

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: September 26, 2017

Auditor Information			
Auditor name: Steven Jett			
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Telephone number: 2084590602			
Date of facility visit: July 30-Aug 2, 2017			
Facility Information			
Facility name: Mingus Mountain Academy			
Facility physical address: 15801 E Don Carlos Road, Prescott Valley, AZ 86312			
Facility mailing address: <i>(if different from above)</i> P.O.Box 26485			
Facility telephone number: 6023352000			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Other
Name of facility's Chief Executive Officer: Michael McFarland, Executive Director			
Number of staff assigned to the facility in the last 12 months: 144			
Designed facility capacity: 142			
Current population of facility: 114			
Facility security levels/inmate custody levels: Staff Secure/BHIF, BHRF			
Age range of the population: 12-18			
Name of PREA Compliance Manager: Alisa Montgomery		Title: PCM	
Email address: Alisa.montgomery@sequelyouthservices.com		Telephone number: Click here to enter text.	
Agency Information			
Name of agency: Sequel Youth Services			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 1131 Eagletree Lane Huntsville AL 35801			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 256 880 3339			
Agency Chief Executive Officer			
Name: John Stupak		Title: CEO	
Email address: john.stupak@sequelyouthservices.com		Telephone number: 215 540 0939	
Agency-Wide PREA Coordinator			
Name: Sonja Schierling		Title: PC	
Email address: Sonja.schierling@sequelyouthservices.com		Telephone number: 914 526 8763	

AUDIT FINDINGS

NARRATIVE

The on-site portion of the PREA Audit of the Mingus Mountain Academy (MMA) was conducted from July 30 to August 2, 2017. Mingus Mountain Academy is located in Prescott Valley, AZ, with three satellite homes, one in North Phoenix (White Feather) and two in Prescott Valley (Emily House and Farrington House.) MMA is a secure facility, but the group homes do not meet the criteria for secure under the PREA definition.

On July 30, a tour was conducted of White Feather. There were 6 girls assigned to the house when the audit visit was performed but the capacity is 8. Two residents and two staff were interviewed. Residents of the house are transported to school or jobs in the community.

While at White Feather, the MMA PCM and I held an initial meeting and went over some of the results of the document review and discussed the agenda of the rest of the audit.

On Monday, July 31, the visit of the main site at Mingus Mountain Academy started. Mingus is located on a 120 acre tract of land within the Prescott Valley National Forest. The road to the academy, although traveled very frequently by all staff and visitors, has some interesting issues associated with weather. (See comments under 115.313)

Upon arriving at the MMA Campus, a tour was conducted by PREA Coordinator Alisa Montgomery. All buildings and dorms were toured, as well as administrative offices, cafeteria and the school building.

After the tour, interviews were started. A total of 31 interviews were conducted (over 10% of staff and over 10% of students). Included in the interviews were residents and staff from Emily and Farrington Halls (off campus houses), and all shifts.

Files were inspected of the recent allegations. All had been reported as required. The MMA PCM had recently called the police and requested to be informed of the outcome of one pending investigation. She was informed that the investigation is still ongoing, and the forensic could take quite a while. I also inspected several sexual incident review reports, as required by 115.386. All seemed to be in order.

Tours were conducted of Emily House and Farrington House on August 1, 2017. Staff at the houses do not pursue students if they escape from the house, with the exception of participating with law enforcement to search for the students. The houses were very comfortable and the bedrooms were not much different from any other teenager's bedroom. Students at the houses are transported to school and work, and are participating in MMA's 'step-down' re-entry program.

Emily has 7 beds and Farrington has 9.

A number of student files were checked for documentation of resident education sessions.

Staff files were also checked for training documentation and background check information.

Population on first day of onsite portion of the Audit: 114

Number of residents interviewed: 14, which includes three residents that have reported incidents.

Number of random staff interviewed: 9 staff including staff from all shifts.

Number of specialized staff interviewed: 1 teacher, 1 intake staff, 1 medical staff, 1 mental health staff, 1 HR director, 1 facility PCM, 1 agency-wide PC, 1 superintendent.

DESCRIPTION OF FACILITY CHARACTERISTICS

Mingus Mountain Academy (MMA) is a Joint Commission accredited residential treatment center for emotionally and behaviorally at-risk adolescent girls. Founded in 1985, the Academy is located on a 120-acre campus surrounded by National Forest, 25 minutes from the town of Prescott Valley, Arizona.

