down searches will be conducted in the presence of two officers. This caveat is defined at ADOC Department Order 708 entitled Searches, page 10, section 708.02 (1.2.1.3).

The auditor received no complaints from any inmate interviewees regarding cross-gender strip or visual body cavity searches being conducted. Furthermore, the auditor found no documentary evidence validating the conduct of such searches.

Pursuant to the PAQ, the Warden self reports policies and procedures have been implemented at RRCC that enable inmates to shower, perform bodily functions, and change clothing in the absence of non-medical 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 (this includes viewing via video camera). The Warden further relates policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 16, section 14-2.4(K)(5 and 6) addresses 115.15(d) in totality. The viewing by camera caveat is not reflected in this policy provision. This policy stipulates that every inmate has the opportunity to shower in an individual stall equipped with shower curtains for privacy.

During the facility tour, the auditor reviewed cameras in the Central Control Center. At the time of the tour, female staff were assigned in the same. Reportedly, these are the only facility cameras wherein housing and program area interior areas are monitored. The auditor's review of these cameras, as well as those cameras located in the Unit Bubbles, validated the afore-mentioned statement. The auditor noted the cameras monitored in the Central Control Center did not capture video of cell interiors nor showering/toileting areas.

The auditor also observed unit/pod configurations during the facility tour. The auditor noted adequate shower curtains are hung to preserve privacy as inmates shower. Additionally, a curtain is available for each toilet stall to shield privacy for users.

During an inmate interview, the auditor was advised one can observe shower activity from the top tier in the two-tier units. Accordingly, the auditor and the RRCC PCM reported to a two-tier unit (the unit in which the inmate was housed) to assess his report. Neither the auditor nor the PCM observed the condition reported by the inmate. It is noted there were no other similar reports from any of the remaining 33 random inmate interviewees or other inmates interviewed.

During the facility tour, the auditor observed the PCM and Compliance Manager (both female) announce their presence when entering housing units. The auditor did not observe any other female staff enter housing units during the tour.

Twenty-one of the 34 inmate interviewees advised female staff announce their presence when entering housing units. Of those who advised female staff do not announce their presence, more than half advised such staff announce most of the time.

In regard to query as to whether inmates are ever naked in full view of female staff while toileting, showering, or changing clothing, 33 of the 34 random inmate interviewees asserted in the negative. The one inmate who responded affirmatively is mentioned in the preceding paragraphs.

Twelve of the 13 random staff interviewees advised that female staff announce their presence when entering a housing unit. One female staff member advised she does not always announce her presence when entering housing units as it is "hit or miss". The auditor reported the substance of this report to the RRCC PCM.

While there is substantial compliance with 115.15(d), the auditor recommends this requirement be reinforced with staff. The random staff interviewee is aware of the requirements of the provision however, additional reinforcement with all staff may be prudent.

All 13 random staff interviewees advised inmates are able to dress, shower, and toilet without being viewed by staff of the opposite gender.

Pursuant to the PAQ, the Warden self reports there is an RRCC policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. According to the Warden, no such searches have been conducted during the past 12 months.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 16, section 14-2.4(K)(2) addresses 115.15(e) in totality.

Eleven of the 13 random staff interviewees advised the facility prohibits staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Two random staff interviewees advised they aren't sure about policy in this regard. According to the RRCC PRC, no transgender/intersex inmates were housed at the facility during the on-site audit and accordingly, an interview could not be conducted.

Pursuant to the PAQ, the Warden self reports 100 percent of all security staff have received training on conducting cross-gender pat-down searches and searches of transgender/intersex inmates in a professional and respectful manner, consistent with security needs.

The auditor's review of the ADOC PREA Power Point presentation, slides 14 and 19 address training of security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Additionally, cross-gender pat searches are discussed on slide 14 of this Power Point presentation.

Twelve of the 13 random staff interviewees advised they received training regarding cross-gender pat searches and searches of transgender and intersex inmates in a professional and respectful manner. One random staff interviewee related she was not sure whether she received the training, in question. The auditor found no deviations regarding receipt of this training as the same is provided during PREA Orientation and Annual PREA training.

In view of the above, the auditor finds substantial compliance with 115.15.

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

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

115.16 (a)

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

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports there are established procedures to provide disabled inmates 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.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page14, section 14-2.3(I)(2)(a and b) generally addresses 115.16(a). ADOC Department Order 108 entitled Americans with Disabilities Act,

pages 7 and 8, sections 1.4 and 1.5 in entirety, address 115.16(a). Specifically, written instructions shall be provided to hearing impaired inmates during Orientation and procedures shall be read to visually impaired inmates. Auxiliary methods of communication are also utilized in Americans with Disabilities Act (ADA) facilities [e.g. Telephone Devices for the Deaf (TDD)]. Additional auxiliary services are identified on page 10 of the same ADOC policy, section entitled Auxiliary Aids and Services. Auxiliary Aids and Services include use of a qualified interpreter, qualified reader, note-taker, taped text, transcription service, modification of equipment, relay service, TDD, large print, Braille, written material, telephone amplifier, etc.

It is noted RRCC is not considered an ADA facility. Health Services staff are available to provide assistance to low functioning inmates, if necessary.

The auditor interviewed one inmate who is blind in one eye, one inmate who is intellectually low functioning, and one inmate who presents as high functioning on the Autism spectrum. All of these interviewees advised the facility provides information about sexual abuse and sexual harassment they are able to understand.

Pursuant to the PAQ, the Warden self reports the agency has established procedures to provide inmates with limited English proficiency 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.

ADOC Department Order 125 entitled Sexual Offense Reporting, pages 3 and 4, section 125.02 (1.1 and 1.2) address 115.16(b). According to these provisions, orientation material is provided in both English and Spanish, verbal and written. An ADOC Sexual Assault Awareness pamphlet is provided to each inmate as part of the institutional orientation process.

Of note, the auditor reviewed the afore-mentioned pamphlet and the same is presented in both English and Spanish. Additionally, the PREA video is presented in English and Spanish.

Of the three LEP inmates interviewed, two advised the facility provides information about sexual abuse and sexual harassment that is understandable by the participant. One advised he didn't recall whether the same was accurate.

The auditor reviewed the contract between CC and Language Line Interpreter Services for provision of services to non-English speaking inmates. Services for numerous languages are provided pursuant to this service.

The Warden has identified two RRCC staff as Certified Spanish Interpreters as articulated in a July 11, 2016 memorandum.

Pursuant to the PAQ, the Warden self reports agency policy prohibits use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in

obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under 115.64, or investigation of the inmate's allegations.

The Warden further advises the facility documents the limited circumstances in individual cases where inmate interpreters, readers, or other types of assistants are used.

Reportedly, there were no instances, within the past 12 months, wherein inmate interpreters, readers, or other types of inmate assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties, or the investigation of the resident's allegations.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 14, section 14-2.3(I)(2)(c) addresses 115.16(c) in totality.

All 13 random staff interviewees advised to the best of their knowledge, inmate interpreters, inmate readers, or other types of inmate assistants have not been used in relation to sexual abuse or sexual harassment allegations since they have assumed duties at RRCC.

The auditor finds RRCC to be substantially compliant with 115.16.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.17 (b)

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

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports agency policy prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who:

Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution;

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 the activity described in paragraph (a)(2) of this section.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 5, section 14-2.4(B)(1)(a-c) addresses 115.17(a) in totality.

The auditor's review of Self Declarations of Sexual Abuse/Sexual Harassment forms for one employee, one promoted employee, and one contractor (completed within the last 12 months) reveals compliance with this provision to the extent the three questions are specifically asked, and staff and contractors affirmatively respond, in writing, to complete the form. Additionally, review of completed criminal record background checks (by ADOC staff) validates compliance with respect to these individuals. The auditor's on-site random review of 13 employee Human Resources (HR) files and electronically

submitted applications also validates the three questions are asked of the applicant/promotional applicant and he/she must affirmatively respond to each. Similarly, completed criminal record background checks validate hiring in the absence of affirmative responses to the three questions. The auditor found no instances of non-compliance with 115.17(a).

According to the HR Generalist, ADOC staff complete all criminal record background checks. This includes the NCIC and ACIC records. RRCC staff complete only applicant fingerprints and Driver's License checks.

It is noted NCIC and ACIC checks are not provided to RRCC for inclusion in the HR file. The same applies to promotions and contractor checks. ADOC issues a letter or memorandum approving the hire, promotion, or contractor hire. Accordingly, the auditor was unable to validate the results of the NCIC and ACIC records regarding the substance of 115.17(a) as the result of established protocol.

Pursuant to the PAQ, the Warden self reports agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 5, section 14.2.4(B) addresses 115.17(b) in totality.

The auditor's review of Self Declarations of Sexual Abuse/Sexual Harassment forms for two employees and one contractor reveals compliance with this provision to the extent the three questions and an additional question regarding substantiated allegations of sexual harassment, are specifically asked and staff and contractors affirmatively respond, in writing, to the questions. Additionally, the same document was present in the files of the 13 random staff selected for review.

According to the HR Generalist interviewee, RRCC staff are not aware of the specific issues, if any, reflected in the NCIC or ACIC documents. As previously mentioned, the afore-mentioned Form 14-2H addresses the existence of sexual harassment in the employee's history. That document is a CC document and accordingly, the same is maintained in the HR file. Staff complete a 14-2H form annually.

While there is a question regarding sexual harassment on the Self Declaration of Sexual Abuse/Sexual Harassment form, there is no method for validation of the employee's response as reflected on the same. Accordingly, the auditor recommends addition of such a question to the Verification of Prior Employment form. With that addition, prior institutional employers will be able to attest to any incidents that may have occurred during the employees tenure with the employer, should he/she choose to respond. The criminal record background check generally does not address sexual harassment and accordingly, it is difficult to validate the applicant's statement.

Pursuant to the PAQ, the Warden self reports agency policy requires that before new employees who may have contact with inmates are hired, a criminal background record check is conducted and consistent with federal, state, and local law, best efforts are made 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.

The Warden further self reports during the past 12 months, 125 persons who may have contact with inmates have had criminal background record checks completed. This equates to 100% of staff hired during this time frame.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 5, section 14.2.4(B)(3)(a)(i and ii) addresses 115.17(c) in totality. The auditor's review of the Scope of Work for Solicitation No. ADOC12-00001388/ADC No. 120088 DC, also addresses 115.17(c). Pursuant to this solicitation, ADOC staff facilitate all background investigations for CC, inclusive of contractors and volunteers, and approve the same for hiring based on NCIC/ACIC findings. ADOC Department Order 125 entitled Sexual Offense Reporting, page 15, section 125.07 (1.1)(1.1.1) and (1.2)(1.2.1) also addresses this provision. Specific duties and responsibilities for ADOC staff relative to criminal background checks for private prisons are addressed in this policy citation.

The auditor's review of Verification of Prior Employment forms for one new employee, one promoted employee, and one contractor reflects compliance with 115.17(c). Clearly, the requisite questions were asked of previous institutional employers. None of the employers in these cases provided responses to the questions and the same was documented on the forms, in question. Additionally, the names of the interviewers, as well as the respondents, were documented on the forms.

On-site random file review findings are articulated in the narrative for 115.17(a) above. It is noted that eight of the files reviewed pertain to staff hired during the last PREA audit period. Of note, the auditor made no findings regarding non-compliance with prior institution employer follow-up as gleaned pursuant to on-site HR file reviews.

Pursuant to the PAQ, the Warden self reports agency policy requires a criminal background record check is completed before enlisting the services of any contractor who may have contact with inmates. The Warden further self reports two contracts for services where criminal background record checks were conducted on staff covered in the contract who might have contact with inmates. The Warden asserts criminal background checks were conducted for 100% of the contracts for services wherein contractors might have contact with inmates.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 6, section 14.2.4(B)(3)(b) addresses 115.17(d) in totality.

The auditor's review of two background investigation packets, as referenced in 115.217(c), validate compliance with 115.17(d). Background investigations were completed in a timely manner and prior to

the entry-on-duty date. Criminal background investigation findings regarding the on-site random review of random employee HR files, is articulated above in terms of review and approval.

Pursuant to the PAQ, the Warden self reports agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with inmates, or that a system is in place for otherwise capturing such information for current employees.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 6, section 14.2.4(B)(3)(c) addresses 115.17(e) in totality.

Reportedly, in August, 2013, background investigations were completed for all RRCC staff pursuant to the ADOC contract. Accordingly, all staff will be re-submitted for the same during August, 2018 and thereafter. This was validated by the HR Generalist during the on-site audit.

As is the case with the initial criminal record background investigation, five-year re-investigations are likewise completed by ADOC pursuant to contract. ADOC staff track the same. According to the HR Generalist, RRCC staff facilitate Driver's License checks on a 5-year basis and a spread sheet is used to track the same.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 5, section 14.2.4(B)(2)(a and b) addresses 115.17(f) in totality. This policy stipulates all applicants and employees who may have direct contact with inmates/detainees shall be asked about previous misconduct as outlined in 115.17(a) in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The 14-2H Self-Declaration of Sexual Abuse/Sexual Harassment form will be completed as part of the hiring process and as part of the promotion process. The 14-2H form shall be completed by current employees on an annual basis to serve as verification of an employee's fulfillment of his/her continuing affirmative duty to disclose any sexual misconduct as described . The 14-2H form shall be retained in each employee's personnel file.

Pursuant to the HR Generalist, as reflected in the above policy citation, the relevant questions are asked on a questionnaire. Forms are issued annually during the 1st Quarter and are tracked/retrieved by HR staff.

The HR Generalist further relates the facility imposes a continuing affirmative duty to disclose any such previous misconduct as described at 115.17(a). This affirmative duty is addressed in staff PREA training, as well as, on the 14-2H.

As reflected in the narrative for 115.17(a), the auditor reviewed three 14-2H forms and found the same to be compliant. During the on-site audit, the auditor's review of 13 random files initially revealed non-compliance with this provision. However, the auditor learned in a subsequent CC prison PREA audit this process is accomplished annually during In-Service training.

During the subsequent audit, the auditor learned the 14-2H process at that facility was facilitated electronically. Specifically, the questions, as articulated in 115.17(a), as well as a question regarding sexual harassment are addressed by the respondent. “No” responses result in an error message, disallowing further progress on the screen. A telephone number is displayed at the bottom of the screen and the respondent must call the same.

The auditor and the Training Manager at the other facility did contact the afore-mentioned telephone number, receiving a message directing the employee to provide information related to their responses. The Ethics Division was also mentioned in the pre-recorded message.

Subsequently, the auditor and Training Manager contacted the Ethics Division. The individual, to whom the auditor spoke, advised the information staff provides triggers an inquiry and investigation by a private investigation firm. Results of the investigation are shared with Corporate Office Human Resources staff and, if necessary, the facility Warden, for disciplinary/removal consideration, if appropriate.

Given this information, the auditor randomly selected nine files to determine if the annual 14-2H is present in the files. RRCC staff provided the 2018 14-2H documents relative to the identified staff. Accordingly, given the information the auditor learned from another CC audit and the presence of the requisite document in randomly selected files, the auditor is satisfied the process is institutionalized at RRCC. Accordingly, there is no adverse finding for 115.217(f).

Pursuant to the PAQ, the Warden self reports agency policy states material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 5, section 14.2.4(B)(1)(NOTE:) addresses 115.17(g) in totality.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 6, section 14.2.4(B)(3) (d)addresses 115.17(h) in totality.

The HR Generalist interviewee asserts when a former employee applies for work at another institution and upon request from that institution, RRCC provides information on substantiated allegations of sexual abuse or sexual harassment involving the former employee, unless prohibited by law.

In view of the above, the auditor finds RRCC to be substantially compliant with 115.17.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the facility has made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 32, section 14.2.4(V) (1) addresses 115.18(a) in totality.

The auditor's review of an Application for Addition dated January 12, 2017 reflects substantial compliance with both 115.18(a) and (b). The project calls for modification of existing facilities to Day Rooms for inmate use. PREA is specifically assessed in the proposal, noting that mirrors would be strategically installed to effectively monitor potential PREA incidents with the intent to add camera(s) at a future date.

According to the Warden, a new building was added in 2016. This building includes program areas, dormitories (V and X), etc. To accommodate this new building, staffing, camera needs and placements, mirror needs and placements, and building schedules were minimally considered to ensure inmate sexual safety.

Pursuant to the PAQ, the Warden self reports the facility has installed or updated video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 32, section 14.2.4(V) (2) addresses 115.18(b) in totality.

Pursuant to the Warden, blind spots and area(s) that are not normally or presently used are considered when installing or updating monitoring technology such as a video monitoring system or electronic surveillance, to enhance inmate protection from sexual abuse.

The auditor finds RRCC to be substantially compliant with 115.18.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) X 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.) X Yes No NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? X Yes No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] 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*)

Pursuant to the PAQ, the Warden self reports the facility is responsible for conducting administrative sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct).

