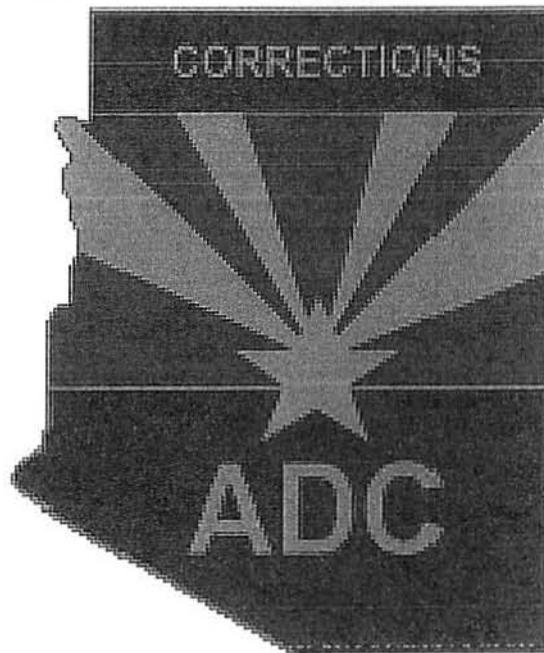


**ARIZONA DEPARTMENT**



**OF CORRECTIONS**

**ARIZONA DEPARTMENT OF CORRECTIONS  
INSPECTOR GENERAL BUREAU**

**Inspections Unit**

**ASP-KINGMAN ANNUAL INSPECTION**

**November 2010**

## Executive Summary ASP – Kingman

### COMPLEX OVERVIEW:

Arizona State Prison-Kingman is a Medium/Minimum Custody private prison under contract with the Arizona Department of Corrections to provide custody and treatment to 1508 adult male offenders who have demonstrated a need for substance abuse treatment. The facility opened on August 26, 2004 and is operated and managed by Management and Training Corporation.

### INSPECTION SCOPE:

The inspection was conducted November 15 through November 19, 2010. The inspection included Hualapai and Cerbat units.

### INSPECTION METHODOLOGY:

In preparation for the creation of new Data Collection Instruments, (DCI) the Inspections Unit reviewed thirteen competencies.

### RECAP OF FINDINGS:

There were no findings identified for Inmate Services. There were a total of 135 findings for the remaining competencies.

Competency	Questions	Findings
Classification	87	3
Counts and Inmate Movement	54	14
Food Service	173	7
Ingress/Egress	45	19
Keys	54	10
Perimeter and Towers	85	4
Security Devices	54	3
Tools	91	20
Weapon/Armory/Dart/Armed Posts	141	8
Detention	71	9
Inmate Services	68	0
Inmate Management	194	16
Required Services	154	22
<b>TOTAL</b>	<b>1271</b>	<b>135</b>

## Classification

**Does a Correctional Officer IV assign inmates to Education, Treatment and Work Based Education (WBE) programs in accordance with the inmate's individual Corrections Plan, the applicable facility priority ranking report(s) and actual vacancies in work assignments?**

Finding # 1 H Inmate Work, Education and treatment assignments were made by WIPP or Work Program Officers. Staff members were unfamiliar with the corrections plan process for placing work assignments.

Finding # 2 C The CO IV is not involved with the WBE, Treatment or Program assignments. The assigned Programs Manager makes the assignments, however does not use information from the corrections plan.

**Are all inmates being assigned to work assignments reviewed to ensure they meet the requirements of this department order?**

Finding # 3 C The CO IV does not ensure minimum requirements are met when assigning jobs.

## Counts and Inmate Movement

**Does the Warden ensure all external movements are entered into AIMS by the end of each shift?**

Finding # 4 H External movements were not entered into AIMS at the end of shift.

**Does the institution have an approved protocol for "red lining" a specific bed?**

Finding # 5 H Staff could not produce a procedure for 'red lining' beds. The Shift Commander red lined beds without the approval of the Warden.