Because many of the students at MMA have experienced significant trauma, the treatment team is specially trained to address these various issues within a safe structured, nurturing environment. There is an emphasis which fosters successful reunification with families. █

Mingus Mountain Academy offers a 6-12 month, highly structured residential treatment program for female youth. Mingus utilizes a normative culture model designed to reduce the frequency, duration, and intensity of negative behaviors and to increase the strength of positive, alternative behaviors. The major treatment goal is to assist the student in internalizing permanent change. Increased self-discipline is introduced through normative culture applications.

Students share ownership in their programs by creating positive behavior norms that are meaningful, attainable, and allow them to hold themselves and their peers accountable. Students progress from orientation with campus activities only, to off-campus activities; unsupervised visits, including home visits; and finally, through increased trust, to transitional living in one of three therapeutic group homes.

Mingus Mountain Academy operates three therapeutic group homes, two not far from the main campus and one in North Phoenix. The group homes, even though they fall under the umbrella of the Mingus Mountain Academy, will be considered a non-secure portion of the program, as they do not meet the definition of a secure juvenile detention facility. The group homes provide a safe and nurturing environment from which a student may begin the transition back to her home community. Group home students are able to practice their newly developed social, emotional, and educational skills in the community through jobs and volunteer work. Students at the two group homes in Prescott Valley continue to attend classes and special weekend activities on the Mingus Campus. The group home program plays a vital role with transitioning students from the main campus. It can also serve as a stand-alone program for girls who have recently completed treatment elsewhere and need a step-down environment before returning home.

In each group home, every student is responsible to strive for personal success as well as promote the success of others. The focus at the group home level is on improving interpersonal skills while maintaining appropriate, acceptable and positive behavior.

Another large focus is learning independent living skills. Some of the skills learned are:

Meal preparation including grocery shopping and cooking

- Household tasks including cleaning, laundry, small repairs, painting
- Minor vehicle maintenance
- Maintaining the yard, plants, and flowers
- Job skills, including mock interviews for practice
- Money management

SUMMARY OF AUDIT FINDINGS

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Number of standards exceeded: **4**

Number of standards met: **35**

Number of standards not met: **0**

Number of standards not applicable: **2**

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

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

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

Zero-tolerance policy is clearly spelled out in Policy 5.25. Definitions match those in PREA Standards.

PREA Compliance Manager on-site at MMA is Alisa Montgomery, Quality Assurance Director. All required documentation was neat and readily available. PCM has sufficient time to carry out PREA responsibilities.

Standard 115.312 Contracting with other entities for the confinement of residents

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)
- Not applicable (facility is a contract provider, not a contracting agency)

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

Facility is a contract provider, not a contracting agency.

Standard 115.313 Supervision and monitoring

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

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

Staffing plan is reviewed and facility furnished minutes of the review meeting with the Agency-wide PREA Coordinator. The MMA campus, a secure facility, meets the 1:8 ratio at all times. There have been times when the facility has had to shift population to different dorms because of call-outs or even weather, but they strictly maintain the 1:8 ratio. In the school building, teachers receive all training that security staff receive, and can therefore be counted in the staff:student ratio. Although teachers may be in class with 10-12 students, security staff are never more than “two or three steps” from the classroom door. (Interview with Mr. “G”, teacher, and observation of the auditor.) Also, the facility is hiring para-professional staff to be in the classroom, and they will be given the same training as security staff as well.

It was mentioned earlier in this report that the road to the MMA campus has weather related issues from time to time. On Monday morning at the start of the audit, there was a vehicle stuck on the road due to the significant rain the night before. So several of us rode together in a 4-wheel drive vehicle to the campus. The problem may exist in the winter, as the area does get snow. This adaptation is significant and it is included for the benefit of judging compliance with this standard, as the Academy does everything necessary to make sure that staff can get to work. If any staff is delayed by road conditions, other staff stay at the facility until their replacement arrives, thereby, maintaining staff ratios.

The ratio at the group homes is not a concern, as they do not meet the definition of a secure juvenile facility.

Unannounced rounds are being done, and adequate documentation is being kept.

Standard 115.315 Limits to cross-gender viewing and searches

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

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

corrective actions taken by the facility.