According to the Warden, the ADOC Criminal Investigations Unit facilitates criminal investigations of sexual abuse.

When conducting administrative investigations, RRCC PREA investigators follow a uniform evidence protocol.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 24, section 14.2.4(O)(4)(a) addresses 115.21(a) in totality.

All 13 random staff interviewees advised they are aware of the uniform evidence protocol utilized to ensure maximum possibility of obtaining usable evidence for prosecution. Specifically, interviewees related, minimally, they would separate the victim and perpetrator, secure the crime scene, and ensure both the victim and perpetrator do not destroy physical evidence by bathing, brushing teeth, changing clothes, cleaning the area of the assault, eating, defecating, and urinating. Additionally, many advised they would report the incident to the shift supervisor. It is noted that all interviewees were in possession of an orange card bearing the above instructions.

A detailed narrative regarding the verbiage reflected on the orange card in 115.64. Additionally, requisite action regarding the same is also articulated.

Of the 13 random staff interviewees, six advised that the Investigator facilitated administrative sexual abuse investigations and ADOC CIU staff facilitated criminal sexual abuse investigations at RRCC.

Pursuant to the PAQ, the Warden self reports youth are not confined at the facility and accordingly, the requirement the protocol be developmentally appropriate for youth, is not applicable to RRCC.

The Warden further self reports the protocol was adapted from or is otherwise based on the most recent edition of the DOJ'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.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 24, section 14.2.4(O)(4)(b) addresses 115.21(b) in totality.

Pursuant to the PAQ, the Warden self reports all inmates who experience sexual abuse are afforded access to forensic medical examinations at an outside medical facility. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFE) or Sexual Assault Nurse Examiners (SANEs). Efforts to provide SANEs or SAFEs are documented. In the past 12 months, one forensic medical exam was conducted and the same was conducted by a SANE/SAFE Nurse.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 24, section 14.2.4(O)(4)(c) addresses 115.21(c) in totality. Additionally ADOC Department Order 125 entitled Sexual Offense Reporting, page 5, section 1.3.3, page 9, section 125.04 (1.1.1), and page 10, section 125 (1.1.4.5) address 115.21(c). Finally, ADOC Department Order 608 entitled Criminal Investigations, page 7, section 1.2 addresses the use of SAFEs/SANEs for evidence collection and billing practices (ensuring inmates are not charged for such examinations).

The auditor's review of a Memorandum of Understanding (MOU) between CC and an outside medical facility revealed specific verbiage regarding compliance with the evidence and forensic medical examination standards established in the PREA standards. Specifically, the MOU is entered into by the parties to ensure the same. Additionally, the MOU reflects verbiage related to non-charges of inmates for such services and directs billing procedures.

The auditor's review of documentation relative to four inmates who received SANE forensic examinations in January, 2017 (two) and February, 2018 (two) verifies substantial compliance with 115.21(c). This documentation included evidence of payment by CC.

In addition to the above, the auditor's review of the six sexual assault/sexual harassment investigations conducted during the last two years reveals RRCC Medical staff determined a follow-up SAFE/SANE examination was not warranted in one matter.

According to the SAFE/SANE interviewee, she and other SAFE/SANE Nurses at Scottsdale Lincoln Health Network are responsible for conducting forensic medical examinations for impacted RRCC inmates. During the examination process, SAFE/SANEs provide information regarding sexually transmitted infections prophylaxis. Additionally, the SAFE/SANE interviewee asserts such Nurses are never unavailable. On-call Nurses are available on a 24/7 basis.

Pursuant to the PAQ, the Warden self reports the facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means and the efforts are documented. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified institution staff member.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 25, section 14.2.4(O)(4)(d)(i and ii) addresses 115.21(d) in totality.

The auditor's review of an MOU between CC and the Southern Arizona Center Against Sexual Assault (SACASA) reflects commitment from SACASA to provide advocacy services to inmates who experience sexual assault at RRCC. The same appears to encompass the intent and requirements of 115.21(d).

In addition to the above, the auditor's review of a program syllabus for an eight hour program entitled Prison Rape Elimination Act: Providing Sexual Assault Advocacy, sponsored by the Arizona Coalition to End Sexual & Domestic Violence reflects that an RRCC employee is properly trained as a Victim Advocate in accordance with 115.21(d). The employee received a Certificate on February 25, 2014, signifying completion of this training.

According to the RRCC PCM interviewee, if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and provides emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. This issue is addressed in policy.

In addition to the above, RRCC is engaged in an MOU with SACASA. SACASA coordinates rape crisis counseling and Victim Advocate (VA) services for inmates. At Intake (with the new Intake Unit procedures) inmates are provided a handout reflecting telephone numbers/addresses for SACASA. Additionally, a poster (reflecting this same information) is hung in each unit. Of note, the auditor did observe the same.

The auditor has been advised, in writing that there were no inmates, who reported a sexual abuse incident, housed at RRCC at the time of the on-site audit. Accordingly, that particular interview could not be conducted.

Pursuant to the PAQ, the Warden self reports that if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 25, section 14.2.4(O)(4)(e) addresses 115.21(e) in totality.

Reportedly, there has been no such occurrences during the last three years wherein a victim requested that a 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 and provides emotional support, crisis intervention, information, and referrals.

According to the RRCC PCM interviewee, she met with SACASA representatives approximately three years ago, discussing State required training requirements for their VAs and completion of the same prior to rendering of services. SACASA is certified by the State of Arizona.

Pursuant to the PAQ, the Warden self reports if the agency is not responsible for investigating administrative or criminal allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs 115.21(a through e) of the PREA standards.

ADOC Department Order 608 entitled Criminal Investigations, pages 5 through 7, section 608.08 addresses 115.21(f). As previously mentioned, CC contracts with ADOC and therefore, works in conjunction with ADOC staff on all matters PREA. Of note, the auditor's cursory review of the ADOC website reflects the majority of ADOC facilities are PREA Certified.

In view of the above, the auditor finds RRCC to be substantially compliant with 115.21.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. According to the Warden, five allegations of sexual abuse and sexual harassment were received during the last 12 months and all were administratively investigated. None of these allegations were referred for criminal investigation. The Warden further self reports all of these administrative investigations were completed.

Pursuant to the auditor's review of six Sexual Harassment/Sexual Assault investigative files, three were conducted in 2018 and three were conducted in 2017. Five of these investigations were referred to ADOC CIU and one was investigated administratively.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 23, section 14.2.4(O) addresses 115.21(a) in totality. ADOC Department Order 125 entitled Sexual Offense Reporting, page 1, section 125.01 generally addresses 115.22(a).

Based on the auditor's limited review of the one completed administrative investigation provided with the PAQ, it is apparent the same is reflective of compliance with 115.22(a). The allegation was clearly sexual abuse, in nature, and it is apparent that an ADOC CIU investigator was also involved in the investigation. The CIU investigator's role is clearly documented in the report.

The auditor's on-site review of four additional sexual abuse investigative reports (2017 and 2018) reveals substantial compliance with 115.22(c). As in the preceding paragraph, the ADOC CIU investigator was involved in the investigation and his role and actions were clearly documented in the reports.

According to the Agency Head interviewee, an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. Administrative investigations are completed by a PREA trained investigator and whenever the Inspector General (IG) arm of the partner is tasked with facilitation of criminal investigations, they are generally PREA trained pursuant to the contract.

In regard to the protocol relative to administrative/criminal sexual abuse or sexual harassment investigations, the Agency Head interviewee asserts the allegation triggers the rest of the investigative process. Medical examination and allegations the victim incurred physical harm may trigger a forensic examination as ordered by Medical professionals. The allegation is generally reported to the Chief of Security (COS), Warden, and PCM. Notifications to the facility Investigator and/or criminal investigating agency would ensue.

Ensure the victim and perpetrator are separated and perpetrator, if known, is isolated. The victim would likewise remain under staff's physical supervision. Generally, physical evidence is collected by the criminal investigator in a criminal matter. If criminal, the criminal investigator determines interview status and whether the facility Investigator assists. CC investigative staff would assist the criminal investigator in any way needed, inclusive of research and preservation of camera footage, inmate/staff file reviews, review of reports submitted by staff, review of inmate statements (if applicable), and coordination of investigative activities. Additionally, CC officials would support prosecution efforts of both staff and inmates.

The administrative investigation is generally completed by the facility Investigator. He/she employs essentially the same protocol however, he/she does interview witnesses and assesses victim, perpetrator, and witness credibility. Finally, the Investigator writes an investigative report.

Pursuant to the PAQ, the Warden self reports the agency has a policy that requires allegations of sexual abuse and sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The Warden further self reports agency policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website or made publicly available via other means. The agency documents all referrals of sexual abuse or sexual harassment for criminal investigation.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 24, section 14.2.4(O)(3)(a and b) addresses 115.22(b) in totality. This policy stipulates if the contracting governmental correctional agency utilizes an internal investigative process required by contract, law, or regulation, that agency's investigative process will be involved for allegations of sexual abuse. ADOC Department Order 608 entitled Criminal Investigations, page 6, section 608.08 (1.1)(1.1.1-1.1.3) expounds upon the sexual assault investigation issue. The CIU is responsible for sexual assault investigations according to ADOC policy.

According to the investigative staff interviewee, agency policy requires 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. According to the interviewee, the ADOC CIU facilitates criminal investigations of sexual abuse or harassment pursuant to ADOC Department Orders 125 and 608.

ADOC CIU conducts all sexual abuse investigations. According to the Investigator, his role is strictly support in such matters. He does not participate in interviews nor is he involved in evidence collection. ADOC has their own evidence locker at RRCC, to which ADOC staff have the only keys.

The auditor's review of the CC website revealed CC Policy 14-2 is posted on the same. Accordingly, the verbiage, as articulated previously, is available on the website. Additionally, the specific duties of both CC and ADOC investigators is present.

In view of the above, the auditor finds substantial compliance with 115.22 and accordingly, RRCC is deemed to be compliant.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? Yes No

- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the agency trains all employees who may have contact with inmates regarding the ten topics listed in 115.31(a).

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 6, section 14.2.4(C)(1)(a)(i-xv) addresses 115.31(a) in totality. ADOC Department Order 125 entitled Sexual Offense Reporting, page 17, section 125.10 (1.1) also addresses the PREA topic training requirements as articulated in 115.31(a). The auditor's limited review of the CC PREA Orientation Curriculum dated January, 2014 and entitled PREA: Sexual Abuse, Prevention, and Response reveals the requisite 10 topics are covered with narratives and slides. All requisite training as applied to [115.31(a)] is available at RRCC. Additionally, the auditor's review of the ADOC PREA Power Point presentation also validates compliance with sub-topics 2, 5, 6, 7, 8, and 9 as reflected above. Zero tolerance, as applied to sexual abuse is addressed in the slides however, zero tolerance regarding sexual harassment is not addressed.

The auditor's review of the one training record included with the PAQ reflected compliance with 115.31(a).

All 13 random staff interviewees advised they had received PREA training regarding the topics articulated in 115.31(a) above. Minimally, all random staff interviewees hired since the last PREA audit received such training during the Academy and prior to assumption of duties with inmates. Minimally, all random staff interviewees asserted they received Annual In-Service training regarding the aforementioned topics.

The auditor's review of 18 staff training files reveals substantial compliance with 115.31(a). Specifically, 16 of the 18 files reviewed revealed documentation substantiating receipt of requisite training during the Academy and/or annual In-Service training. Two files were absent some In-Service training records. Of note, documentation in each case did include the "I understand" caveat.

Pursuant to the PAQ, the Warden self reports training is tailored to the gender of the inmates assigned to the facility. The Warden further self reports employees who are reassigned from facilities housing opposite gender inmates are given additional training.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 6, section 14.2.4(C)(1)(a) and page 8, section C(1)(c) address 115.31(b) in totality.

Reportedly, no staff were transferred, reassigned, or promoted from a female facility during the last three years.

Pursuant to the PAQ, the Warden self reports that 345 staff (100%) employed by the facility, who may have contact with inmates, were either trained or retrained in PREA requirements. Between trainings, staff are notified of all new and/or revisions to existing policies. Staff are required to complete a Policy Acknowledgment once their review is conducted. According to the Warden, employees who may have contact with inmates receive refresher training on an annual basis.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 6, section 14.2.4(C)(1)(a) and page 8, section C(1)(d)(ii) addresses 115.31(c) in totality. ADOC Department Order 125 entitled Sexual Offense Reporting, page 17, section 125.10 (1.1) addresses the PREA annual training requirement.

As standard provision 115.31(c) requires additional PREA training every two years, RRCC exceeds the standard based on the provision of annual PREA training.

Pursuant to the PAQ, the Warden self reports the agency documents that employees who may have contact with inmates understand the training they have received through employee signature or electronic verification.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 8, section C(1)(d)(i and ii) addresses 115.31(d) in totality.

The auditor's review of the one training record included with the PAQ reflected compliance with 115.31(d). Specifically, the "understand" caveat, as articulated in 115.31(d), is reflected in the document. Additionally, the employee's signature and date are affixed to the same document. As previously reflected, the auditor's review of the afore-mentioned 18 employee training files reveals the "I understand" caveat is included in the same.

The auditor finds RRCC to have exceeded standard expectations with respect to 115.31. Specifically, as reflected above, PREA In-Service training is provided to staff on an annual basis. Pursuant to 115.31(c), refresher training is mandated every two years.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports all contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. The Warden further self reports that 25 volunteers and individual contractors (100%), who have contact with inmates, have been trained in the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 8, section 14.2.4(C)(2)(a) addresses 115.32(a) in totality. ADOC Department Order 125 entitled Sexual Offense Reporting, page 17, section 125.10 (1.1) also addresses 115.32(a). This policy stipulates all contractors who have contact with inmates receive annual PREA Training and participants sign the requisite PREA Training Acknowledgment. Additionally, all volunteers must receive PREA training prior to providing volunteer services.

The auditor's review of six signed and dated Policy Acknowledgments and training receipts for volunteers and contractors reveals substantial compliance with 115.32(a). Contractors/volunteers either attend a formal PREA class or completed the on-line PREA class (the latter being the most common).

Reportedly, volunteers/contractors are provided CC Policy 14-2 (referenced throughout this report) and they sign the Policy Acknowledgment prior to assuming any duties. The Acknowledgment clearly reflects their understanding of the policy.

According to the contractor interviewee, he has been trained relative to his responsibilities regarding sexual abuse and sexual harassment, prevention, detection, and response per agency policy and procedure.

Pursuant to the PAQ, the Warden self reports the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. The Warden further self reports all volunteers and contractors, who have contact with inmates, have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 8, section 14.2.4(C)(2)(b) addresses 115.32(b) in totality. ADOC Department Order 125 entitled Sexual Offense Reporting, page 19, section 125.10 (1.3) also addresses 115.32(b). This policy stipulates all contractors who have contact with inmates, receive Pre-Service PREA training.

The auditor's review of the CC/RRCC training curriculum for contractors is identical to that for staff as mentioned in the narrative for 115.31. The auditor's review of the Volunteer Training Topic Matrix reflects a one hour PREA presentation is provided for Level I volunteers and a 30 minute presentation is provided for Level II volunteers. The same PREA training strategy is employed with respect to annual training for each volunteer type.

The auditor's review of TKC (Trinity- contractual Food Service provider) PREA Power Point slides reflects compliance with 115.32(b), at a minimum. Training documentation reflects three Trinity staff completed the training during October, 2017 however, there were no completions during 2018. The annual training period for 2018 has not yet expired as of the dates of the on-site audit. Additionally, the Trinity training schedule reflects a four hour block of instruction for PREA.

Reportedly, only Level II volunteers are utilized at RRCC. Level II volunteers provide irregular or occasional service(s) to the inmate/resident population, on behalf of a non-profit entity, and have attended a basic volunteer orientation, and been appropriately vetted for security purposes.

The auditor's review of three training certificates and accompanying training documents reveals all three volunteers completed both the PREA on-line course and reviewed CC Policy 14-2 entitled Sexual Abuse Prevention and Response.

The auditor's review of eight CC PREA Policy and/or Training Acknowledgments for eight contractors validates compliance with 115.32. All participants signed the document, attesting they completed requisite training and they understand the same. According to the contractor interviewee, the CC training consisted of a 40 hour block, inclusive of PREA and the 40 hour CC In-Service training, also inclusive of PREA. Trinity also provides and on-line training course. The interviewee advised he has been notified of the agency's zero-tolerance policy on sexual abuse and sexual harassment, as well as, informed about how to report such incidents.

Pursuant to the PAQ, the Warden self reports the agency maintains documentation confirming that volunteers/contractors understand the training they have received.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 8, section 14.2.4(C)(2)(c) addresses 115.32(c) in totality.

