

PREA AUDIT REPORT Interim Final
COMMUNITY CONFINEMENT FACILITIES

Date of report: November 27, 2015

Auditor Information			
Auditor name: David Kidwell			
Address: 2215 Plank Rd #113 Fredericksburg, VA. 22401			
Email: David.Kidwell@verizon.net			
Telephone number: (571)238-6391			
Date of facility visit: July 22 – 24, 2015			
Facility Information			
Facility name: Washington DC Department of Community Corrections – Fairview, Hope Village			
Facility physical address: 1430 G. St. Washington DC. 20002, 2844 Langston Place SE, Washington DC. 20020			
Facility mailing address: <i>(if different from above)</i> Same			
Facility telephone number: (202)673-7316			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Community-based confinement facility	
	<input checked="" type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center	<input type="checkbox"/> Other	
Name of facility's Chief Executive Officer: James Murphy			
Number of staff assigned to the facility in the last 12 months: Fairview - 16 Hope Village - 50			
Designed facility capacity: Fairview – 25, Hope Village - 48			
Current population of facility: Fairview – 4, Hope Village – 34			
Facility security levels/inmate custody levels: Minimum			
Age range of the population: 18-65			
Name of PREA Compliance Manager: Hope Village - Joe Wilmer, Fairview - Loretta Sykes		Title: Site Director	
Email address: N/A		Telephone number: Fairview – (202)673-7316, Hope Village – (202)678-1077	
Agency Information			
Name of agency: DC Community Correctional Centers			
Governing authority or parent agency: <i>(if applicable)</i> Washington DC Department of Corrections			
Physical address: 2000 14 th ST NW 7 th Floor, Washington, DC. 20009			
Mailing address: <i>(if different from above)</i> Same			
Telephone number: (202)673-7316			
Agency Chief Executive Officer			
Name: Thomas N. Faust		Title: Director	
Email address: Thomas.faust@dc.gov		Telephone number: (202)673-7316	
Agency-Wide PREA Coordinator			
Name: Prechelle Shannon		Title: PREA Coordinator	
Email address: prechelle.shannon@dc.gov		Telephone number: (202)523-7000	

AUDIT FINDINGS

NARRATIVE

The PREA audit of the Washington DC Department of Community Corrections was conducted on July 22-24, 2015 by David Kidwell, Certified PREA Auditor. Notice of the Audit with auditor contact information was posted six-weeks prior to the audit in various locations throughout each facility. This was verified through photographs taken. The Pre-Audit questionnaire was received four weeks prior to the audit.

An entrance meeting was conducted with Director James Murphy, Director D. Brown, Assistant Corey Wallace, and PREA Coordinator Prechelle Shannon. During the entrance meeting expectations were addressed and an agenda was agreed on. Following the entrance meeting, we began the audit.

The Audit included two private and independently operated halfway houses; Fairview and Hope Village. These two small facilities house minimum security, pre-trial residents. Each facility offers a variety of programs and educational opportunities all located in Washington DC.

The purpose of each facility is to facilitate the transition of sentenced misdemeanants back into the community and to maintain a structured environment for court ordered pre-trial defendants residing in community correctional centers while waiting trial. The resident population is authorized to participate in work and school activities outside the facility and seek/utilize community resources with the assistance of caseworkers.

During each site visit staff were randomly selected and interviewed to include security staff, contractors, case workers, site directors, compliance managers and residents. There were no transgender inmates residing at each facility. There was one disabled inmate at Hope Village which required a wheelchair accommodations which was being met.

Staff and resident files were reviewed at each site. Each resident file contained the appropriate PREA assessments, reassessments, and PREA training. Staff files were reviewed and all included the proper background checks that exceeds standard, PREA training, and PREA acknowledgement.

All staff were familiar with how to perform their responsibilities in prevention, detection, and responding to incidents of sexual abuse and sexual harassment. The interviews of residents showed that all inmates were aware of PREA, had received written materials and acknowledged their familiarity with several different ways of how they could report allegations of sexual abuse and sexual harassment. The inmates stated they felt very safe and secure in each facility.

Investigators, and contractors such as medical, food service, and maintenance workers were also interviewed and were able to articulate that the facilities had a no tolerance rule for sexual abuse and sexual misconduct. They were well prepared to discuss ways of reporting and training that they had received.