**Observe the Accountability Officer receive and record the unit out-counts. Is the accountability of those inmates accurate and effective?**

Finding # 6 H The Accountability Officer did not verify unit count consistently and properly.

Finding # 7 C Accountability Officer discussed a missing inmate with the officer conducting and submitting the out-count.

**Is the list of inmate out-count's recorded on a department approved form and signed dated and time stamped by the staff member responsible for accounting to the accountability officer?**

Finding # 8 H Out-count forms were submitted without the appropriate signatures and dates.

Finding # 9 C Out-count forms were submitted without signatures and dates.

**Does the Accountability Officer reject pre-printed count sheets?**

Finding # 10 H Pre-printed count sheets were used / utilized.

Finding # 11 C Pre-printed count sheets were used / utilized.

**Are out-count forms not accepted within 15 minutes prior to count?**

Finding # 12 H Out-count forms were received / accepted 15 minutes prior to count.

Finding # 13 C Out-count forms were received / accepted within 15 minutes prior to count.  
The Accountability Officer was not aware of the 30 minute cut-off period.

**Does the Accountability Officer compare results of formal count to DI52 screen before announcing count is clear?**

Finding # 14 H The Accountability Officer was not aware of the DI-52 screen used to verify unit count.

**Does the shift supervisor or commander clear all formal counts?**

Finding # 15 H The Shift Commander did not clear count. The announcement was made by the Accountability Officer.

**Does the shift supervisor or commander review and sign all formal count sheets?**

Finding # 16 C Shift Commanders were not consistently signing count sheets.

**Does the unit have a controlled movement plan (Master Pass)?**

Finding # 17 C There was no master pass system in place for internal movement.

## Food Service

**Does the unit or the food service liaison have a list of all contract food service workers and ensure each has a certified negative TB test in the last twelve months?**

Finding # 18 H At Complex, six Canteen staff members did not have TB test results in their files. Later in the day it was discovered that two of the six showed positive TB test results.

**Review Correctional Service Journal entries relating to inspections of kitchen workers. Do the entries for inmates not meeting requirements noted by inmate name and ADC #?**

Finding # 19 H There were no journal entries indicating that inmates were reviewed for illness, injury, etc. prior to shift.

Finding # 20 C There were no journal entries indicating that inmates were reviewed for illness, injury, etc. prior to shift.

**Are the walk-ins clean and free of items being store on the floor or under the evaporators?**

Finding # 21 H Food was found stored under the refrigerator's cooling fan.

**Are the food trays clean and sanitized?**

Finding # 22 H Clean trays and cups were found stored in unclean carriers.

**Does the kitchen have the tool sign in/out records for the past thirty days on file?**

Finding # 23 H The past 30 days are not on file.

Finding # 24 C The past 30 days are not on file.

### Ingress/Egress

**Does the officer scan food items, and question any abnormal observations such as excessive amounts, containers which do not allow for visual inspection, or questionable items such as metal utensils?**

Finding # 25 H This was not done consistently.

**Does the officer maintain an appropriate flow control during periods of high traffic, allowing for ample time to inspect staff and property items during ingress / egress?**

Finding # 26 H During high traffic periods, the officer became distracted and allowed contraband to pass through.

Finding # 27 C This did not occur during several shift changes.

**Test system repetitively during course of inspection to determine if procedures are applied on a constant basis. Did staff consistently apply security protocols during the visit?**

Finding # 28 H Heavy flow of traffic caused serious issues.

Finding # 29 C Heavy flow of traffic caused serious issues.

**Does the officer consistently inspect incoming property for possible contraband?**

Finding # 30 H This did not occur consistently at shift change.

Finding # 31 C This did not occur consistently at shift change. Staff phones were not inspected for property tags.

**Are containers used to transport the food clear "see-thru", and provide ease of access to view contents?**

Finding # 32 H Several food items were not screened properly.