The auditor finds RRCC is substantially compliant with 115.32.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

- Have all inmates received such education? Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?
 Yes No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? Yes No

- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? Yes No

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports 2375 inmates were admitted to RRCC during the last 12 months whose length of stay was 30 days or more. According to the Warden, all of these inmates received comprehensive PREA education within 30 days of Intake.

Pursuant to the PAQ, the Warden self reports inmates receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. The Warden further self reports 2375 inmates were admitted to RRCC during the last 12 months, of which 100% were provided the requisite information at intake.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 13, section 14.2.4(I)(1) addresses 115.33(a). This policy stipulates that upon arrival at the facility, inmates are provided written information regarding sexual abuse prevention and reporting pursuant to the Inmate Handbook and a brochure(s).

The auditor's review of an Activity In/Out Log dated March 24, 2017 and accompanying completed ADOC RRCC Viewing of PREA Video and Receiving Handout form substantiates one inmate who arrived on the afore-mentioned date viewed the PREA video and received PREA brochures bearing

requisite information. The inmate signed and dated this document, attesting to his understanding of the zero tolerance policy regarding sexual assault and reporting procedures relative to the same.

The auditor's review of the RRCC Inmate Handbook, CC Preventing Sexual Abuse and Misconduct brochure, and the ADOC Prison Rape Elimination Act and Sexual Awareness brochure confirms the zero tolerance policy of RRCC regarding sexual abuse and sexual harassment and the various options for reporting incidents or suspicions of sexual abuse or sexual harassment. All materials are presented in both English and Spanish. The PREA video is likewise presented in both English and Spanish.

According to the staff Intake interviewee, he does not provide inmates with information about the zero tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. The information, in question, is provided to all new admissions by the Intake Unit Case Manager.

Information gleaned outside interviews reveals the Intake Unit has been in existence for a short period of time (approximately five months). The requisite information is provided following regular Intake/Medical processing and physical movement to the Intake Unit. With this format, one Case Manager is tasked with provision of all PREA related information and initial PREA screening (115.41) to all new admissions.

Prior to inception of the Intake Unit, the same process was used however, the inmates were placed in assigned units throughout the compound. The Case Manager assigned to the case was then charged with the responsibility to provide requisite PREA information, as well as, Orientation, to new admissions on their caseload. Additionally, the Case Manager was responsible for facilitation of the initial PREA screening pursuant to 115.41.

Of the 34 random inmate interviewees, 32 advised they received a PREA packet at Intake. The PREA packet consisted of flyers, brochures, and the Inmate Handbook. Some interviewees advised staff provided some verbal instruction during Intake and some advised they thought they reviewed the PREA video during Intake. Minimally, with the exception of four interviewees, they reviewed the video during Orientation, which occurred generally within one week of Intake.

The auditor's review of 17 random inmate files reveals one inmate received timely information as prescribed in 115.33(a). One other inmate received the information within two days of Intake, still outside the requisite "time of arrival" time frame.

Pursuant to the PAQ, the Warden self reports all inmates, received within the last 12 months, have been educated within 30 days of Intake. The Warden further self reports agency policy requires that inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse/sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents to the extent that the policies and procedures for the new facility differ from those of the previous facility.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 13, section 14.2.4(I)(1) (1)(a through i) addresses 115.33(b) in totality. Additionally, pursuant to the RRCC Inmate Handbook, inmate Orientation is facilitated within seven days of arrival wherein a segment regarding PREA is presented. ADOC Department Order 125 entitled Sexual Offense Reporting, page 3, section 125.02 (1.1)(1.1.1 through 1.1.4) also addresses 115.33(b).

As previously reflected in the narrative for 115.33(b), policy requires all inmate admissions to RRCC receive the PREA Orientation education.

According to the staff Intake interviewee, the Intake Unit Case Manager facilitates inmate training, ensuring they are educated regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. He further related he thought the same was facilitated within 48 hours of Intake.

Pursuant to conversation with the Intake Unit Case Manager, the auditor learned that Orientation, during which these topics are addressed and the PREA video is presented, is generally accomplished within seven days of Intake. This has been the case during the last five months, to his knowledge.

Five of the 34 random inmate interviewees advised they did not participate in a PREA Orientation program. The remaining interviewees advised they received the Orientation within one week of Intake and all relevant topics, as articulated in 115.33(b), were presented.

Pursuant to the auditor's review of the previously referenced 17 random inmate files, no inmates received the requisite Orientation PREA training and associated topics within the CC prescribed seven days of Intake.

Pursuant to the PAQ, the Warden self reports education is available in accessible formats for all inmates, including those specific groups listed in the verbiage of 115.33(d).

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 14, section 14-2.3(I)(2)(a and b) generally addresses 115.33(d). ADOC Department Order 108 entitled Americans with Disabilities Act, pages 7 and 8, sections 1.4 and 1.5 in entirety, address 115.33(d). Specifically, written instructions shall be provided to hearing impaired inmates during Orientation and procedures shall be read to visually impaired inmates. Auxiliary methods of communication are also utilized in Americans with Disabilities Act (ADA) facilities [e.g. Telephone Devices for the Deaf (TDD)]. Additional auxiliary services are identified on page 10 of the same ADOC policy, section entitled Auxiliary Aids and Services. Auxiliary Aids and Services include use of a qualified interpreter, qualified reader, note-taker, taped text, transcription service, modification of equipment, relay service, TDD, large print, Braille, written material, telephone amplifier, etc.

As reflected in the narrative for 115.16(b), the agency has established procedures to provide inmates with limited English proficiency 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.

ADOC Department Order 125 entitled Sexual Offense Reporting, pages 3 and 4, section 125.02 (1.1 and 1.2) address 115.33(d). According to these provisions, orientation material is provided in both English and Spanish, verbal and written. An ADOC Sexual Assault Awareness pamphlet is provided to each inmate as part of the institutional orientation process.

Of note, the auditor reviewed the afore-mentioned pamphlet and the same is presented in both English and Spanish.

The auditor reviewed the contract between CC and Language Line Interpreter Services for provision of services to non-English speaking inmates. Services for 250-plus languages are provided pursuant to this service.

The Warden has identified two RRCC staff as Certified Spanish Interpreters as articulated in a July 11, 2016 memorandum.

Reportedly, neither the Inmate Handbook nor the afore-mentioned brochure are published in large print. Furthermore, the Inmate Handbook and brochure have not been reviewed relative to age-appropriate readability.

It is also reported that RRCC is not designated as an ADA facility as described in the afore-mentioned ADOC policy. Inmates are generally not designated to RRCC with the acute issues identified in 115.33(d). There are no MOUs between RRCC and local service providers relevant to the disabilities referenced in this provision.

A discussion regarding findings from affected inmates regarding this subject-matter is clearly articulated in the narrative for 115.16. As previously indicated in that narrative, inmates experienced no concerns regarding effective presentation of PREA information and their ability to understand.

Pursuant to the PAQ, the Warden self reports the agency maintains documentation of inmate participation in PREA sessions.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page14, section 14-2.3(I)(3) addresses 115.33(e).

The auditor's review of random inmate files validates RRCC compliance with 115.33(e). Clearly, requisite certifications are signed and dated by inmate participants.

Pursuant to the PAQ, the Warden self reports the agency ensures key information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks, or other written formats.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page14, section 14-2.3(I)(4) addresses 115.33(f).

As addressed in earlier narrative provisions related to 115.33, written materials, presented in both English and Spanish, are provided to inmates during Intake and Orientation.

During the facility tour, the auditor observed numerous PREA posters, printed in both English and Spanish, in each housing pod, program and operational areas, and areas of congregation. The auditor also observed numerous memorandums, printed in both English and Spanish and covering reporting procedures, telephone numbers, addresses, posted on housing pod bulletin boards.

In addition to the above, the auditor observed posters, telephone numbers for the "Ethics Hotline", and other PREA related information, hung in staff assembly areas. The auditor is convinced PREA is well publicized at RRCC and both staff and inmates have significant information at their fingertips regarding PREA issues/procedures.

As clearly reflected above, RRCC is not compliant with 115.33(a) and 115.33(b). Specifically, documentary evidence reflects provision of information at Intake and Orientation is largely untimely. Absent timely provision of requisite PREA information, inmates are not sufficiently educated regarding sexual abuse/sexual harassment reporting procedures and zero tolerance prior to assignment to a housing unit. Similarly, absent timely orientation, inmates are further deprived of knowledge of their rights pursuant to PREA, techniques for evasion of PREA incidents, and what sexual assault looks like.

As previously indicated, corrective action has been implemented by virtue of establishment of an Intake Unit with PREA education responsibilities delegated, minimally, to a single employee. Pursuant to conversation with this employee, the auditor finds that he is knowledgeable of his responsibilities.

Continued monitoring of inmate arrival rosters compared to the timeliness of completion of Intake education and Orientation education (audits of inmate files and associated documents to determine timeliness) will be essential to corrective action. Addressing findings on a perpetual basis will likewise be critical.

Corrective action must be completed on or before December 28, 2018 however, resolution is targeted for completion on or before September 28, 2018. RRCC staff will submit a monthly list of new commitments and the auditor will select random names from the same. Requisite documentation will be forwarded to the auditor, verifying the inmate's date of arrival at RRCC and the date of provision of initial PREA education. Similarly, requisite documentation will be forwarded to the auditor regarding

Orientation completions. The documentation submitted to the auditor will bear the inmate's signature and date on each document.

The auditor will review progress during this targeted 90-day period and if closure is appropriate after the 90-day period, he will effect the same.

September 17, 2018 Update:

The auditor's review of 10 Intake PREA training receipts reveals compliance with the 115.33(a) timeline in six cases. This analysis is related to inmates arriving at RRCC subsequent to May 10, 2018 (inmate files randomly identified by the auditor). According to the documentation provided, Inmate Acknowledgment of 30 PREA Assessment and Comprehensive PREA Training, eight of ten inmates received Orientation and Comprehensive PREA training in accordance with CC policy guidelines (within 30 days of Intake). In one of the remaining cases, the inmate was transferred prior to the expiration of the requisite 30-day maximum. In the other case, Orientation exceeded the requisite time frame.

There is some progress with initial PREA education and Comprehensive PREA training. However, the auditor is submitting 10 additional randomly selected inmate names for review of Intake PREA information receipt, as well as, PREA Orientation (again with a focus on timeliness). This effort will ensure the process is institutionalized.

October 30, 2018 Update:

The auditor's random review of 13 additional inmate files bearing the afore-mentioned documents reveals standard compliance in 10 cases. Clearly, timely dissemination of both Intake information, as well as, the 30-day comprehensive PREA information is timely. The RRCC PCM has been instrumental in terms of implementation of corrective action and follow-up regarding the same.

In view of the above, the auditor finds RRCC to be substantially compliant with 115.33(a and b).

The auditor finds RRCC to be substantially compliant with 115.33.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators 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 115.21(a).) X Yes No NA

115.34 (b)

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 7, section 14-2.3(C)(1)(b)(i) addresses both 115.34(a and b). ADOC Department Order 125 entitled Sexual Offense Reporting, page 19, section 1.4 also addresses the above. This policy stipulates CIU investigators (ADOC) shall receive training in conducting sexual abuse investigations in a confinement setting.

The auditor's review of the RRCC PREA Investigator training records reveals he completed a three hour PREA Investigator training, as well as, Operation Diamondback Investigators training. The auditor's review of slides from the PREA Investigators Training reflected discussions regarding techniques for interviewing sexual abuse victims, Miranda and Garrity rights, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The slides are a combination of National Council on Crime and Delinquency (NCCD), the Bureau of Justice Assistance (BJA), and the Moss Group.

The investigative interviewee asserts he has received training specific to conducting sexual abuse investigations in confinement settings. Reportedly, he received PREA Resource Center specialty training presented by the Moss Group.

According to the investigative interviewee, the Operation Diamondback Investigators Training program was one week, in duration. A Power Point presentation regarding PREA definitions, etc., evidence gathering, interviewing techniques, among other topics, was presented. A mock crime scene and accompanying mock investigation(s) was also included in the program. The investigative interviewee asserts training topics included:

Techniques for interviewing sexual abuse victims;
Proper use of Miranda and Garrity warnings;
Sexual abuse evidence collection in confinement settings; and
The criteria and evidence required to substantiate a case for administrative or prosecution referral.

Pursuant to the PAQ, the Warden self reports the agency maintains documentation showing that investigators have completed the required training. The Warden further self reports RRCC currently employs one PREA Investigator and he completed the required training.

The auditor's review of one staff training record and certificate for completion of the National Institute of Corrections (NIC) course entitled PREA: Investigating Sexual Abuse in a Confinement Setting confirms substantial compliance with 115.34(c). This certificate pertains to the facility Investigator.

In view of the above, the auditor finds RRCC to be substantially compliant with 115.34.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? Yes No

- 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? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? Yes No
- 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? Yes No

115.35 (b)

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

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? Yes No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? 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*)

Pursuant to the PAQ, the Warden self reports the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. According to the Warden, five

medical and mental health care practitioners work regularly at the facility and have received the requisite training. Reportedly, this equates to 100% who work regularly at the facility and have received training.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 7 and 8, section 14-2.3(C)(1)(b) (ii) addresses 115.35(a).

PREA Specialty Training for Medical and Mental Health Staff is presented on a DVD. This training is provided by CC.

According to the medical/mental health interviewees, both completed specialized training regarding sexual abuse and sexual harassment. The training did cover the following topics:

How to detect and assess signs of sexual abuse and sexual harassment;
How to preserve physical evidence of sexual abuse;
How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

Pursuant to the PAQ, the Warden self reports agency staff at this facility do not conduct forensic examinations. Of note the medical and mental health interviewees also assert forensic examinations are not conducted at RRCC.

As reflected in the narrative for 115.21(c), CC has entered into an MOU with a local medical facility regarding the provision of forensic examinations. The MOU is briefly discussed in the afore-mentioned narrative.

The auditor's review of five Mental Health Employment Education and Training Records reveals completion of the requisite training.

In addition to the above, the auditor's review of individual records does reflect successful completion of the Specialty PREA Training by medical staff.

According to the medical staff interviewee, she completed annual PREA training during April, 2018. Review of the training files of both the medical and mental health interviewees reflects completion of Annual PREA Training on April 7, 2017 and March 1, 2018, respectively. Given the mechanics of the training year, Annual PREA Training will be conducted prior to September, 2018. Additionally, specialty training was completed on March 1, 2018.

In view of the above, the auditor finds RRCC to be substantially compliant with 115.35.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
 Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? X Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? X Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? X Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? X Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? X Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? X Yes No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? X Yes No

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? X Yes No

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? X Yes No

115.41 (f)

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

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral?
 Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Request?
 Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?
 Yes No

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other inmates.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 12, section 14-2.3(H)(1) addresses 115.41(a).

Pursuant to the staff who perform screening for risk of victimization and abusiveness interviewee, he does screen inmates upon admission to RRCC for risk of sexual abuse victimization or sexual abusiveness (PREA screening) toward other inmates. He has assumed such duties in the Intake Unit for one month. Prior to his assumption of such duties, another staff member assumed such duties for a four month period. Prior to that individual, each individual Case Manager, to whom new commitments were assigned, was responsible for PREA screening. This is the same scenario as described in the narrative for 115.33(a).

Six of the 34 random inmate interviewees advised they did not receive a PREA screening, whatsoever. Three additional random inmate interviewees advised they weren't sure if they received a PREA screening. There is significant disparity in terms of timeliness regarding administration of the PREA screening at RRCC. Specifically, many interviewees advised they received the PREA screening at Intake (upon commitment to the facility) while others advised they received the same at Orientation, within the first week of Intake, within the first month of Intake, and some advised they weren't sure of when the instrument was administered.

Pursuant to conversation with the RRCC PCM and other staff, the auditor learned new commitments are initially screened at Alhambra (an ADOC intake facility). The ADOC screening is entered into the AIMS system (ADOC offender management system). In accordance with the standard, upon arrival at a different facility (RRCC), the inmate is screened by RRCC staff. Subsequent to comparison against the ADOC PREA screening, if there is any disparity, designated RRCC staff will enter updates into AIMS. It is noted the Intake Unit Case Manager also confirmed this process.

Clearly, a PREA screening is required pursuant to 115.41(a) upon inmate admission to RRCC. This is non-negotiable.

Pursuant to the PAQ, policy requires that inmates be screened for risk of sexual victimization or risk of abusing other inmates within 72 hours of their intake. In the past 12 months, the Warden self reports 2375 inmates entered the facility (either through intake or transfer) whose length of stay in the facility was 72 hours or more were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of entry into the facility. This equates to 100% of those inmates screened pursuant to the criteria specified in the preceding sentence.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 13, section 14-2.3(H)(1)(a) addresses 115.41(b). This policy stipulates PREA screening shall be conducted within 24 hours of admission to the facility.

Pursuant to the staff who perform screening for risk of victimization and abusiveness interviewee, he screens inmates for risk of sexual victimization or risk of sexually abusing others within 72 hours of Intake. He further self reported such screenings are conducted within 24 hours, per CC policy.