An exit interview was conducted at the end of the on-site portion of the audit with executive director Thomas Faust, Director James Murphy, Director Brown, PREA Coordinator Prechelle Shannon, and Assistant Director Lynette Sykes. Each facility did a great job preparing for this audit and each facility should be proud of the hard work and dedication it took to successfully pass the audit.

DESCRIPTION OF FACILITY CHARACTERISTICS

Fairview is a detached brick structure with three levels. The facility has a sixty bed capacity and is operated by fourteen full-time and two part-time members. The resident's sleeping quarters are located on the first and second floors. The first floor consists of seven rooms for resident sleeping quarters, one resident bathroom, three toilet stalls and four showers, one handicapped bathroom. The second floor consists of seven rooms for sleeping, one resident bathroom. The third floor (Basement level) is used as a multipurpose room, dining room, and computer lab. The Case Managers Office, Charge of Quarters Office and Assistant Directors Office is located on the first floor. The Administrative Offices are on the second floor. There is an eight camera video surveillance system that is monitored 24/7 throughout the facility with the exception of the resident's sleeping quarters. There are an additional five cameras monitoring various blind spots around the building. Fairview only houses adult femal residents.

Hope Village consists of six independent former apartment buildings. The buildings are located next to each other with the exception of two residential homes in between the two facility buildings. The facility is located in a residential neighborhood surrounded primarily by apartment buildings. The program provides services for offenders from the Federal Bureau of Prisons and offenders from the District of Columbia Department of Corrections. Hope Village only houses adult males.

Each building is staffed to function primarily as an independent unit. There is a resident monitor in each building who is responsible for the resident accountability, performing security checks, monitoring resident movements, and overall monitoring of the residents. There are also two case managers in each building, a vocal specialist and four social workers, two for the BOP and two for the DC Department of Corrections, who provide services to the residents of that building. The management/ administrative staff is located in various buildings on the complex to ensure monitoring and involvement by management.

There is a common cafeteria, a computer lab, three conference rooms which also serve as staff training rooms, a separate location to perform urine collection for testing, a laundry room, and an office for Court Services and Offender Supervisoion staff .

Each building contains between eight and twelve apartments and each apartment houses either four or eight residents. Each apartment contains a living area furnished with a couch, a chair, a coffie table, end tables, a console table, a bathroom and one or two resident beds. The resident bedrooms are furnished with a window air conditioning unit. The former kitchen areas in the appartments have all had furnishings and fixtures removed and are available for additional space for resident use. There is one handicapped accessible room which can haouse two offenders with disabilities. This unit includes a handicapped accessible bathroom and entrance facility in the apartment.

SUMMARY OF AUDIT FINDINGS

During the past 12 months, the only substantiated sexual misconduct case was a staff member. The actions did not rise to the level of harassment but the employee was removed from service. Based on the auditor's individualized review of agency policies, procedures, practice, staff interviews, resident interviews, and feedback from outside agencies all sites were well prepared for the audit and did an excellent job.

Number of standards exceeded: 2

Number of standards met: 37

Number of standards not met: 0

Number of standards not applicable: 0

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

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

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

Agency-wide policy mandating zero tolerance of sexual abuse and sexual harassment. Interviews with staff indicate a great understanding of the PREA policy and that sexual abuse and sexual harassment is not tolerated and reported immediately when discovered. Prechelle Shannon is the agency coordinator and has authority on all PREA related matters. Each site has a compliance manager that works directly with the agency wide coordinator. PREA posters were posted in all areas of each facility.

Standard 115.212 Contracting with other entities for the confinement of residents

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
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All sites do not contract with other agencies for their residents.

Standard 115.213 Supervision and monitoring

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

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Fairview is an adult female facility and Hope Village is an adult male facility. All facilities showed adequate staffing levels that are not deviated from. Adjustments to the plan for an increased population can be authorized by each Site Director. The Directors are responsible for verifying the staffing plan and review date. When staff call out sick the Director is notified and staff will be called in to cover. Camera coverage is adequate in each facility. Consideration should be given to upgrading the cameras and monitoring equipment.