Finding # 33 C Several food items were not screened properly.

**Does the officer ensure all food containers / packages are brought through the metal detector?**

Finding # 34 H Many items did not clear the detector due to insufficient control during high traffic periods.

Finding # 35 C Many items did not clear the detector due to insufficient control during high traffic periods.

**Does the officer question any manufactured food items sealed in original packaging, causing difficulty in screening the contents inside?**

Finding # 36 H Several sealed packages were not opened.

Finding # 37 C Did not question factory sealed packages.

**Monitor access points to verify all staff, and associated personal property are searched prior to access being granted to the unit. Were all staff members searched thoroughly prior to entering?**

Finding # 38 H Searches were not performed thoroughly during high traffic periods.

Finding # 39 C Searches were not performed thoroughly during high traffic periods.

**Do assigned staff members inspect / search all personal property to include food items, and require applicable items to be cleared via the metal detector?**

Finding # 40 H Searches were not performed thoroughly during high traffic periods.

Finding # 41 C Searches were not performed thoroughly during high traffic periods.

**Inspect unit ingress / egress points and determine if there are locations where staff can by-pass and/or defeat this procedure. Are the locations secure to the degree staff cannot by-pass the security station?**

Finding # 42 H The main entrance did not provide adequate security.

**Does the officer scan food items, and question any abnormal observations such as excessive amounts, containers which do not allow for visual inspection, or questionable items such as metal utensils?**

Finding # 43 H Many staff cleared their own food items.

### Keys

**Are all emergency key rings clearly delineated as such, and stored separately from other key sets for ease of identification and timely access?**

Finding # 44 H Cerbat's emergency key sets stored in Complex were only labeled as 'D' with no additional designation or number, which prevents ease of identification when more than one set is checked out.

**Is there a site diagram which clearly shows where each emergency key set will provide access within a specific unit?**

Finding # 45 H The Complex Key Control Officer did not have a diagram for the Cerbat Unit to identify emergency key locations.

**During an inspection, does each doorway, entryway, gate, or other portal have a specific color code, along with the corresponding letter of the alphabet clearly shown above the portal frame?**

Finding # 46 C The exterior/yard gates are not labeled with a specific color code for emergency key use.

**Does the site diagram / map clearly show the color code for each building to allow for ease of identification during a crisis?**

Finding # 47 C The emergency key box did not contain a unit diagram specifying color codes.

**Keys that are in use that are not on inventory (i.e. Desk Drawers).**

Finding # 48 C The key to a narcotics storage refrigerator was present but was not included on the inventory.

**Compare inventory with available keys. Does the inventory match up with existing key stock on hand?**

Finding # 49 C 3 Key rings in Main Control were not listed on the master inventory.

**Does the complex maintain pharmacy or medical unit keys?**

Finding # 50 C Medical keys were found without rings and were not listed on inventory.

**Observe storage area for key sets.**

Finding # 51 C The 'Lab Corp' storage box had the associated key in the keyhole of the box.

**Will a visual inspection of designated key storage areas allow for easy identification of missing key rings?**

Finding # 52 H The 'Hot Box' storage locations contained multiple key sets (for example, four sets were found in one box). This storage does not allow for easy identification, and is a violation of the single set per hook requirement.

**Are all the key rings for a unit or specified zone (i.e.; complex security) stored and issued from one designated location?**

Finding # 53 C Cabinet keys were not listed on inventories, and were stored in multiple locations.

## **Perimeter and Towers**

**Is the electronic detection system tested, where all zones are determined to be functional, a minimum of once per shift?**

Finding # 54 H During a Zone #9 officer perimeter check, the alarm did not trigger until the officer was nearly finished with the check. The officer stated this is a normal occurrence.

**If the system has perimeter lighting, are all applicable lights operating, with no sign of visible damage, or wear?**

Finding # 55 H Zone #9 lights are damaged and/or malfunctioning.