It is important to remember the narrative as reflected at 115.41(a) regarding procedures implemented with the Intake Unit vs. previous procedural implementation. The same provides perspective regarding the status of 115.41(b).

The auditor's review of one Daily Admit Report dated October 4, 2017 and a corresponding completed PREA Assessment Questionnaire Information for one inmate admission substantiates compliance with 115.41(b). Specifically, the inmate was admitted on October 4, 2017 and screened on the same date.

On-site review of the previously mentioned 17 random inmate files reveals 13 initial PREA screenings were found to be untimely as prescribed by the afore-mentioned CC policy. Specifically, initial screenings were conducted within two to 20 plus days from the date of arrival at RRCC.

In view of the above, the auditor finds RRCC to be non-compliant with 115.41(b). Accordingly, corrective action must be completed on or before December 28, 2018 however, resolution is targeted for completion on or before September 28, 2018. As mentioned in the narrative for 115.33, corrective action has already been implemented with respect to this provision. Establishment of the Intake Unit and assignment of initial PREA screening to one staff member is a huge step towards correction.

To ensure the auditor is reasonably assured this deficiency has been corrected, RRCC staff will provide a monthly inmate roster of inmates admitted since May 10, 2018. The auditor will randomly select inmates and RRCC staff will forward the initial PREA screening for each inmate, to the auditor for review.

The auditor will review progress during the target 90-day period and if closure is warranted after the 90-day period, he will effect the same.

September 17, 2018 Update:

The auditor's review of 10 random initial PREA screenings relative to inmates arriving at RRCC subsequent to May 10, 2018 (inmate files identified by the auditor) reveals three of 10 initial screenings were facilitated outside the 24-hour time frame as prescribed by CC policy. While the above reflects progress, the auditor will review another set of randomly selected files in an effort to ensure the process is institutionalized.

October 2, 2018 Update:

The auditor's review of 10 additional random initial PREA screenings relative to inmates arriving at RRCC subsequent to July 1, 2018 (inmate files identified by the auditor) reveals all of the 10 initial screenings were facilitated in a timely manner and in accordance with the 24 hour time frame prescribed by CC policy.

The auditor is satisfied the practice is institutionalized and RRCC is compliant with 115.41(b).

Pursuant to the PAQ, the Warden self reports the risk assessment is conducted using an objective screening instrument.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 13, section 14-2.3(H)(1)(c) addresses 115.41(c).

The auditor's review of the PREA Assessment Questionnaire Information reveals the same is, for the most part, based on objective criteria.

The auditor's review of the PREA Assessment Questionnaire Information reveals the intake screening considers, at a minimum, the following criteria to assess inmates for risk of sexual victimization:

1. Whether the inmate has a mental, physical, or developmental disability;
2. The age of the inmate;
3. The physical build of the inmate;
4. Whether the inmate has previously been incarcerated;
5. Whether the inmate's criminal history is exclusively nonviolent;
6. Whether the inmate has prior convictions for sex offenses against an adult or child;
7. Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;
8. Whether the inmate has previously experienced sexual victimization;
9. The inmate's own perception of vulnerability;
10. Whether the inmate is detained solely for civil immigration purposes.

Of note, other subjective questions are asked pursuant to the PREA Assessment Questionnaire Information. Additionally, as reflected on the afore-mentioned form and pursuant to CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 13, section 14-2.3(H)(1)(b), the inmate's file and other source documentation are reviewed to validate the screening tool findings and inmate interview.

The auditor's review of the PREA Assessment Questionnaire Information reveals the intake screening and reassessment minimally considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive. Prior convictions and administrative disciplinary actions are considered.

Pursuant to the staff who perform screening for risk of victimization and abusiveness interviewee, the initial PREA screening considers, minimally, history of sexual victimization, age, gender, gender identity, whether it is the inmate's first time in prison, whether the inmate is incarcerated for a sexual offense, and history of violence.

In response to a query regarding the process for conducting the initial PREA screening, the staff who perform screening for risk of victimization and abusiveness interviewee advised the inmate is processed through Intake, moved to Medical for medical screening, and then moved to E Unit for placement in the Intake Pod (EC). Subsequent to placement in EC, the inmate is issued a PREA packet, views the PREA

video, and the Intake Unit Case Manager discusses material, inclusive of reporting procedures. Subsequently, a demonstration regarding use of the inmate PREA Hotline is facilitated. Inmates are advised the Hotline is free and unmonitored.

Pursuant to the PAQ, the Warden self reports the policy requires that the facility reassesses each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. The Warden further self reports 2375 inmates who were admitted to the facility during the last 12 months were reassessed for their risk of sexual victimization or of being sexually abusive, within 30 days of admission, based upon any additional, relevant information received since Intake. Reportedly, this equates to 100% reassessments of all Intakes during the last 12 months. CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 13, section 14-2.3(H)(2)(a) addresses 115.41(f).

Pursuant to the staff who performs screening for risk of victimization and abusiveness interviewee, a seven and 30 day PREA Re-assessment follows when the inmate is reassigned to his parent housing unit. These time frames commence from the date of arrival. The CC Offender Management System is used to track these dates to ensure timeliness.

Twenty of the 34 random inmate interviewees advised they had not received a PREA Reassessment within 30 days of arrival. Several of the remaining 14 random inmate interviewees advised they do not recall and others said they had received the same. Very few of these respondents advised they received the Reassessment within 30 days of arrival at RRCC.

The auditor's review of two 30-day PREA reassessments reveals compliance with the time line established in 115.41(f). Specifically, both reassessments were facilitated within 30-days of Intake.

Pursuant to the auditor's previously referenced on-site review of 17 random inmate files, many of the same relative to random inmate interviewees, seven inmates received timely PREA Reassessments in accordance with the provision. Accordingly, these findings validate, for the most part, the statements of the random inmate interviewees referenced in preceding paragraphs.

In view of the above, the auditor finds RRCC to be non-compliant with 115.41(f) for the three year audit period. The corrective action procedure, as reflected above in the narrative for 115.41(b), is also applicable to 115.41(f), substituting the initial PREA screening with the PREA Reassessment documentation.

September 17, 2018 Update:

The auditor's review of 10 random 30-day PREA screenings relative to inmates arriving at RRCC subsequent to May 10, 2018 (inmate files identified by the auditor) reveals two of 10 30-day PREA Reassessments were facilitated outside the 30-day time frame as prescribed by 115.17(f). While

the above reflects progress, the auditor will review another set of randomly selected files in an effort to ensure the process is institutionalized.

October 2, 2018 Update:

The auditor's review of additional 10 random 30-day PREA screenings relative to inmates arriving at RRCC subsequent to July 1, 2018 (inmate files identified by the auditor) reveals one of 10 30-day PREA Reassessments was facilitated outside the 30-day time frame as prescribed in 115.17(f).

Given the above, the auditor is satisfied the practice is institutionalized and he therefore finds RRCC to be compliant with 115.41(f).

Pursuant to the PAQ, the Warden self reports the policy requires that an inmate's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 13, section 14-2.3(H)(2)(b) addresses 115.41(g). This policy stipulates that the same form will be utilized for assessment following referral for any of the identified reasons.

Pursuant to the staff who performs screening for risk of victimization and abusiveness interviewee, he reassesses inmate risk levels, as needed, due to a referral , request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness, while the inmate is housed in the Intake Unit. Subsequent to reassignment to their parent housing unit, their assigned case manager assumes these duties.

The auditor found no evidence substantiating deviation from either policy or standard in regard to the subject-matter of this provision.

Pursuant to the PAQ, the Warden self reports the policy prohibits disciplining inmates for refusing to answer (or for not disclosing complete information related to) questions regarding:

Whether or not the inmate has a mental, physical, or developmental disability;
Whether or not the inmate is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;
Whether or not the inmate has previously experienced sexual victimization; and
The inmate's own perception of vulnerability.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 13, section 14-2.3(H)(3)(a through d) addresses 115.41(h).

Pursuant to the staff who performs screening for risk of victimization and abusiveness interviewee, inmates are not disciplined for any of the reasons articulated in the preceding two paragraphs. The auditor found no evidence of deviation from either policy or provision.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 4, section 14-2.3(A)(2) addresses 115.41(i).

Reportedly, there are no additional procedural memorandums, etc. articulating any specific staff titles regarding information dissemination as related to 115.41(i).

According to the CCPC, RRCC PCM, and staff who performs screening for risk of victimization and abusiveness interviewees, the agency has outlined who should have access to an inmate's risk assessment within the facility in order to protect sensitive information from exploitation. Such information is shared on a "Need to Know" basis only.

In view of the above, the auditor finds RRCC to be non-compliant with 115.41.

Standard 115.42: Use of screening information

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

115.42 (a)

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

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay,

bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? 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*)

Pursuant to the PAQ, the Warden self reports the facility uses information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 12 section 14-2.3(H)(1) addresses 115.42(a).

According to the RRCC PCM interviewee, potential victims are separated from potential predators pursuant to the PREA screening process. Housing assignments are key to ensuring the security and good order of the facility. The PREA screening information entered into AIMS ensures potential victims and potential predators remain separate. This includes any new information gleaned pursuant to the RRCC PREA screening, information gleaned pursuant to investigations and added to AIMS, and information received from various credible sources substantiating either status.

According to the staff who performs screening for risk of victimization and abusiveness interviewee, high points on the PREA screening tool equate to potential predator and very low points equate to potential victim. Potential victims are not housed with potential predators. The AIMS system actually ensures this does not occur.

Pursuant to the PAQ, the Warden self reports the facility makes individualized determinations about how to ensure the safety of each inmate.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 14 and 15 section 14-2.3(J)(1)(a) addresses 115.42(b). This policy is specific to LGBTI housing and program assignments.

Pursuant to the PAQ, the Warden self reports the facility makes housing and program assignments for transgender and intersex inmates in the facility on a case-by-case basis.

The relevant policy provision is discussed in the narrative for 115.42(b) above.

According to the RRCC PCM, transgender/intersex inmates would not be placed with potential predators. Transgender/intersex inmates would be housed in the general population unless safety/security concerns dictate another course of action, as is the case with any inmate. If necessary to ensure safety, transgender/intersex inmates may be housed in a single cell. There is a separate shower in medical for use by transgender/intersex inmates or, if elected by the affected inmate, they may shower in the pod during count times. ADOC actually determines, per contract, whether the inmate is identified as transgender/intersex.

As reported, there were no transgender/intersex inmates housed at RRCC during the on-site audit. Accordingly, such interview(s) could not be conducted.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 15 section 14-2.3(J)(1)(b) addresses 115.42(d).

Reportedly, no transgender/intersex inmates have been housed at RRCC during the past two years.

According to the RRCC PCM, placement and programming assignments for each transgender/intersex inmate would be conducted, minimally, every 30 days to review any threats to safety experienced by the inmate. The PCM would be the driving force in this scenario.

According to the staff who performs screening for risk of victimization and abusiveness, he has never had a transgender/intersex inmate assigned to his caseload. However, he has a plan whereby he would address reassessments of the requisite information pertinent to any transgender/intersex inmate assigned to his caseload. Minimally, reviews would be facilitated twice per year.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 14 and 15 section 14-2.3(J)(1)(a) addresses 115.42(e).

Reportedly, there has been no occurrences of transgender or intersex inmates housed at RRCC during the last two years, requesting placement in specific housing unit(s) based on their own perception of their safety.

According to the RRCC PCM and staff who performs screening for risk of victimization and abusiveness interviewees, transgender/intersex inmate views with respect to his own safety are given serious consideration in placement and programming assignments.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 16, section 14-2.3(K)(7) addresses 115.42(f).

According to the RRCC PCM and staff who performs screening for risk of victimization and abusiveness interviewees, transgender/intersex inmates would be given the opportunity to shower separately from other inmates either during counts or in Medical. A form is provided in the PREA Intake packet whereby the inmate can elect regarding separate showering.

Reportedly, during the last two years, there has been no instances wherein transgender/intersex inmates have requested access to separate showers from general population inmates. The auditor did observe adequate facilities to accommodate such requests during the facility tour.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 15, section 14-2.3(J)(1)(c) addresses 115.42(g).

According to the CCPC, facility staff in all CC facilities are keenly aware designated facilities, wings, etc. are unacceptable for the housing of lesbian, gay, bisexual, transgender, or intersex inmates unless the agency is subject to a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates.

The RRCC PCM interviewee advises the facility is not subject to a consent decree, legal settlement, or legal judgment requiring that it establish a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex inmates.

In view of the above, the auditor finds RRCC substantially compliant with 115.42.

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? Yes No

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports the agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 15, section 14-2.3(J)(2)(b) addresses 115.43(a) in totality.

The Warden self reports 0 inmates at risk of sexual victimization were held in involuntary segregated housing within the past 12 months for one to 24 hours awaiting completion of assessment.

In a separate conversation, the RRCC PCM advised there were no cases, during the last three years, wherein inmates were placed in involuntary Segregation as the result of perceived high risk of victimization identified during initial risk screening or during investigation. Protective Custody (PC) investigations are generally initiated by the inmate and are not involuntary. According to the Warden, while CC policy does address 115.43(a) in totality, ADOC policy requires Segregation placement of inmates who have alleged sexual abuse, in involuntary segregated housing in lieu of other housing areas, pending a 2A investigation. ADOC Department Order 805 addresses Protective Custody. An 805 investigation is therefore a Protective Custody investigation.

As an example, if an inmate asserts he can't live at RRCC at all due to high risk of sexual victimization or we determine the same, he must be placed in Segregation. If he asserts he can live on the other side of the compound, he can be moved, if prudent.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 15, section 14-2.3(J)(2)(f) addresses 115.43(b) in totality.

According to the staff who supervise inmates in segregated status interviewee, he is assigned to Graveyard Shift. Although he generally doesn't see staff visitors, he advised he knew that Education, Chaplaincy, Unit Staff visits inmates. Additionally inmates confined in Segregation receive non-contact visitation. The interviewee also advised some inmates are allowed Loss of Privilege hours to perform various Segregation Unit work tasks.

In regard to documentation of any restriction of access to programs, privileges, education, or work opportunities, the interviewee advised that he did not know.

Reportedly, there were no inmates assigned to the Segregation Unit for high risk of victimization or who alleged sexual abuse, during the on-site audit. Accordingly, no such interview could be conducted.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 15, section 14-2.3(J)(2)(c) addresses 115.43(c) in totality.

Pursuant to the PAQ, the Warden self reports in the past 12 months, 0 inmates at risk of sexual victimization were assigned to involuntary segregated housing for longer than 30 days while awaiting placement.

According to the Warden, inmates at high risk for sexual victimization or who have alleged sexual abuse are placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. The Warden further advised ADOC policy allows for placement in Segregation in excess of 30 days and when the same occurs, he forwards a gentle reminder to ADOC regarding the same and the need to address the issue.

According to the staff who supervise inmates in segregated status interviewee, inmates are placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. The interviewee related he has no first knowledge of the same, however. Placement in involuntary segregated housing as a means of separation from likely abusers is generally limited to 30 days.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 15, section 14-2.3(J)(2)(d) addresses 115.43(d) in totality.

Pursuant to the PAQ, the Warden self reports if an involuntary segregation housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 15, section 14-2.3(J)(2)(e) addresses 115.43(e) in totality.

The staff who supervise inmates in segregated status interviewee advised he did not know whether perpetual 30 day reviews were conducted for inmates assigned to involuntary segregated housing for purposes articulated throughout 115.43, to determine if continued segregated housing placement is needed.

In view of the above, the auditor finds RRCC to be substantially compliant with 115.43.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

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

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the agency has established procedures allowing for multiple internal ways for inmates to report privately to agency officials about:

Sexual abuse or sexual harassment;
Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment; and
Staff neglect or violation of responsibilities that may have contributed to such incidents.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 16 and 17, section 14-2.3(L)(1) (a)(i through viii) addresses 115.51(a) in totality. This policy stipulates inmates/detainees who are victims of sexual abuse/sexual harassment, as defined in this provision, retaliation from staff or inmates for reporting incidents as defined in this provision, or staff neglect for violation of responsibilities as defined in this provision have the option to report an incident to a designated employee other than an immediate point of contact line officer by using any of the following methods:

Submitting a request to meet with Health Services staff and/or reporting to a Health Services staff member during sick call;
Calling the facility's 24 hour toll-free notification telephone number;
Verbally telling any employee, including the facility Chaplain;
Forwarding a letter, sealed and marked "confidential" to the Warden/Facility Administrator or any other employee;
Calling or writing someone outside the facility who can notify facility staff;
Forwarding a letter to the Core Civic Managing Director, Facility Operations;
Electronically report allegations of sexual abuse and harassment to any department listed in the C-ORES system as a contact.