Cross-Gender announcement is done frequently in the group homes and was confirmed through student interviews. Studentst at the MMA Campus also confirmed the announcement was being done, but there were a couple students that said they didn't hear a specific announcement, they just knew who was on the dorm. It was suggested that the staff think about ways to strengthen the announcement, such as reminding the students that they will be supervised by both male and female staff when they are in their school homeroom before being walked back to their dorms, or at other times when the students are conveniently together in group settings.

MMA's policy on searches is very clear that no cross-gender searches are done. In fact, searches done at MMA are not even close to a pat-search, as not hands-on contact is allowed, even in exigent circumstances. Even searches performed by medical staff do not permit contact with the student. (Any hands-on circumstance where a medical staff would touch a student would be a medical procedure.) Training provided at MMA is much less intrusive and respectful than that which is offered in video form on the PREA Resource Center's website. Therefore, MMA is deemed to exceed the requirements in 115.315, especially 115.315f.

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

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

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

MMA has entered into agreements/contracts for interpretive services with Cyacom and Transperfect even though the probability that they would or could accept non-English speaking students is very low.

Standard 115.317 Hiring and promotion decisions

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

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

The facility now has forms that will be used to ask the questions listed in 115.317a for new hires, promotions and during evaluations.

Employee files revealed that background checks are being completed, and that the child abuse registry has been checked. Also, the fingerprint card system allows the facility to essentially perform background checks at any time. They are checked yearly.

Standard 115.318 Upgrades to facilities and technologies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)
- Not applicable (No expansions, upgrades, modifications to physical plant or video systems)

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

In one of the larger dorms, MMA has installed “The Pipe” to monitor security checks, which contributes positively to the facility’s efforts to combat sexual abuse and harassment.

Standard 115.321 Evidence protocol and forensic medical examinations

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

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

An inquiry was made to the Yavapai Family Advocacy Center to confirm the availability of SAFE or SANE exams. The Office Administrator/Forensic Interviewer from the agency responded and confirmed that the YFAC is the only agency close by that does have a SANE available. If that

person is not available, there is a forensically trained nurse practitioner who can do the exams. If necessary, they can refer the individual to Flagstaff or Scottsdale to another facility for SANE or SAFE. No matter what the situation, MMA students will receive a qualified forensic exam.

If victim's advocates are not available, MMA therapists are available and qualified to assist a student if necessary with support through an exam.

Standard 115.322 Policies to ensure referrals of allegations for investigations

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

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

All allegations are referred out for investigation and prosecution. Arizona DCS is called and would also contact YCSO.

Standard 115.331 Employee training

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

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

All staff were able to recall training, and when given an hypothetical situation, all did very well in reciting back first responder and mandatory reporting duties. MMA uses Relias Learning modules, which administer test questions for learning as the staff member takes the course. If comprehension is deficient, the course cannot be completed and will not show in training records.

Staff files were reviewed and not only was there documentation of receiving and understanding the training, PREA tests administered on site were included in the files.

Standard 115.332 Volunteer and contractor training

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

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

All volunteers and contractors receive the same training as employees.

Standard 115.333 Resident education

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

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

Students, through interviews, were able to tell multiple reporting mechanisms, and knew that any type of report was OK, whether it be written, verbal, anonymous, etc. They also were well versed in the zero tolerance policy, and that MMA will investigate all allegations.

A large number of student files were checked. All were found to contain correct documentation for the “10-day” resident education sessions. The facility started a new process on July 1 to better handle the documentation of the intake sessions, and the records that were checked of students admitted after that date contained that documentation.

Standard 115.334 Specialized training: Investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion

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

Prior to the issuance of the Interim Report, the facility informed me that four employees had completed the Specialized Training for Investigators available on the PRC Website.

Standard 115.335 Specialized training: Medical and mental health care

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

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

Almost all medical and mental health staff have received the training through videos on the NCHC site. Only a couple more practitioners had yet to finish the series, but were in the process. Therefore, since MMA has substantially completed the training and will finish soon, MMA will be found in compliance with standard 115.335.

Standard 115.341 Screening for risk of victimization and abusiveness

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

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

The facility’s assessment instrument, (CBPS) is very thorough and contains all items listed in 115.341. Screenings are done by the clinical director in almost all cases, but therapists may conduct in her absence. This contributes to the uniformity and consistency in administering the assessment.

Because the clinical director or therapists do the assessment, the completed assessments are included in confidential medical/mental health records. Need to know information is passed on

to group living staff to make assignments.

Standard 115.342 Use of screening information

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

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

Group living staff consider the information gathered in the 115.341 assessment to make decisions. Information gathered in the assessment is also protected, with “need to know” information only being shared as needed.