**Interview the Chief of Security and/or Deputy Warden to determine expectations for perimeter operations, physical plant and maintenance of perimeter components.**

Finding # 56 H During recent zone repairs, staff reported zone signs no longer corresponded with zone locations throughout the entire perimeter due to sign removal or repair.

**Does the institution have a barrier fence to delineate the boundaries of the prison property? Does it include properly spaced signage indicating "No Trespassing"?**

Finding # 57 C West and South fences did not have the proper signage.

### Security Devices

**Were appropriate entries made in the Correctional Service Journal?**

Finding # 58 C SDI Journal entries were not always complete and consistent.

**When deficiencies are noted, does all documentation contain the cross referenced information report number from the corresponding information report(s)?**

Finding # 59 C SDI Journal entries were not always completed and consistent.

**Were deficiencies requiring immediate attention addressed as "emergencies" and appropriately managed by the Chief of Security?**

Finding # 60 C SDI Journal entries did not designate a priority system.

### Tools

**Are tools stored on a shadow board with shadow that closely resembles the tool?**

Finding # 61 H Tools found in the yard tool storage area were not shadowed.

Finding # 62 C Tools found in the yard tool storage area were not shadowed

**Are the completed Tool Check Out Forms (712-4) kept on file in the tool room for the previous thirty days?**

Finding # 63 H Tool Check Out Forms were not kept in the unit file for the previous 30 days.

Finding # 64 C Tool Check Out Forms are not kept on file for the previous 30 days.

**Observe posted inventory sheets. Compare inventory with stored tool. Is the inventory accurate?**

Finding # 65 H The inventory for a main control 'hot box' emergency tool box was inaccurate.

Finding # 66 C A tool box located in the WBE area was listed on inventory but was stored in complex.

**Does the institution have an institutional order on file, which contains reference to the current D.O in effect?**

Finding # 67 H The Complex Institution Order 712 contained only references to restricted products; there was no information regarding tool control.

**Are tools stored on a shadow board with shadow that closely resembles the tool?**

Finding # 68 C Tools located in the CDU storage and other tool room areas were not shadowed.

**If there was a tool unaccounted for, was appropriate action taken?**

Finding # 69 C Unaccounted for tools were discussed with staff and supervisors, however no action was taken to address these violations or account for the missing tools.

**Are all tools maintained on a Master Tool Inventory (Form 712-5) or a similar computer generated form?**

Finding # 70 C Some tool rooms did not have a Master Tool Inventory in place.

**Are Class A tools issued and utilized under staff supervision, at all times?**

Finding # 71 C In the WBE area, inmates were found using Class A tools without supervision.

**Are Class A tools stored in an area separate from Class B tools, on an individual hanging device and shadow, to avoid confusion / misidentification?**

Finding # 72 C Class A and B tools were found stored without separation by class.

**Observe tools being checked out/in at all tool control storage areas.**

Finding # 73 C Spade shovels and wheel barrows were observed in use but were not checked out properly.

**Does the Tool Officer maintain a list of all tools checked out during their shift to aid in immediate accountability?**

Finding # 74 C Tool inventories did not match check-out logs.

**Does the Tool Officer reconcile all tools issued to inmates at the end of the work day, prior to releasing inmates back to the yard?**

Finding # 75 C Tool reconciliation protocol is inaccurate.

**Are all kitchen tools checked in / out using Tool Check Out forms, which are kept on-site for 30 days by the Food Service Supervisor?**

Finding # 76 H The forms are not kept on-site for 30 days.

**Are tools too large to store on the shadow board in a location where an outline resembling the tool is clearly shown?**

Finding # 77 C Tools were not shadowed.

**Did the person responsible for tool control ensure all tools were accounted for at the beginning and ending of the shift?**

Finding # 78 C Tools were not always accounted for at the beginning and ending of the shift.

**Is this location secured at all times, with a seal, and a master inventory contained within?**

Finding # 79 C Some tool rooms did not have a Master Tool Inventory in place.