ADOC Department Order 125 entitled Sexual Offense Reporting, pages 7 and 8, section 1.4, (1.4.1) (1.4.1.1 and 1.4.1.2) also address 115.51(a). This policy compliments the afore-mentioned CC policy in that inmates can report sexual assault/harassment pursuant to submission of an inmate letter (Form 916-1) or official correspondence through the U.S. Postal Service (USPS).

The auditor's review of the CC brochure entitled Preventing Sexual Abuse and Misconduct reveals several methods of inmate reporting (relevant to this provision) are documented therein.

The auditor's review of one sexual abuse investigation dated February 16, 2018 substantiates the fact inmates do have opportunities and methods to report such incidents. In this case, it appears the inmate personally reported the incident to staff.

Reportedly, there is no documentation (covering the past three years) that addresses inmate use of the PREA Hotline for PREA reporting purposes.

All 13 random staff interviewees advised of multiple methods of reporting as defined in 115.51(a). Responses included the following:

Report in-person to staff, inclusive of Medical.

Submit a letter to the Warden/other staff.

Call the PREA Hotline at the telephone number painted on walls throughout the facility.

Call the IG Hotline at the telephone number listed on the pod bulletin boards.

Third Party Report.

With the exception of one random inmate interviewee, the remaining 33 random inmate interviewees were able to cite at least one method of reporting. The afore-mentioned inmate asserted he would not report sexual abuse/sexual harassment incidents.

Of note, random inmate interviewees overwhelmingly cited the PREA Hotline numbers that are painted on at least one wall in each pod and in other areas of the facility. In the dormitory settings (V and X Units), the numbers are painted on the walls on which the inmate telephones are affixed.

Responses regarding reporting methods, as articulated by random inmate interviewees, were as follows:

Report to staff.

Report via PREA Hotline.

Report via IG Hotline as articulated in a memorandum and posted in the pods.

Third Party Report.

Submit letter to Warden and other staff.

Pursuant to the PAQ, the Warden self reports the agency provides at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency. The Warden further self reports the agency has a policy requiring inmates detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 17, section 14-2.3(L)(1)(b) addresses 115.51(b-2) in totality. Page 18, section L(3) addresses 115.51(b-1) in totality, specifically reporter anonymity. Pursuant to this policy, inmates may also report incidents specified in this standard by writing to the Arizona Inspector General Bureau.

According to Attachment B, ADOC Department Order 125, specific instructions are provided to the ADOC inmate population housed at RRCC regarding the PREA Hotline. Pursuant to this document, the PREA Hotline is part of the contracted phone system operation, inmates are not required to enter their PIN number or voice print when accessing the PREA Hotline, the information provided by inmate users remains confidential and the user will remain anonymous. The document is presented in both English and Spanish.

The auditor's review of an MOU between CC and SACASA reveals substantial compliance with 115.51(b). Specifically, the MOU stipulates PREA Hotline calls are toll-free, follow-up reporting is

accomplished by contact with the facility on-duty shift supervisor with e-mail written follow-up, and confidentiality.

Reportedly, there has been no instances wherein any inmates have been housed at RRCC during the last three years for civil immigration purposes only.

During the facility tour, the auditor accessed the PREA Hotline (SACASA), using an inmate telephone and the telephone number previously described and painted on the pod wall(s). The call was successfully placed and a follow-up e-mail was received memorializing receipt of the test call.

According to the RRCC PCM, RRCC inmates can access the Hotlines to the IG and SACASA (public and private entities who are not part of RRCC), as described above, to report sexual abuse or sexual harassment. Additionally, inmates can report to volunteers and family members who can report such incidents to RRCC Administration.

According to the RRCC PCM, the procedures articulated in the preceding paragraphs do enable receipt and immediate transmission of inmate reports of sexual abuse and sexual harassment to agency officials that allow the inmate to remain anonymous, upon request. A return call to the Warden or PCM results in relay of the information to the recipients.

Twenty of the 34 random inmate interviewees advised inmates are allowed to make a report without having to give their name.

Pursuant to the PAQ, the Warden self reports the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. The Warden further self reports staff are required to immediately document verbal reports.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 17, section 14-2.3(L)(2) addresses 115.51(c) in totality.

Twelve of the 13 random staff interviewees advise when an inmate alleges sexual abuse or sexual harassment, he can do so verbally, in writing, anonymously, and from third parties. One interviewee asserts inmates cannot report anonymously. All 13 random staff interviewees assert they immediately document verbal reports of sexual abuse and sexual harassment.

Thirty-three of the 34 random inmate interviewees advise inmates can make reports of sexual abuse or sexual harassment either in person, or in writing. Twenty-nine of the 34 random inmate interviewees advise a friend, relative, or someone else can make the report, absent naming the inmate.

Pursuant to the PAQ, the Warden self reports the agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 18, section 14-2.3(L)(2)(d) addresses 115.51(d) in totality. This policy stipulates staff may privately report incident(s) of sexual abuse/harassment by forwarding a letter, sealed and marked confidential, to the Warden/Facility Administrator.

Pursuant to the auditor's review of the CC website, it has been determined staff can facilitate private reporting of inmate sexual abuse/harassment through employee hotline numbers. Additionally, it is reported that confidential reporting pursuant to the Ethics Division is posted throughout the facility and staff are trained regarding this private method of reporting during various training sessions.

All 13 random staff interviewees advise that staff can privately report sexual abuse and sexual harassment by any of the following:

Submission of an e-mail or written report to the Warden/PCM/Administrative Duty Officer/supervisory staff. Closed door verbal report to the same staff.

Inmate Hotline(s).

Staff Ethics Hotline.

Telephone call to supervisor.

In view of the above, the auditor finds RRCC to be substantially compliant with 115.51.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

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

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) X 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.) X Yes No NA

115.52 (d)

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

115.52 (e)

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

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) X Yes No NA

- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
X 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.) X 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.)
X Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) X 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.) X 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.) X Yes No NA

115.52 (g)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the agency has an administrative procedure for dealing with inmate grievances regarding sexual abuse.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 17, section 14-2.3(L)(1)(c) addresses 115.52(a). This policy stipulates, unless otherwise mandated by contract, alleged PREA incidents will not be processed through the facility's inmate/detainee grievance process. Should a report be submitted and received as an inmate/detainee grievance, whether inadvertently or due to contracting agency requirements, it will immediately be referred to the facility Investigator or Administrative Duty Officer.

Pursuant to the PAQ, the Warden self reports agency policy or procedure allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. The Warden further self reports agency policy does not require an inmate to use an informal grievance process, or otherwise to attempt to resolve with staff an alleged incident of sexual abuse.

ADOC Department Order 802 entitled Inmate Grievance Procedure, pages 6 and 7, section 802.08 (1.1)(1.1.1 through 1.1.4) addresses 115.52(b) in totality.

Pursuant to the PAQ, the Warden self reports agency policy and procedure allows an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The Warden further self reports agency policy and procedure requires that an inmate grievance alleging sexual abuse will not be referred to the staff member who is the subject of the complaint.

ADOC Department Order 802 entitled Inmate Grievance Procedure, page 7, section 802.08 (1.1) (1.1.5) addresses 115.52(c) in totality.

Reportedly and based on the auditor's review of relevant materials provided to the inmate during intake and orientation, specific grievance procedures are not articulated in writing to the inmate population. The auditor recommends inclusion of all relevant procedures as articulated in 115.52, in the Handbook.

Pursuant to the PAQ, the Warden self reports agency policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. The Warden further self reports 0 grievances were filed within the last 12 months wherein sexual abuse was alleged.

ADOC Department Order 802 entitled Inmate Grievance Procedure, page 7, section 802.08 (1.2) (1.2.1 through 1.2.3) addresses 115.52(d) in totality. It is noted this policy stipulates in language applied to ADOC institutions that the agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency notifies the inmate, in writing, of any such extension and provides a date by which a decision will be made. Additionally, if, at any level of the administrative process, the inmate does not receive a response within the time allotted for reply, including properly noticed extension(s), the inmate may consider the absence of a response to be a denial at that level. RRCC is bound by the ADOC regulations.

Pursuant to the PAQ, the Warden self reports agency policy and procedure permits third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates. The Warden further self reports agency policy and procedure requires that if the inmate declines to have third-party assistance in filing a grievance

alleging sexual abuse, the agency documents the inmate's decision to decline. Zero grievances alleging sexual abuse were filed by inmates in the past 12 months in which the inmate declined third-party assistance, ensuring documentation of the inmate's decision to decline.

ADOC Department Order 802 entitled Inmate Grievance Procedure, page 7, section 802.08 (1.3) (1.3.1 through 1.3.3) addresses 115.52(e) in totality. It is noted this policy provision also stipulates if a third party files such a request on behalf of an inmate, the facility may require, as a condition of processing the request, that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.

Pursuant to the PAQ, the Warden self reports the agency has a policy and established procedures for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. The Warden further self reports the agency policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. Zero emergency grievances alleging substantial risk of imminent sexual abuse were reportedly filed within the past 12 months. Agency policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within five days.

ADOC Department Order 802 entitled Inmate Grievance Procedure, page 8, section 802.08 (1.4) (1.4.1 through 1.4.2) addresses 115.52(f) in totality.

Pursuant to the PAQ, the Warden self reports the agency has a written policy that limits its ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith. The Warden further self reports that, during the last 12 months, there were 0 instances of inmate discipline for incidents of this nature.

ADOC Department Order 802 entitled Inmate Grievance Procedure, page 8, section 802.08 (1.4) (1.4.3) addresses 115.52(g) in totality.

In view of the above, the auditor finds RRCC substantially complies with 115.52.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by:

Giving inmates mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national advocacy or rape organizations;
 Giving inmates mailing addresses and telephone numbers (including toll-free hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration purposes; and
 Enabling reasonable communication between inmates and these organizations in as confidential a manner as possible.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 10, section 14-2.3(F)(2) addresses 115.53(a) in totality. This policy stipulates the requisite information is provided in the Inmate Handbook.

Reportedly, the requisite information, as articulated in 115.53(a), is not reflected in the Inmate Handbook or brochures. This is commensurate with the auditor's review of these documents. However, reportedly, such information is posted in housing units (bulletin boards, etc.) and is therefore available to inmates. During the facility tour, the auditor observed this condition, primarily in housing units.

It is noted inmates are not housed at RRCC exclusively for civil immigration purposes, as previously articulated in this report.

Pursuant to the PAQ, the Warden self reports the facility informs inmates, prior to giving them access to outside support services, the extent to which such communications will be monitored. The Warden further self reports the facility informs inmates, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 10, section 14-2.3(F)(3) addresses 115.53(b) in totality.

Reportedly, this information would be provided to inmates verbally as the same is not reflected in any document provided. The auditor strongly recommends documentation of the requisite information articulated in 115.53(b) in the Inmate Handbook or brochure.

Pursuant to the PAQ, the Warden self reports the facility maintains MOUs or other agreements with community service providers that are able to provide inmates with emotional support services related to sexual abuse. The Warden further self reports the facility maintains copies of the agreement(s).

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 10, section 14-2.3(F)(1) addresses 115.53(c) in totality.

The auditor's review of the MOU between CC and SACASA is sufficiently detailed and is deemed to be compliant with 115.53. All relevant details are captured within the document.

In view of the above, the auditor finds RRCC is substantially compliant with 115.53.

Standard 115.54: Third-party reporting

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

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? Yes No

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the agency or facility provides a method to receive third-party reports of inmate sexual abuse or sexual harassment. The Warden further self reports the agency or facility publicly distributes information on how to report inmate sexual abuse or sexual harassment on behalf of inmates.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 18, section 14-2.3(L)(4) addresses 115.54(a) in totality. This policy stipulates the facility shall post this information on the facility PREA link. Of note, the auditor did not find a facility PREA link however, he did peruse the CC PREA link. Additionally, ADOC Department Order 125 entitled Sexual Offense Reporting, page 8, section 125.03 (1.4.1.4)(1.4.1.4.1 and 1.4.1.4.2) also addresses 115.54(a). This policy addresses additional ADOC reporting options and telephone numbers as reflected on the ADOC website.

Pursuant to the auditor's review of the CC website, any inmate sexual abuse/sexual harassment reporter may report anonymously to the Warden (via letter). The facility address and name of the Warden are clearly documented on the website. Additionally, reporters may contact the National Sexual Assault Hotline and an additional CC Ethics hotline [hosted by a third-party hotline provider (number posted on the CC website)]. Reports can also be reported online to the CC Ethics Division.

Reportedly, there are no methods in which non-computer literate/those who have no access to computers third-party reporters can glean information regarding third-party reporting procedures. No handouts regarding third-party reporting, aside from the information reflected in the following paragraph, is provided at the visitation desk/Front Lobby. Furthermore, information regarding third-party reporting procedures is not provided to inmates for mailing to potential third-party reporters.

Given the above, the auditor recommends one of these strategies or some other viable strategy be implemented to address this group of potential reporters.

The auditor did observe a Third Party Report Notice posted in the facility entrance area throughout the on-site audit.

In view of the above, the auditor finds RRCC to be substantially compliant with 115.54.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (b)

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

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No

- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? X Yes No

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the agency requires all staff 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 a facility, whether or not it is part of the agency;

Any retaliation against inmates or staff who reported such an incident; and

Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 17 and 18, section 14-2.3(L)(2) (a)(i through iii) addresses 115.61(a) in totality.

All of the 13 random staff interviewees relate agency policy requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Minimally, all interviewees advise these issues must be reported to the Shift Supervisor immediately. Medical and the RRCC PCM would be brought into the informational loop however, the scope of dissemination is very limited.

Pursuant to the PAQ, the Warden self reports that apart from reporting to designated supervisors or officials and designated local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 18, section 14-2.3(L)(2)(c) addresses 115.61(b) in totality.

Reportedly, aside from the provisions provided in the afore-mentioned policy and as articulated in 115.61(b), there are no additional policy requirements in terms of information dissemination.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 18, section 14-2.3(L)(2)(e) addresses 115.61(c) in totality.

ADOC Department Order 125 entitled Sexual Offense Reporting, page 9, section 125.04 (1.1.4)(1.1.4.1) (1.1.4.1.1) compliments the afore mentioned CC policy regarding 115.61(c).

Reportedly, there were no instances during the last three years wherein medical/mental health staff reported sexual abuse.

According to the medical and mental health interviewees, disclosure of confidentiality limitations and duty to report is provided to inmates prior to initiation of services. Minimally, this requirement is policy driven. Similarly, reporting any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of the same, is policy driven. The mental health interviewee advised he has become aware of such incidents, apparently during the last audit cycle. He reported the incident to the Shift Commander.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 18, section 14-2.3(L)(2)(f) addresses 115.61(d) in totality.

Reportedly, there were no instances within the last three years wherein such notifications regarding a vulnerable adult were necessary.

According to the Warden, there are no individuals housed at RRCC under the age of 18. Vulnerable adult victims would be reported to Adult Protective Services/Department of Health and Human Services, or applicable oversight agency. According to the CCPC, if an inmate under the age of 18 or a vulnerable adult were housed at a CC facility, he would ensure facility staff notify either Child Protective Services or Adult Protective Services or applicable agency, based on the situation.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 17, section 14-2.3(L)(2) addresses 115.61(e) in totality.

According to the Warden, the Investigator is notified of all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports during regular business hours. This is a local practice. During non-regular business, the incident is reported to ADOC. The Investigator would be advised the next business day, generally by RRCC staff. An investigator, whether it be the RRCC Investigator or ADOC CIU investigators, is expeditiously advised in all cases.

In view of the above, the auditor finds RRCC to be substantially compliant with 115.61.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports when the agency or facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate (i.e. it takes some action to assess and implement appropriate protective measures without unreasonable delay). The Warden further self reports that in the past 12 months, there were 0 instances wherein the facility determined an inmate was at substantial risk of imminent sexual abuse.

ADOC Department Order 125 entitled Sexual Offense Reporting, page 4, section 125.02 (1.4.1) addresses 115.62(a).

The Agency Head interviewee advises immediate isolation of the potential victim is the initial response to a report of substantial risk of imminent sexual abuse. It may be feasible to move the potential victim to another housing unit within the facility, dependent upon the circumstances. The potential perpetrator may be placed in Segregation status. The contractual requirements of the partner will dictate the ability to transfer both the potential victim and potential perpetrator. Minimally, we would work with on-site contract monitors to make the best decision under the circumstances.

In response to the same general question, the Warden asserts the potential victim and potential perpetrator would be separated. The parties would then be placed in Segregation pursuant to the contract. ADOC would then attempt to move involved inmate(s), dependent upon the circumstances.

When queried regarding steps taken should the interviewees learn an inmate is at risk of imminent sexual abuse, all 13 random staff interviewees advised the potential victim would be immediately removed from the danger zone. The incident would then be reported to the Shift Supervisor. The potential perpetrator would be monitored.

In view of the above, the auditor finds RRCC to be substantially compliant with 115.62.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the agency has a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The Warden further self reports in the past 12 months, there were 0 allegations received at the facility where an inmate was abused while confined at another facility.