Frequent reassessments are done for all residents. No isolation is used.

Standard 115.351 Resident reporting

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

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

All students knew reporting mechanism well, including anonymous reports, and even third-party reports. Staff also knew that they had to accept any report in any form.

Standard 115.352 Exhaustion of administrative remedies

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

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

Facility has separate procedures for sexual abuse grievances. It was found that the policy had one word in the administration of the grievance procedure that needed to be changed to meet this standard. Since the change would not affect the operations or responsibilities of line staff, this change was allowed without going on to corrective action.

Standard 115.353 Resident access to outside confidential support services

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

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

Yavapai Family Advocacy Services.

Standard 115.354 Third-party reporting

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

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

Third party reports are taken, and contact info is on web.

Standard 115.361 Staff and agency reporting duties

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

All staff were very well versed in the Mandatory Reporting laws. Medical staff have added their disclosure (115.361d2) to their checklist.

Standard 115.362 Agency protection duties

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

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

All staff have the authority to immediately act to keep students safe. MMA had 3 instances where students alleged that they were in danger of being abused.

Standard 115.363 Reporting to other confinement facilities

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

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

All procedures now in policy to meet this standard.

Standard 115.364 Staff first responder duties

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

During staff interviews, it was confirmed that the staff training had been effective in training the first responder duties. Almost all staff included evidence preservation steps in handling the hypothetical situation that was given to them during the interviews.

Standard 115.365 Coordinated response

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

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

During interviews, most staff stated that they would inform all necessary players, including LE, DCS, MH and Medical immediately. This is in policy 5.25.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)
- Not applicable (no collective bargaining agreements in place)

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

No collective bargaining.

Standard 115.367 Agency protection against retaliation

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

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

Agency has retaliation policies in place. Frequent interviews are conducted as a matter of routine with all students, ensuring that staff can check for retaliation and that status checks are done.

Standard 115.368 Post-allegation protective custody

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

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

No isolation used.

Standard 115.371 Criminal and administrative agency investigations

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

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

All aspects of 115.371 are met. The AZ DCS is the first contact staff make when confronted with an abuse situation. DCS contacts YCSO.

Standard 115.372 Evidentiary standard for administrative investigations

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

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

Preponderance of evidence standard in policy.

Standard 115.373 Reporting to residents

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

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

Policy in place to ensure that reporting is done. Policy was slightly unclear, so the PCM made a change which added detail.

The facility sometimes must call the local LE to find out the status of the investigation. While on-site, the PCM called the YCSO and was told that the current investigation was still pending and closure could take a while. However, the facility still is meeting their duty by requesting relevant information as required by 115.373b

Standard 115.376 Disciplinary sanctions for staff

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion

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

MMA and Sequel policy covers most of this standard. One requirement, 115.376b, although in practice, was not specifically found in the policy, and it was added. Since this addition does not affect the daily duties or responsibilities of line staff, and is only an administrative change, this change was allowed and will not be held for corrective action.

Standard 115.377 Corrective action for contractors and volunteers

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

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

Standard is met in policy 5.55.

Standard 115.378 Disciplinary sanctions for residents

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

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

All criteria for this standard is covered in policy. In the MMA policy regarding discipline, more detail was added to codify the practice better.

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

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

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

Interviews with medical and mental health staff confirmed that the facility does much more in terms of providing services to the students that is required by PREA, or possibly that which can be found in the community.

Standard 115.382 Access to emergency medical and mental health services

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

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

Interviews with medical and mental health staff confirmed that the facility does much more in terms of providing services to the students that is required by PREA, or possibly that which can be found in the community

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

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

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

Interviews with medical and mental health staff confirmed that the facility does much more in terms of providing services to the students that is required by PREA, or possibly that which can be found in the community. Also, the facility has ongoing “trauma” group therapy, and other group therapy sessions once a week

Standard 115.386 Sexual abuse incident reviews

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

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

The sexual abuse incident form was edited to afford more detail in covering the items required in 115.386d.

Standard 115.387 Data collection

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

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

Data is being collected and kept as required.

Standard 115.388 Data review for corrective action

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

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

Data is aggregated and published as required.

Standard 115.389 Data storage, publication, and destruction

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

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

Data is being kept, aggregated, redacted and published as required.

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.

Steven Jett

September 26, 2017

Auditor Signature

Date