**Are all kitchen tools checked in / out using Tool Check Out forms, which are kept on-site for 30 days by the Food Service Supervisor?**

Finding # 80 C This is not done consistently.

### **Weapons/Armory/DART/Armed Posts**

**Does the complex Major accompany the armorer for the inventory at least once per month?**

Finding # 81 H There was no evidence that monthly inventories were being documented by the DWOP (acting Major).

**Verify that an inventory is present and is accurately accounts for the weapons stored in the Main Control Room.**

Finding # 82 H Staff members utilized inventory forms in place of sign-out logs, which resulted in inaccurate accountability of returned weapons.

**Does the armorer comply with the requirements for handling damaged or malfunctioning ammunition?**

Finding # 83 H The Armorer reported that damaged ammunition was being disposed of by either taking it home or throwing it in facility dumpster.

**Is an accurate inventory of all assigned firearms, operational ammunition, chemical agents and other equipment being completed weekly using the Weekly Inventory, form 716-3?**

Finding # 84 H 14 ██████████ were found but were not inventoried.

Finding # 85 C An additional ██████████ was found but not indicated on inventory.

**Are staff members who are checking the seal on the DART locker at the beginning of each work shift and its condition documenting their findings in a Correctional Service Journal?**

Finding # 86 H Findings are not consistently documented in the journals. In some cases the findings were documented only on the daily inspection sheets.

Finding # 87 C Journal entries are not consistent.

**Are door seal numbers being properly logged in the correctional journal?**

Finding # 88 C Logging in Correctional Journals are inconsistent.

### **Detention**

**Review a month of logs and records. Are records complete? Are inmates receiving required notifications and services?**

Finding # 89 H Security checks were not logged in the service journal.

Finding # 90 C Security checks were not logged in the service journal.

**Review a random selection of Individual Inmate Detention Record, form 804-3. Do the logs include information listed under 1.4-1.4.2?**

Finding # 91 H The Detention Checklist Form 804-1 was not always utilized for all inmates assigned to the CDU.

Finding # 92 C The Detention Checklist Form 804-1 was not always utilized for all inmates assigned to the CDU.

**Review Institution Orders and Post Orders. Do they address the information outlined above?**

Finding # 93 H Staff were not using the required verbiage outlined in the Post Order for documenting security device, fire safety and key inventory inspections.

**Review the Observation Records and the unit log to determine if security staff are documenting a visual check of the inmate every thirty minutes or as otherwise specified by the mental health watch order.**

Finding # 94 C Observation Records did not indicate random checks. All checks occurred at 15-minute intervals during several shifts.

**Are notifications and approval for inmate placements correct?**

Finding # 95 H The Detention Checklist Form 804-1 was not always utilized for all inmates assigned to the CDU.

Finding # 96 C The Detention Checklist Form 804-1 was not always utilized for all inmates assigned to the CDU.

**Interview a random selection of inmates. Are they properly advised verbally and in writing as to the details of their placement?**

Finding # 97 H Some inmates did not know why they were placed in detention.

### **Inmate Management**

**Do the unit staff ensure inmate comply with time frames when inmates file a Formal Grievance?**

Finding # 98 H This could not be determine based on information recorded in the Grievance Log.

Finding # 99 C Time frames are out of compliance.

**Is the log up to date and filled in completely?**

Finding 100 H Grievance Logs were incomplete.

Finding 101 C Logs were missing information and inaccurate.

**Does the Warden receive a weekly list of inmates and grievance restrictions from the Central Office Appeals Officer?**

Finding 102 H This information is not reported to the Warden.

**Is information regarding Inmate Grievances documented in the Monthly Statistical Report?**

Finding 103 H This could not be determined based on log inconsistencies.

Finding 104 C This could not be determined based on log inconsistencies.

**Does the log reflect that grievances were addressed by the unit Deputy Warden within 15 days?**

Finding 105 H Logs were missing information and inaccurate.