During the on-site audit, it was determined one inmate had reported sexual abuse while confined at a jail facility. Upon research, it was learned that the requisite written notification was accomplished by staff at the Alhambra facility.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 20, section 14-2.3(M)(3)(a) addresses 115.63(a) in totality. ADOC Department Order 125 entitled Sexual Offense Reporting, page 9, section 125.03 (1.6) compliments the afore-mentioned CC policy and addresses 115.63(a) in entirety.

Pursuant to the PAQ, the Warden self reports agency policy requires the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 20, section 14-2.3(M)(3)(a) addresses 115.63(b) in totality. ADOC Department Order 125 entitled Sexual Offense Reporting, page 9, section 125.03 (1.6)(1.6.1) compliments the afore-mentioned CC policy and addresses 115.63(b) in entirety.

Pursuant to the PAQ, the Warden self reports the facility documents that it has provided such notification within 72 hours of receiving the allegation.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 20, section 14-2.3(M)(3)(c) addresses 115.63(c) in totality. ADOC Department Order 125 entitled Sexual Offense Reporting, page 9, section 125.03 (1.6)(1.6.2) compliments the afore-mentioned CC policy and addresses 115.63(c) in entirety.

Pursuant to the PAQ, the Warden self reports the facility requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. The Warden further self reports in the past 12 months, 0 allegations of sexual abuse were received from other facilities regarding incidents alleged to have originated at RRCC.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 20, section 14-2.3(M)(3)(d) addresses 115.63(d) in totality. ADOC Department Order 125 entitled Sexual Offense Reporting, page 9, section 125.03 (1.6)(1.6.3) compliments the afore-mentioned CC policy and addresses 115.63(d) in entirety.

The Agency Head interviewee advises that if another agency or facility within another agency refers allegations of sexual abuse or sexual harassment that occurred within a CC facility, the Warden is generally the administrator who receives the call. Subsequent to receipt of such a call, the Warden would advise the facility Investigator to open an investigation. Dependent upon the circumstances, the Investigator would initiate an administrative investigation or contact ADOC CIU to initiate a criminal investigation.

The Warden essentially echoed the above in terms of the protocol initiated at the facility when such reports are received. Minimally, a full fledged PREA investigation would be conducted. As reflected in the PAQ narrative above, in the past 12 months, 0 allegations of sexual abuse were received from other facilities regarding incidents alleged to have originated at RRCC. The Warden was unsure about previous years since the last PREA audit.

In view of the above, the auditor finds RRCC to be substantially compliant with 116.63.

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports the agency has a first responder policy for allegations of sexual abuse. The Warden further self reports agency policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to:

1. Separate the alleged victim and abuser;
2. Preserve and protect any crime scene until appropriate steps can be taken to collect the evidence;
3. If the abuse occurred within a time period that still allows for the collection of physical evidence, 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; and
4. If the abuse occurred within a time period that still allows for the collection of physical evidence, 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.

According to the PAQ, in the past 12 months, there were five allegations that an inmate was sexually abused. In four of these incidents, the first security staff member to respond to the report separated the alleged victim and abuser. In the past 12 months, there were two allegations where staff were notified within a time period that still allowed for the collection of physical evidence. In both of these incidents wherein staff were notified within a time period that still allowed for the collection of physical evidence, the first security staff member; preserved and protected any crime scene until appropriate steps could be taken to collect any evidence, requested 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; and ensured the alleged abuser did not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 19, section 14-2.3(M)(1)(a), (1)(a)(ii), (1)(b)(c), and (2)(a) address 115.64(a) in totality. The steps articulated in these policy provisions follow a chronological sequence with specific duties assigned (e.g the crime scene is secured by the highest ranking authority on-site and the safety of the victim is likewise ensured by this individual). ADOC Department Order 125 entitled Sexual Offense Reporting, pages 4 and 5, section 125.03 (1.1)(1.1.1) and (1.1.2) and (1.2)(1.2.1 through 1.2.3) also compliments the aforementioned CC policy. Of note, preservation of evidence is not addressed with respect to the alleged perpetrator however, the same is addressed in the afore-mentioned CC policy. Additionally, specific duties with respect to the shift commander are addressed at page 5, section 1.3, in entirety.

The auditor's review of one administrative sexual assault investigation regarding alleged incidents that occurred at RRCC during April and September, 2017 revealed substantial compliance with applicable PREA standards. The victim reported these alleged incidents on January 11, 2018.

In view of the time frame elapsed since the alleged incidents, physical evidence collection and preservation could not be completed. Additionally, preservation of the crime scene and separation of the victim and alleged perpetrators could likewise not be accomplished.

All of the four random security staff interviewees and two random non-security staff interviewees advised they would minimally take the following actions as a first responder to an allegation of sexual abuse:

Report incident to supervisor.

Separate the alleged victim and abuser.

Secure the crime scene to protect evidence.

Ensure both the victim and perpetrator do not take any actions that could destroy physical evidence (such as washing, brushing teeth, changing clothes, urinating defecating, smoking, drinking, or eating). All interviewees were in possession of an orange card bearing the above directions. It is noted that all random staff interviewees were in possession of the same card.

The auditor discussed, with the RRCC PCM, the verbiage reflected on the orange card, advising that first responders ensure the alleged victim and perpetrators not take any actions to destroy physical evidence as reflected above. Proper verbiage relative to the alleged perpetrator remains the same with first responders ensuring the alleged perpetrator does not destroy physical evidence.

While the auditor does not find sufficient basis to find RRCC non-compliant with 115.64, the previously referenced card must be revised to reflect the above verbiage. The RRCC PCM will provide a copy of the revised card to the auditor, along with copies of both security and non-security staff training rosters reflecting training relative to this subject-matter. This must be completed on or before September 21, 2018.

October 2, 2018 Update:

The auditor's review of a lesson plan and training rosters reveals the above corrective action was completed during Staff Recalls facilitated on all shifts on September 18, 2018. The CC card is now being utilized by RRCC staff as their resource for First Responders.

Pursuant to the PAQ, the Warden self reports agency policy requires that if the first responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. The Warden further self reports of the allegations made that an inmate was sexually abused within the last 12 months, 0 non-security staff members were the first responders.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 19, section 14-2.3(M)(1)(e) addresses 115.64(b) in totality.

Reportedly, non-security staff receive the same PREA training as security staff. Accordingly, there would be no variance in terms of response.

It is noted that all of the random staff interviewees provided the same procedural information regarding First Responder duties as reflected in the narrative for 115.64(a), above.

The auditor finds RRCC to be substantially compliant with 115.64.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 19 through 23, section 14-2.3(M)(1) through (M)(5) addresses 115.65(a) in totality.

In addition to the above policy, the auditor's review of two additional documents reflects substantial compliance with 115.65(a). Specifically, a document entitled CC/RRCC PREA Institutional Plan provides some guidance regarding protocols to be initiated in sexual abuse cases as applied to three staff titles.

The auditor's review of a completed document entitled Sexual Abuse Incident Check Sheet revealed the chronological steps articulated in the afore-mentioned policy citation, the required activities, date/time of completion of these activities, and the names/numbers of the alleged victim and perpetrator. The auditor finds these two documents represent significant organizational tools

designed to ensure crisis management effectiveness. Accordingly, the auditor finds RRCC exceeded 115.65(a) requirements.

The auditor's review of the ADOC PREA Power Point presentation, reveals staff training regarding the specifics of the written institutional plan as required in 115.65(a), is addressed.

According to the Warden, the facility has a plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. The Warden further relates there is a detailed Checklist that is completed for each such allegation. The Checklist includes space for responsible staff to sign, date, and time relative to the actions they took in response to the report. This document is reviewed by the Warden, RRCC PCM, Chief of Security, etc., ensuring proper actions were effected.

The auditor finds RRCC to exceed compliance expectations with respect to 115.65.

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports neither the facility, or any other governmental entity responsible for collective bargaining on the agency's behalf, has entered into or renewed any collective bargaining agreement or other agreement since August 12, 2012, or since the last PREA audit, whichever is later.

Reportedly, there is no collective bargaining agreement at RRCC.

The Agency Head interviewee advises there are five or fewer facilities under the CC umbrella who are unionized. Collective Bargaining Agreements permit the agency to remove alleged staff sexual abusers from contact with any inmate pending an investigation or a determination of whether and to what extent discipline is warranted.

In view of the above, the auditor finds RRCC to be substantially compliant with 115.66.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the agency has a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations, from retaliation by other staff and inmates. The Warden further self reports the agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. Pursuant to this policy, the Investigator is charged with retaliation monitoring at RRCC.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 11, section 14-2.3(G)(3)(a)(iii through vi) addresses 115.67(a) in totality. This policy stipulates monitoring at 30/60/90 day intervals for both affected inmates and staff, with periodic status checks for inmates. Monitoring is documented on the Form 14-2D. The Investigator is designated as the individual charged with responsibility for sexual abuse/harassment monitoring at RRCC. Extension of retaliation monitoring is also addressed in this policy provision.

It is noted retaliation monitoring is documented in AIMS, based on documentation reviewed by the auditor.

Pursuant to the PAQ, the Warden self reports the facility monitors the conduct and treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff. The Warden further self reports the facility monitors the conduct or treatment for 90 days or more, if necessary. The facility acts promptly to remedy any such retaliation. As reflected above, the facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. Reportedly, there were zero times an incident of retaliation occurred in the past 12 months.

According to the Agency Head interviewee, staff and inmates who report sexual abuse/sexual harassment allegations are protected from retaliation pursuant to frequent retaliation monitoring check-ins (inmates/staff), in addition to a 30/60/90 day formal review schedule. Staff charged with retaliation monitoring responsibilities follow disciplinary action(s), housing unit changes, removal of perpetrator from area of victim housing, transfer of alleged abusers, and change in programming. In regard to alleged staff perpetrators, monitoring and follow-up regarding staff conduct is a primary consideration to the inmate safety equation.

In regard to the different strategies employed to protect inmates from retaliation when allegations of sexual abuse/sexual harassment are lodged, the Warden asserts the primary objective is to remove the

perpetrator from the facility, whether it is staff or inmate. Dependent upon the circumstances, it may be necessary to transfer either the perpetrator, victim, or both from the facility. If the alleged assailant is a staff member, he/she is removed from inmate contact. Housing unit changes may be an effective tool, contingent upon the inmate population culture and specifics of the incident. Of course, services would be invoked to address the trauma, as necessary.

According to the retaliation monitor interviewee, the sexual abuse reporter is automatically moved to Segregation pursuant to ADOC policy. ADOC contract monitors would initiate transfer paperwork to move victim and/or perpetrator to another ADOC facility. RRCC staff provide support services (through institutional VAs and SACASA), as well as, mental health intervention would be provided by RRCC mental health staff. Ten-day, 30-day, 60-day, and 90-day contacts and reviews, minimally, are facilitated with the victim. The victim and perpetrator remain separated throughout monitoring. As soon as the retaliation monitor interviewee is alerted to the sexual abuse incident, he initiates contact with the victim.

The policy discussion relevant to 115.67(c) is addressed in the narrative for 115.67(a), above.

According to the Warden, when retaliation is suspected within the context of this standard, the facility Investigator assumes the lead role. However, the AWO actually triggers the CO IV (retaliation monitor interviewee) to commence retaliation monitoring.

The retaliation monitor interviewee advises that he looks for the following in terms of retaliation detection:

- Deviations from daily routine and behavior changes;
- Whether the monitored individual is isolating;
- Whether the monitored individual is not talking; and
- Whether the monitored individual is maintaining positive eye contact.

The interviewee further advises monitoring continues for a minimum of 90 days however, the same can be extended. The RRCC PCM would make the call regarding continuation. In regard to a maximum length of time that retaliation monitoring can be extended, the interviewee asserts there is no maximum amount of time. Conclusion of the same is a judgment call.

The auditor's review of five unsubstantiated alleged sexual abuse cases reveals retaliation monitoring was not initiated in one case (no documents provided). With respect to the four remaining cases, three reflected untimely conduct of the 10-day, 30-day, 60-day, or 90-day retaliation monitoring reviews as required pursuant to CC policy.

While deficiencies are noted with respect to the above, it is evident RRCC staff are meeting the intent of 115.67(c). Specifically, with the exception of one case, requisite retaliation monitoring was conducted,

albeit untimely, in the vast majority of cases. Accordingly, in the auditor’s judgment, evidence substantiates compliance with the provision.

The auditor strongly recommends all stakeholders, engaged in retaliation monitoring, be admonished regarding timeliness and requirements related to this provision. This can be in the form of a training memorandum with signature lines or a formal documented training session. Accountability of stakeholders will be essential moving forward.

As reflected in the policy narrative reflected for 115.67(a), status checks with respect to retaliation monitoring are addressed.

The relevant policy provision [for 115.67(e)] is also addressed in the narrative for 115.67(a). When an inmate who cooperates with an investigation expresses a fear of retaliation, the Agency Head interviewee asserts he receives the same benefits and treatment as articulated in the narrative for 115.67(b) above.

In view of the above, the auditor finds RRCC to be substantially compliant with 115.67.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. The Warden further self reports 0 inmates alleged to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment. If an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 15 , section 14-2.3(J)(2)(b though f) addresses 115.68(a) in totality.

With the exception of one, responses to relevant interview questions to the Warden and staff who supervise inmates in Segregation are reflected throughout the narrative for 115.43. With respect to the remaining questions regarding any recent circumstances (within the last 12 months) in which segregated housing was used to protect an inmate who was alleged to have suffered sexual abuse, the Warden advises he doesn't believe there were any such situations.

In view of the above and the narrative for 115.43, the auditor finds RRCC to be substantially compliant with 115.68.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (I)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the facility has a policy related to criminal and administrative agency investigations.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 23 and 24 , section 14-2.3(D)(1 through 3) addresses 115.71(a) in totality. ADOC Department Order 125 entitled Sexual Offense Reporting, page 12, section 125.06 (1.3 through 1.5) also addresses various provisions of this standard. Finally, ADOC Department Order 6-8 entitled Criminal Investigations, pages 2, 3, and 6, sections 608.03 through 608.05 and 608.08 provides specific protocols regarding the conduct of criminal investigations and invoking such investigations by the ADOC CIU.

According to the investigative staff interviewee, an investigation following an allegation of sexual abuse or sexual harassment is initiated almost immediately. A Significant Incident Report (SIR) is generated following report of such incidents. The SIR is forwarded to the ADOC CIU. RRCC staff cannot notify the investigator of the allegations however, if he is on-site at the time of the report, the captains will call him. If he is not present at the facility, he is not in the notification loop per ADOC memorandum.

In regard to anonymous or third-party reports of sexual abuse/harassment, there is absolutely no difference in terms of the process. The reporter is deemed credible until evidence proves otherwise.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page7, section 14-2.3(C)(1)(b)(i) addresses 115.71(b). ADOC Department Order 125 entitled Sexual Offense Reporting, page 19, section 1.4 addresses the same provision. This policy stipulates CIU investigators (ADOC) shall receive training in conducting sexual abuse investigations in a confinement setting.

The auditor's review of the RRCC PREA Investigator's training records reveals he completed a three hour PREA Investigator training and Operation Diamondback Investigators training. The auditor's review of slides from the PREA Investigators Training reflect discussions regarding techniques for interviewing sexual abuse victims, Miranda and Garrity rights, sexual abuse evidence collection in

confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The slides are a combination National Council on Crime and Delinquency (NCCD), the Bureau of Justice Assistance (BJA), and the Moss Group.

According to the investigative staff interviewee, he did receive training specific to conducting sexual abuse investigations in confinement settings. The training program was one week in duration. The same was presented in Power Point and included PREA definitions, evidence gathering, interviewing techniques, among other topics. Mock crime scenes and mock investigations were also integral components of the training.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 23, section 14-2.3(O)(1)(a through f) addresses 115.71(c).

The auditor's review of a sexual abuse investigation dated January 25, 2017 reflects the same was coordinated by an ADOC CIU investigator. The alleged incident occurred on December 7, 2016 and occurred within the time frame for collection of physical evidence. A cell search, inmate interviews, and a forensic examination of both the alleged victim and perpetrator were facilitated during this investigation. As the result of the alleged victim's refusal to cooperate and the lack of physical evidence, the investigation was determined to be "Unfounded". The auditor finds RRCC to be in compliance with 115.71(c) based on the above.

According to the investigative staff interviewee, First Responder/preservation of evidence would be immediately initiated as a first step in the investigative process. Steps would be as follows: 1) The crime scene would be secured (approximately 10 minutes); 2) Secure and review video (15-20 minutes); 3) Review mail and listen to telephones (30 minutes); 4) Review inmate files (10-15 minutes); and 5) Look for prior offenses of same nature.

In addition to the above, the investigative process is expanded to include: 1) Interview the victim; 2) Interview staff and inmate witnesses; 3) Interview the perpetrator(s); and 4. Write the report.

The investigative staff interviewee further relates that if physical evidence is in danger of compromise, he commences chain of custody. Inmate notes (observations from investigator and documentary evidence confiscated from victim and/or perpetrator) and circumstantial evidence is collected, as well as, chain of custody regarding evidence is initiated. Of note, DNA is always collected by ADOC CIU investigators.

ADOC Department Order 125 entitled Sexual Offense Reporting, page 12, section 125.06 (1.4) (1.4.1) addresses 115.71(d) in entirety.

As reflected above, ADOC CIU is actively involved in the investigative process from start to finish. According to the investigative staff interviewee, ADOC CIU handles all prosecution liaison and compelled interviews.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 23 and 24 , section 14-2.3(O)(1)(d) addresses 115.71(e) in totality, with the exception of the polygraph or truth telling device caveat. ADOC Department Order 125 entitled Sexual Offense Reporting, page 12, section 125.06 (1.4)(1.4.2) also addresses 115.71(e) in entirety.

According to the investigative staff interviewee, he assesses credibility of an alleged victim, suspect, or witness by the consistency in their narrative, their disclosure of psychotropic medication(s), perceived delusions/paranoia, and the prevalence and veracity of rebuttal evidence. Any administrative disciplinary matters wherein the inmate provided false information or perjury convictions are also credibility considerations. The interviewee further advised he would not, under any circumstances, require an inmate who alleges sexual abuse to submit to a polygraph examination or truth-telling device as a condition for proceeding with an investigation.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 23, section 14-2.3(O)(1)(a through f) addresses 115.71(f) in totality. ADOC Department Order 125 entitled Sexual Offense Reporting, page 12, section 125.06 (1.3)(1.3.1 and 1.3.2) also addresses 115.71(f).

According to the investigative staff interviewee, he reviews staff training records, assesses credibility of witnesses, investigates the matter as previously described examining facts and evidence, and subsequently reports to the Warden. Assessment of staff actions flows from review of the above.

In regard to report preparation, the investigative staff interviewee describes investigative actions, presents a physical and circumstantial evidence discussion, assesses credibility of victim/perpetrator/witnesses, and concludes with a summary of findings in each report.

ADOC Department Order 125 entitled Sexual Offense Reporting, page 12, section 125.06 (1.3)(1.3.2) addresses 115.71(g).

It is noted criminal investigations are facilitated by the ADOC CIU. According to the investigative staff interviewee, criminal investigations are documented, generally in the same manner as an administrative investigation.

Pursuant to the PAQ, the Warden self reports substantiated allegations of conduct that appear to be criminal shall be referred for prosecution. The Warden further self reports one substantiated allegation of conduct that appeared to be criminal was referred for prosecution since the last PREA audit.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 23, section 14-2.3(O) addresses 115.71(h).

According to the investigative staff interviewee, he does not refer cases for prosecution as the same falls under the purview of ADOC CIU.

Pursuant to the PAQ, the Warden self reports the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

CC Policy 1-15 entitled Retention of Records, Attachment 1-15B entitled Retention Schedule, page 4, section entitled PREA Investigations addresses 115.71(i) in entirety.

According to the investigative staff interviewee, when a staff member alleged to have committed sexual abuse terminates employment prior to a completed investigation into his/her conduct, the investigation continues. This is also the case when a victim who alleges sexual abuse or sexual harassment or an alleged abuser leaves the facility prior to a completed investigation into the incident. Again, ADOC CIU is actively involved in the vast majority of such investigations and accordingly, they track and follow-up on such investigations.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 24, section 14-2.3(O)(2)(a) (i) addresses 115.71(l) in entirety.

The auditor's review of the above policy reveals no specifics regarding follow-up requirements with outside agencies conducting sexual abuse investigations. It is recommended that such follow-up requirement time frames be established and articulated in policy or a procedural memorandum.

If an outside agency investigates allegations of sexual abuse, the Warden relates the facility Investigator checks the status of the investigation weekly. The CCPC relates, on a global basis, it depends on the customer as to how the agency remains abreast of the progress of an investigation facilitated by an outside agency. Designated facility staff follow-up with the outside agency on a schedule determined at the local level. The RRCC PCM relates the facility Investigator continually works with ADOC CIU to obtain updates and sometimes he is updated and sometimes he is not. The facility Investigator advises ADOC CIU facilitates the investigation in entirety and he provides support, assisting with his findings and any research issues.

In view of the above, the auditor finds RRCC to be substantially compliant with 115.71.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 25, section 14-2.3(O)(5) addresses 115.72(a) in entirety.

The auditor's review of a CC investigative report dated January 31, 2017, reflects an ADOC investigator found the case to be unfounded as the alleged victim withdrew the allegation and refused to support prosecution. The incident allegedly occurred on December 22, 2016. According to the report, the CC finding was "Unsubstantiated". The auditor finds both ADOC and CC employed, minimally, the preponderance of evidence standard.

Pursuant to the auditor's review of four additional CC investigative reports, several overlapping with criminal investigative reports and findings, the RRCC Investigator clearly relies upon the appropriate standard of evidence in terms of findings.

The investigative interviewee advises the standard of proof in a criminal matter is "Beyond a Reasonable Doubt" (generally 75% and beyond) . In an administrative matter, the standard of proof is "Preponderance" (generally 51%).

In view of the above, the auditor finds RRCC to be substantially compliant with 115.72.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

- Following an inmate'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 inmate's unit? X Yes No
- Following an inmate'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? X Yes No
- Following an inmate'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? X Yes No
- Following an inmate'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? X Yes No

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the agency has a policy requiring that any inmate who makes an allegation he or she suffered sexual abuse in an agency facility is informed, verbally, or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The Warden further self reports 0 criminal and/or administrative investigations of alleged sexual abuse were completed by facility staff during the last 12 months.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 25, section 14-2.3(O)(5) addresses 115.73(a) in entirety.

The Warden asserts RRCC staff sometimes notify an inmate who makes an allegation of sexual abuse, when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. Such notifications are facilitated if RRCC has been notified of the result of the investigation (by ADOC CIU investigators) and the inmate is still confined at RRCC.

According to the investigative staff interviewee, he follows up with ADOC CIU investigators weekly regarding the status of investigations. Since the Investigator was able to present only one follow-up e-mail request to ADOC CIU staff, the auditor recommends an e-mail status request be forwarded to ADOC CIU staff in all cases and during each inquiry. The auditor did note responsiveness to the single e-mail request was not timely. The Investigator does make many telephonic status requests.

The Investigator advises that an inmate who makes an allegation of sexual abuse must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. The Investigator advises he would make such notification.

Of note, the auditor's review of one sexual abuse investigation (alleged kissing incident between a contractor and an inmate as reported by another contractor) reveals notification pursuant to 115.73(a) is not warranted. Literal interpretation of the standard reflects requisite notification following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility.

Pursuant to the PAQ, if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the inmate of the outcome of the investigation. The Warden further self reports five alleged inmate sexual abuse investigations were completed by an outside agency.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 25, section 14-2.3(Q)(1) addresses 115.73(b) in entirety.

The auditor's review of one Inmate/Resident PREA Allegations Status Notification dated April 11, 2018 substantiates compliance with 115.73(b). The alleged incident occurred on April 9, 2018 and the notification occurred on April 11, 2018.

Pursuant to the PAQ, the Warden self reports following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the facility subsequently informs the inmate (unless the agency has determined that the allegation is unfounded) whenever:

the staff member is no longer posted within the inmate's unit;
the staff member is no longer employed at the facility;
the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

The Warden further self reports there has been a substantiated or unsubstantiated complaint (i.e. not unfounded) of sexual abuse committed by a staff member against an inmate in an agency facility within the past 12 months. According to the Warden, the agency subsequently informed the inmate victim whenever:

the staff member was no longer posted within the inmate's unit;
the staff member was no longer employed at the facility;
the agency learned that the staff member was indicted on a charge related to sexual abuse within the facility; or
the agency learned that the staff member was convicted on a charge related to sexual abuse within the facility.

Upon further research, the auditor determined there were no known substantiated or unsubstantiated investigations wherein staff sexually assaulted/abused an inmate during this reporting period. There was an incident wherein a contractor was alleged to have kissed an inmate, as observed by another contractor. The contractor's employment was terminated by the contracting agency, she was removed from the facility, and the investigation was determined to be unsubstantiated. Accordingly, since the individual was clearly a contractor, notification as reflected in 115.73(c), is not required.

Of note, the auditor finds no reference to consideration of contractors as staff, aside from specific PREA standard references requiring similar responsibilities and responses for all groups.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 25 and 26, section 14-2.3(Q)(2)(a through d) addresses 115.73(c) in entirety.

Pursuant to the PAQ, the Warden self reports that following an inmate's allegation he or she has been sexually abused by another inmate in an agency facility, the agency subsequently informs the alleged victim whenever:

the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or

the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section 14-2.3(Q)(3)(a and b) addresses 115.73(d) in entirety.

Pursuant to the PAQ, the Warden self reports the agency has a policy that all notifications to inmates described under 115.73 are documented.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section 14-2.3(Q)(4) addresses 115.73(e) in entirety.

As reflected in the narrative for 115.73(b), the notification was documented. Of note, the inmate/resident signs/dates the written notification, as well as, a witness (in this case, the facility Investigator was the witness).

In view of the above, the auditor finds RRCC to be substantially compliant with 115.73.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section 14-2.3(R)(2)(a) addresses 115.76(a) in entirety.

Pursuant to the PAQ, the Warden self reports 0 facility staff have violated agency sexual abuse or sexual harassment policies during the last 12 months. The Warden further self reports 0 facility staff have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section 14-2.3(R)(2)(a) addresses 115.76(b) in entirety.

Pursuant to the PAQ, the Warden self reports disciplinary sanctions for violations of agency 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. The Warden further self reports in the past 12 months, 0 facility staff have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section 14-2.3(R)(2)(b) addresses 115.76(c) in entirety.

Pursuant to the PAQ, the Warden self reports all terminations for violations of 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 agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The Warden further self reports in the past 12 months, 0 staff from the facility have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section 14-2.3(R)(2)(c) addresses 115.76(d) in entirety.

In view of the above, the auditor finds RRCC to be substantially compliant with 115.76.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

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

Pursuant to the PAQ, the Warden self reports any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The Warden further self reports agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates. Contractors or volunteers would be reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates. One contractor was reported to law enforcement (investigation) for engaging in sexual abuse of inmates.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, section 14-2.3(R)(3) addresses 115.77(a) in entirety.

Reportedly, one contractor was found to have engaged in a sexual assault incident during the last 12 months. The case was not referred for prosecution and the same was determined to be "Unsubstantiated" based on available evidence. The case was referred to ADOC CIU.

Pursuant to the PAQ, the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, section 14-2.3(R)(3) addresses 115.77(b) in entirety.

The auditor's review of a sexual assault investigation dated June 30, 2017 reflects substantial compliance with 115.77(b). The incident allegedly occurred on June 28, 2017 and the investigation was promptly initiated following reporting, on June 30, 2017. As the result of the investigation, the contractor was placed on administrative leave on the same date and employment was subsequently terminated by the contracting agency on July 3, 2017, for reasons separate from the initial report of sexual abuse. As previously indicated, the initial report of sexual abuse was found to be "Unsubstantiated". Accordingly, the alleged perpetrator did not have contact with the alleged victim subsequent to reporting.

During the Warden's interview, he advised a contractor's or volunteer's security clearance would be pulled in the case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. The contractor/volunteer would have no access to the facility, and consequently, inmates. Security clearances are always pulled pending investigation.

In view of the above, the auditor finds RRCC to be substantially compliant with 115.77.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) X 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*)

Pursuant to the PAQ, the Warden self reports inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse. The Warden further self reports inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for inmate-on-inmate sexual abuse. In the past 12 months, there were 0 administrative findings of inmate-on-inmate sexual abuse that occurred at the facility. Similarly, there were 0 criminal findings of guilt for inmate-on-inmate sexual abuse that occurred within the facility during the past 12 months.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section 14-2.3(R)(1)(a)(i and ii) addresses 115.78(a) in entirety. Additionally, ADOC Department Order 125 entitled Sexual Offense Reporting, page 2, section 125.01 (1.3)(1.3.1) addresses 115.78(a).

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section 14-2.3(R)(1)(a)(iii) addresses 115.78(b) in entirety.

According to the Warden, per contract, all RRCC inmate disciplinary matters are facilitated by on-site ADOC contract monitors. The auditor was able to validate the same.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section 14-2.3(R)(1)(a)(iv) addresses 115.78(c) in entirety.

Pursuant to the PAQ, the Warden self reports the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. The Warden further self reports if the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse, the facility considers whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section 14-2.3(R)(1)(c) addresses 115.78(d) in entirety. Pursuant to this policy provision, counseling and intervention are provided to RRCC inmates by mental health staff.

According to the mental health interviewee, therapy, counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse are automatically offered to both victims and perpetrators. Inmate access to programming or other benefits is normally not contingent upon participation in such services.

Pursuant to the PAQ, the Warden self reports the agency disciplines an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section 14-2.3(R)(1)(a)(v) addresses 115.78(e) in entirety.

Reportedly, during the last 36 months, there were no incidents wherein an inmate was disciplined for sexual contact with a staff member subsequent to a finding the staff member did not consent to such contact.

Pursuant to the PAQ, the Warden self reports the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Reportedly, there is no policy governing 115.78(f). Provision 115.78(f) pertains to the subject-matter referenced in the preceding paragraph.

Pursuant to the PAQ, the Warden self reports the agency prohibits all sexual activity between inmates. The Warden further self reports if the agency disciplines inmates for such activity, the agency deems such activity to constitute sexual abuse only if it determines the activity is coerced.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section 14-2.3(R)(1)(a)(vi) addresses 115.78(g) in entirety.

In view of the above, the auditor finds RRCC to be substantially compliant with 115.78.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports all inmates at this facility who have disclosed any prior sexual victimization during a screening pursuant to 115.41, are offered a follow-up meeting with a medical or mental health practitioner. The Warden further self reports the follow-up meeting was offered within 14 days of the intake screening. Reportedly, in the past 12 months, 100% of inmates who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner. Reportedly, medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 10, section 14-2.3(E)(2)(b) addresses 115.81(a/c) in entirety. ADOC Department Order 125 entitled Sexual Offense Reporting, page 11, section 125.01 (1.1)(1.1.1) also addresses 115.81(a/c).

According to the inmate who disclosed sexual victimization during risk screening interviewee, he was asked if he wanted to meet with a medical or mental health care practitioner. He further related he didn't take them up on the offer immediately. He relates he did take advantage of mental health services.

The auditor has been advised the alleged victim was referred for medical/mental health evaluation, while confined at the ADOC Reception Center on March 2, 2018. The alleged victim refused that follow-up.

The auditor's review of RRCC medical and mental health documents reveals he arrived at RRCC on March 12, 2018. He was subsequently referred for medical/mental health follow-up regarding the PREA incident that allegedly occurred at a county jail with a meeting conducted on March 19, 2018. A mental health document dated May 9, 2018 reflects the affected inmate was experiencing no difficulty as the result of the alleged PREA incident.

The staff who performs screening for risk of sexual victimization and abusiveness interviewee asserts he offers a follow-up meeting with a medical and/or mental health practitioner whenever the screening indicates that an inmate has experienced prior sexual victimization, whether in an institutional setting or in the community. He further related he notifies mental health staff immediately following the screening, via e-mail.

Pursuant to the PAQ, the Warden self reports all prison inmates who have previously perpetrated sexual abuse, as indicated during the screening pursuant to 115.41, are offered a follow-up meeting with a mental health practitioner. The Warden further self reports the follow-up meeting is offered within 14 days of the intake screening. Reportedly, during the last 12 months, 100% of inmates who have previously perpetrated sexual abuse, as indicated during the screening, were offered a follow-up meeting with a mental health practitioner. Mental health staff reportedly maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 10, section 14-2.3(E)(2)(a) addresses 115.81(b) in entirety. ADOC Department Order 125 entitled Sexual Offense Reporting, page 11, section 125.01 (1.1)(1.1.2) also addresses 115.81(b).

The staff who performs screening for risk of sexual victimization and abusiveness interviewee asserts he offers a follow-up meeting with a mental health practitioner if a screening indicates an inmate previously perpetrated a sexual abuse. This generally occurs within 14 days of intake screening.

Pursuant to the PAQ, the Warden self reports information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management

decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 4, section 14-2.4(A)(1) addresses 115.81(d) in entirety. ADOC Department Order 125 entitled Sexual Offense Reporting, page 10, section 125.04 (1.1)(1.1.8) also addresses 115.81(d).

Pursuant to the PAQ, the Warden self reports medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 18, section 14-2.4(L)(2)(e) addresses 115.81(e) in entirety. ADOC Department Order 125 entitled Sexual Offense Reporting, page 9, section 125.04 (1.1.4)(1.1.4.1.1) also addresses 115.81(e).