**If there has been an extension for any grievance, is there adequate justification for the extension?**

Finding 106 H Logs were missing information and inaccurate.

**Does the unit track grievance appeals?**

Finding 107 H Appeals are not tracked.

**Does the log reflect the grievance appeal was submitted to the warden within time frames and was the grievance responded to within time frames?**

Finding 108 H Time frames are out of compliance.

**If an inmate has appeal the decision of any grievance to the Directors office, was it sent within time frames?**

Finding 109 H This could not be determined based on log inconsistencies.

**Are all grievance appeals forwarded to the Directors office responded to within expected time frames?**

Finding 110 H This could not be determined based on log inconsistencies.

**Are Risk Management claims with all supporting documents filed only after the reimbursement has been approved?**

Finding 111 H This is not being done.

**Does the unit have a copy of the written instruction for Inmate Disciplinary in both Spanish and English available?**

Finding 112 C The written instruction for Inmate Disciplinary is not in Spanish.

**Does the Disciplinary Coordinator document all requirements in section IV of the disciplinary Report?**

Finding 113 C Report does not state why the inmate is found not guilty.

## Required Services

**Are all applications approved within 60 days of receipt and if not is there written notification explaining the delay provided to the applicant?**

Finding 114 H Applications were not being approved within 60 days.

Finding 115 C Applications were not being approved within 60 days.

**Are applications stamped "Received" including the date on the reverse side?**

Finding 116 H Many applications were not date stamped.

Finding 117 C Many applications were not date stamped.

**Does the unit use form 911-8 and maintain it for 30 days in a separate filing system?**

Finding 118 H The 911-8 forms were not maintained nor stored in a separate file for 30 days. Instead, several months worth were bundled together and stored in a box under a shelf.

Finding 119 C The 911-8 forms were not maintained nor stored in a separate file for 30 days. Instead, several months worth were bundled together and stored in a box under a shelf.

**Is written notification made of the action taken to any person denied visitation or involuntarily removed from an inmate?**

Finding 120 C Visitor applications were denied, however there was no evidence of written notifications.

**Is there a visitation established for all inmates including inmates electing not to participate in visitation? The file shall contain all completed waivers.**

Finding 121 C There was no tracking system to identify inmates with a 'no visit' status.

**Does the visitation staff maintain a permanent record log reflecting receipt and/or transfer of all inmate visitation files?**

Finding 122 C There was no tracking system to identify arriving/departing inmate visitation files. Arriving files from other institutions were tracked, however the process was inconsistent.

**Are visitation staff properly trained?**

Finding 123 C There was no evidence of visitation training for staff.

**Was the duffle bag secured by hooking the tongue of the zipper an two meta grommets through the property seal?**

Finding 124 H The duffle bag was not secured properly.

**Did the supervisor sign the inmate property inventory certifying the inventory has been correctly performed?**

Finding 125 H This process is not practiced.

**Were all observed moustaches, side-burns, and goatee's meeting policy requirements?**

Finding 126 H Multiple staff were not compliant with this requirement.

Finding 127 C Multiple staff were not compliant with this requirement.

**Did the staff observed all have fingernails which were within the guidelines of this policy?**

Finding 128 H Fingernail lengths were not in compliance.

Finding 129 C Fingernail lengths were not in compliance.

**Did all security staff have assigned hand-cuffs and chemical agents during inspections?**

Finding 130 H These items were not issued.

Finding 131 C These items were not issued.

**Were uniforms observed to be clean, in good condition, and devoid of stains or patched areas?**

Finding 132 H Several uniforms were not pressed and/or sloven.

Finding 133 C Several uniforms were not pressed and/or sloven.

**Observe staff hair styles. Are all hair cuts / styles within the requirements of this policy?**

Finding 134 H Hair styles/cuts were not in compliance.

Finding 135 C Hair styles/cuts were not in compliance.