According to the Mental Health interviewee, as a matter of routine, he ensures an Informed Consent form is completed prior to provision of services to any inmate. There is no separate informed consent process for inmates under the age of 18 as such inmates are not housed at RRCC.

In view of the above, the auditor finds RRCC to be substantially compliant with 115.81.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The Warden further self reports the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 19, section 14-2.4(M)(1(a)(i) addresses 115.82(a). ADOC Department Order 125 entitled Sexual Offense Reporting, page 5, section 1.2.2.2, page 9, section 125.04 (1.1.3.2, 1.1.3.3) and page 10, section 1.1.8 address 115.82(a).

According to the medical and mental health interviewees, victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. This occurs almost immediately following receipt of a report of sexual abuse. The nature and scope of these services are determined according to the professional judgment of the provider. The medical interviewee advises sexual abuse victims are routinely referred for outside follow-up, regardless.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 19, section 14-2.3(M)(1(a), (1)(a)(ii), (1)(b)(c), and (2)(a) addresses 115.82(b) in totality. The steps articulated in these policy provisions follow a chronological sequence with specific duties assigned (e.g the crime scene is secured by the highest ranking authority on-site and the safety of the victim is likewise ensured by this individual). ADOC Department Order 125 entitled Sexual Offense Reporting, pages 4 and 5,

section 125.03 (1.1)(1.1.1) and (1.1.2) and (1.2)(1.2.1 through 1.2.3) also compliments the aforementioned CC policy. Additionally, specific duties with respect to the shift commander are addressed at page 5, section 1.3, in entirety.

The auditor's review of a sexual assault packet and all follow-up medical/mental health documentation reflects substantial compliance with 115.82(b). On January 11, 2018, an inmate reported to Medical, reporting he had been raped on two previous occasions at RRCC in April and May, 2017. PREA investigative and sexual abuse protocols, as described throughout this report, were invoked commencing with a medical examination and mental health interview on January 11, 2018. Given the time that had elapsed since the alleged incidents, preservation and collection of physical evidence could not be and was not completed.

The auditor's review of the Sexual Abuse Incident Check Sheet reflected a chronological accounting of steps taken with respect to this allegation. The Facility Emergency Anatomical Form relevant to the alleged victim and this incident appeared to be comprehensive, documenting observations and objective findings. The Rape/Sexual Assault Protocol Form provided a detailed road map for medical and mental health evaluation in this matter and finally, four separate Mental Health Notes completed between January 11, 2018 and January 16, 2018 capture the alleged victim's feelings and strategic interventions employed in this matter.

Two of four random Security Staff interviewees specifically interviewed regarding first responder steps advised both the victim and alleged perpetrator would be escorted to Medical at separate times. Both non-Security First Responders advised both the victim and perpetrator would be escorted to Medical for follow-up.

Pursuant to the PAQ, inmate victims of sexual abuse while incarcerated are 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. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

Of note and as previously indicated, RRCC is a male only facility. However, the medical staff interviewee advises if female inmates were housed at RRCC, they would be offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis in the event of a sexual abuse situation. Male inmates would normally be informed by SAFE/SANEs regarding sexually transmitted infection prophylaxis.

Pursuant to the PAQ, the Warden self reports treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigations arising out of the incident.

ADOC Department Order 125 entitled Sexual Offense Reporting, page 10, section 125.04 (1.1.4.5) addresses 115.82(d) in entirety.

The auditor's review of relevant documents regarding 115.82(d) is addressed in the narrative for 115.21(c) above.

In view of the above, the auditor finds RRCC to be substantially compliant with 115.82.

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the facility offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

ADOC Department Order 125 entitled Sexual Offense Reporting, page 10, section 125.04 (1.2) addresses 115.83(a).

The auditor's review of one sexual abuse allegation reveals substantial compliance with 115.83(a). The alleged incident occurred on May 8, 2017 and Health Services/Mental Health assessments were facilitated on the same date. Substantiating documentation follows the same format as reflected in the narrative for 115.83(b).

ADOC Department Order 125 entitled Sexual Offense Reporting, page 10, section 125.04 (1.2)(1.2.1) (1.2.1.1 through 1.2.1.3) addresses 115.83(b).

The auditor's review of mental health/medical records related to an inmate who was allegedly sexually abused in a county jail reflects substantial compliance with this provision.

According to the medical staff interviewee, evaluation and treatment of inmates who have been victimized by sexual abuse would entail a body assessment for injuries (e.g. tearing). An analysis of

other acute injuries would follow. Vitals would also be taken. Such assessments at RRCC require two staff.

The mental health staff interviewee asserts he would praise the alleged victim for coming forward. Subsequently, he would brief the alleged victim about available resources, validate their feelings, address psycho -educational treatment options, and assess for risk of injurious self harm.

ADOC Department Order 125 entitled Sexual Offense Reporting, page 10, section 125.04 (1.2)addresses 115.83(b).

The auditor's review of one sexual abuse allegation reveals substantial compliance with 115.83(b). The alleged incident occurred on May 8, 2017 and Health Services/Mental Health assessments were facilitated on the same date. Substantiating documentation follows the same format as required by 115.82(b).

ADOC Department Order 125 entitled Sexual Offense Reporting, page 10, section 125.04 (1.2)(1.2.2) addresses 115.83(c).

Both the medical and mental health staff interviewees advise medical and mental health services offered are consistent with the community level of care.

Pursuant to the PAQ, the Warden self reports that 115.83(d) is not applicable to RRCC as only male inmates are housed at the facility.

Pursuant to the PAQ, the Warden self reports that 115.83(e) is not applicable to RRCC as only male inmates are housed at the facility.

Pursuant to the PAQ, the Warden self reports inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

ADOC Department Order 125 entitled Sexual Offense Reporting, pages 9 and 10, section 125.04 (1.1.4) (1.1.4.4) addresses 115.83(f).

The auditor's review of evidence reveals treatment services are 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.

ADOC Department Order 125 entitled Sexual Offense Reporting, page 10, section 125.04 (1.1.4.5) addresses 115.83(g).

Pursuant to the PAQ, the Warden self reports the facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental health practitioners.

ADOC Department Order 125 entitled Sexual Offense Reporting, page 11, section 125.05 (1.4) addresses 115.83(h) in entirety.

According to the RRCC PCM, there are no predators currently housed at RRCC. Accordingly, there is no available documentary evidence for validation review.

In view of the above, the auditor finds RRCC to be substantially compliant with 115.83.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No

- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?
X Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? X Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?
X Yes No

115.86 (e)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The Warden further self reports in the last 12 months, 0 criminal and/or administrative investigations of alleged sexual abuse were completed at the facility.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 22, section 14-2.4(N)(1) addresses 115.86(a) in totality. ADOC Department Order 125 entitled Sexual Offense Reporting, page 14, section 125.06 (1.13) also addresses 115.86(a).

Upon research, the auditor determined three sexual abuse investigations met the meaning and intent of 115.86(a). One investigation has not yet been concluded and accordingly, facilitation of such review is not yet warranted. In the second case, the requisite review was conducted. In the third case, such review was not facilitated and there is no investigative indication the same was "Unfounded". However, the RRCC PCM advises this PREA incident was determined to be "Unfounded" and accordingly, a SART is not required. By definition, the alleged fact pattern can be marginally construed as sexual assault.

It is noted the third case was described in the narrative for 115.73(a) and (c). Given the totality of evidence as related to 115.86 (a), the auditor finds RRCC to be compliant with the provision. Facilitation of SART reviews is integral to continued analysis and enhancement of the sexual safety program.

Pursuant to the PAQ, the Warden self reports the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. The Warden further self reports in the past 12 months, 0 criminal and/or administrative investigations of alleged sexual abuse completed at the facility were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 22, section 14-2.4(N)(1)(b) addresses 115.86(b) in totality. ADOC Department Order 125 entitled Sexual Offense Reporting, page 14, section 125.06 (1.13) also addresses 115.86(b).

Pursuant to the PAQ, the Warden self reports the sexual incident review team (SART) includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 22, section 14-2.4(N)(1)(a) addresses 115.86(c) in totality. ADOC Department Order 125 entitled Sexual Offense Reporting, page 15, section 125.06 (1.13.1) also addresses 115.86(c).

The Warden related, during his interview, RRCC has a SART. He further related the SART is comprised of upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

The auditor's review of the afore-mentioned SART report reflects compliance with 115.86(c).

Pursuant to the PAQ, the Warden self reports the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made regarding the following:

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;

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;

Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and

Prepare a report of its findings, including, but not necessarily limited to, determinations made pursuant to the above and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 22 and 23, section 14-2.4(N) (2)(a through e) and (3) addresses 115.86(d) in totality. ADOC Department Order 125 entitled Sexual Offense Reporting, page 15, section 125.06 (1.13.1)(1.13.1.1 through 1.13.1.6) also addresses 115.86(d).

Pursuant to interview with the Warden, he asserts the SART process is used to enhance staffing pattern, if needed, increase security rounds, and request additional electronic surveillance, if necessary. Additionally, he asserts the SART team considers the following:

Whether the incident or allegation was motivated by race, ethnicity, gender identity, LGBTI identification, status, or perceived status, gang affiliation, and/or group dynamics at the facility;
Examines the area in the facility where the incident allegedly occurred to assess whether the physical barriers in the area may enable abuse;
Assesses the adequacy of staffing levels in that area during different shifts, and;
Assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff.

Pursuant to interview with the RRCC PCM, she asserts a SART report is prepared if RRCC staff know the outcome of the investigation. The SART reports are forwarded to her for review. (NOTE: The previously referenced SART and accompanying report were coordinated and completed by the previous RRCC PCM, not the current PCM). Finally, She asserts they would implement any corrective actions and hold staff accountable, where applicable.

Pursuant to interview with a member of the SART, the review team considers the following:

Whether the incident or allegation was motivated by race, ethnicity, gender identity, LGBTI identification, status, or perceived status, gang affiliation, and/or group dynamics at the facility;
Examines the area in the facility where the incident allegedly occurred to assess whether the physical barriers in the area may enable abuse;
Assesses the adequacy of staffing levels in that area during different shifts; and
Assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff.

Pursuant to the PAQ, the Warden self reports the facility implements the recommendations for improvement or documents its reason for not doing so.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 23, section 14-2.4(N)(4) addresses 115.86(e) in totality. ADOC Department Order 125 entitled Sexual Offense Reporting, page 15, section 125.06 (1.13.2) also addresses 115.86(e).

Pursuant to the auditor's review of the SART report previously referenced, clear and definitive training on security rounds and reporting procedures to ensure staff are versed on current protocols, was recommended. The report further reflects the recommended training was completed.

The auditor finds RRCC to be substantially compliant with 115.86.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The Warden further self reports the standardized instrument includes, 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.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, section 14-2.4(T)(1)(a)(i) and (T)(1)(a)(iii) address 115.87(a) in totality.

The auditor's review of the 2016 SSV reflects substantial compliance with 115.87(a)/(c). Data was complete as reflected on the SSV.

Pursuant to the PAQ, the Warden self reports the agency aggregates the incident-based sexual abuse data at least annually.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, section 14-2.4(T)(1)(a)(ii) addresses 115.87(d) in totality.

The auditor's review of aggregated data substantiates compliance with 115.87(b). Aggregated data is reflected on the CC website.

Pursuant to the PAQ, the Warden self reports the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, section 14-2.4(T)(1) addresses 115.87(d) in totality.

The auditor's review of aggregated data suggests compliance with 115.87(d).

Pursuant to the PAQ, the Warden self reports 115.87(e) is not applicable to RRCC as CC does not contract with other facilities for the confinement of its inmates.

Pursuant to the PAQ, the Warden self reports the agency provided the Department of Justice with data from the previous calendar year upon request.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, section 14-2.4(T)(2)(a) addresses 115.87(f) in totality.

In view of the above, the auditor finds RRCC to be substantially compliant with 115.87.

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Pursuant to the PAQ, the agency reviews data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including:

Identifying problem areas;

Taking corrective action on an ongoing basis; and

Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as, the agency as a whole.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section 14-2.4(T)(3)(a) addresses 115.88(a) in totality.

Pursuant to the PAQ, the Warden self reports the annual report includes a comparison of the current year's data and corrective actions with those from prior years. The Warden further self reports the annual report provides an assessment of the agency's progress in addressing sexual abuse.

The Agency Head interviewee advises CC accesses information from several sources, using incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, and response policies, practices, and training. Specifically, he advises that a 5-1 Incident Reporting System is implemented wherein incidents and reports are, minimally, reviewed by Corporate and designated facility staff within a 24-hour period. Monthly, a report of PREA related incidents details frequency, location(s) of incidents within the facility, amongst other criteria. Pursuant to this procedure, Corporate and facility staff collaborate to diagnose any PREA-related issues, concerns, etc. These proactive steps, in addition to SART review findings and continual monitoring of data, are utilized to attain optimal efficiency in terms of sexual safety of inmates at CC facilities. The auditor finds RRCC to exceed 115.88(a) in view of the above.

The CCPC interviewee asserts the agency does review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training. Such data is securely retained in password protected programs at both the facility and CCPC's office. Access to this information is limited.

Of note, PREA investigation reports and ancillary documentation are electronically generated however, a safely secured filing cabinet is located in the Investigator's Office. The auditor observed these processes throughout the on-site audit.

The CCPC further advises the agency takes corrective action on an ongoing basis based on this data. For example, anything identified pursuant to a mock audit or SART review is considered for implementation.

The RRCC PCM advises agency reviews of data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training, is handled at the Corporate Office. The RRCC PCM does not participate in the process, other than submission of Incident Reports regarding sexual abuse/sexual harassment allegations to Corporate.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section 14-2.4(T)(3)(b) addresses 115.88(b) in totality.

The auditor's review of data collected pursuant to 115.87 and the 2016 corporate cumulative annual report reflects substantial compliance with 115.88(b). The cumulative annual report, in question, clearly addresses a comparison of data for the years 2014, 2015, and 2016. The data collected pursuant to 115.87 is included with the annual report. Enhancements enacted as the result of pre-audits completed by CC staff, information gleaned from reviews conducted pursuant to 115.86, and PREA audits conducted during the year, are discussed in the annual report. Finally, a synopsis is included in the annual report, addressing the "State of PREA" within CC. Reportedly, this is the most current Annual PREA Report

Pursuant to the PAQ, the Warden self reports the agency makes its annual report readily available to the public at least annually through its website. The Warden further self reports the annual reports are approved by the agency head.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section 14-2.4(T)(3)(c) addresses 115.88(c) in totality.

The auditor's review of the afore-mentioned 2016 annual report clearly reflects the CC Chief Corrections Officer approved the report as the cover memorandum bears his signature. The auditor verified the report, in question, is posted on the CC website.

According to the Agency Head interviewee, he reviews all PREA Annual Reports as he is the direct supervisor of the CCPC. He copiously reviews each report for comprehensiveness and content, forwarding the same to the CC Chief Corrections Officer for final review and signature.

Pursuant to the PAQ, the Warden self reports when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The Warden further self reports the agency indicates the nature of the material redacted.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section 14-2.4(T)(3)(d) addresses 115.88(d) in totality.

According to the CCPC interviewee, CC rarely redacts information from aggregated reports, etc. All data is collected in generic fashion.

In view of the above, the auditor finds RRCC to be exceed expectations with respect to 115.88.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the agency ensures that incident-based and aggregate data are securely retained.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, section 14-2.4(T)(1)(a)(iv) addresses 115.89(a) in totality.

It is noted the CCPC clearly addressed secure retention of data (pursuant to 115.87) in the narrative for 115.88(a), above. The same statement applies to perpetual secure retention of data on an annual basis since the date of the last PREA audit.

Pursuant to the PAQ, the Warden self reports agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section 14-2.4(T)(2)(c)(i) addresses 115.89(b) in totality.

As previously indicated, the auditor verified compliance with this provision pursuant to review of the CC website.

Pursuant to the PAQ, the Warden self reports before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section 14-2.4(T)(2)(c)(ii) addresses 115.89(c) in totality.

Pursuant to the PAQ, the Warden self reports the agency maintains sexual abuse data collected pursuant to 115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

CC Policy 1-15 entitled Retention of Records, page 3, section 1-15.4(D), Attachment 1-15B, page 4 addresses 115.89(d) in totality.

In view of the above, the auditor finds RRCC to be substantially compliant with 115.89.

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.*) X Yes No

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

The auditor’s findings regarding 115.401 are clearly articulated throughout this report. RRCC executives and staff were cordial, facilitative, and honest throughout the on-site audit. The audit experienced no difficulty with respect to accrual of and review of documentation.

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 within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. 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.) X Yes No NA

Auditor Overall Compliance Determination

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

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

K. E. Arnold

October 30, 2018

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.