Standard 115.215 Limits to cross-gender viewing and searches

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

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Policy prevents cross-gender viewing, cross gender strip searches. Body cavity searches are done by trained medical personel. Staff have developed a practice to make cross gender announcements before entering rooms. Cameras are not located in the resident's rooms or bathrooms. All interviews supported this.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
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All forms, posters and training were in English and Spanish. The agency has a language line available to them 24 hours per day. There was only one resident with disabilities and needed the use of a wheel chair which was provided. TDD machines were on site. Fairview had a mobile seat that took residents with disabilities up the stairs if needed. There is also a ADA Coordinator that will respond and supply preferred communication to accomidate the deaf and hard of hearing.

Standard 115.217 Hiring and promotion decisions

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

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The agency exceeds in this area of performance. A background is conducted on staff and contractors once per year. Each personel file reviewed contained proof of this. Each facility will not hire anyone with a background with any sexual abuse or sexual misconduct.

Standard 115.218 Upgrades to facilities and technologies

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

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There were no major upgrades to each facility during this auditing period. Consideration should be given to upgrading outdated cameras and monitors and increasing the storage of video to at least 30 days. During the on site audit it appeared as though there was sufficient coverage.

Standard 115.221 Evidence protocol and forensic medical examinations

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

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DC Department of Community Corrections does not conduct criminal investigations. Criminal investigations are initiated through the Metropolitan Police Department (MPD). The office of Investigative Services conducts all administrative investigations. Policy indicates local hospitals with SANE/SAFE are used and contracts with victim advocacy services were provided.

Standard 115.222 Policies to ensure referrals of allegations for investigations

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

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

Investigations are completed on all allegations of sexual abuse and sexual harassment. MPD conducts criminal investigations and reports back the progress to the PREA Coordinator. There have been no allegations of sexual abuse in the last 12 months.

Standard 115.231 Employee training

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

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PREA training is provided to all new and existing employees. A newsletter is also provided with PREA information to all staff. During the on site tour all files had signed documentation that each employee received training. During Staff interviews they were very knowledgeable in PREA. Training included all the necessary information required by the standard to include the zero tolerance policy for sexual abuse and sexual harassment. A test is given at the end of training to ensure proficiency.

Standard 115.232 Volunteer and contractor training

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

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

Policy requires all contract staff be trained on their responsibilities under the agency's sexual abuse and sexual harassment policies. Interviews with contract staff indicate they have a knowledge and understanding of the agency zero-tolerance policy, and were able to express several ways to report an incident.

Standard 115.233 Resident education

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

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

Each resident from DC Department of Corrections receives training at the main jail and additional training during intake at the halfway house. Each inmate interviewed recalls the specialized video on PREA and recalls getting information in the guidebook and pamphlets on

PREA and how to report using several different methods. A review of the residents files indicates 100% compliance with this standard. Each file had a signed document that acknowledges training. I was very impressed with the level of knowledge residents had in this area. They are well trained.

Standard 115.234 Specialized training: Investigations

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

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All investigators conducting administrative investigations receive specialized training to conduct a proper administrative investigation. This was also indicated by the lead investigator. MPD conducts a criminal investigation if needed.

Standard 115.235 Specialized training: Medical and mental health care

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

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Policy 3350 establishes proper PREA training for medical and mental health practitioners. Interviews with contractor indicate a strong knowledge base when dealing with victims. Forensic medical exams are conducted by local qualified hospital staff. Training files are kept on site.

Standard 115.241 Screening for risk of victimization and abusiveness

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

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

All residents are screened at the main facility and again once they arrive at the halfway house. An objective based risk assessment tool that includes the mandated information is used and was present in each resident file reviewed. Each resident is also reassessed 30 days later. The risk level can be changed at any time when/if new information becomes warranted.

Standard 115.242 Use of screening information

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

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Information gathered using the screening form is used to classify residents for housing. Transgender and intersex residence will be placed in housing based on their anatomy. Separate shower facilities are available on request. Interviews and reviews of case files supported this.

Standard 115.251 Resident reporting

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

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Multiple ways to report sexual abuse include hotlines, staff, internet, toll free hotline, grievances, verbal or written statements to staff. All residents interviewed were able to identify several methods to report if needed.

Standard 115.252 Exhaustion of administrative remedies

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

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were interviewed were able to articulate this.

Standard 115.253 Resident access to outside confidential support services

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

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Residents are educated during intake and given materials to show how to use hotlines and other numbers to contact outside victim advocates for support. Posters include numbers and addresses for residents to use. All numbers were tested during the on site visit to confirm the numbers were correct and in working order. Staff called were knowledgeable about PREA.

Standard 115.254 Third-party reporting

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

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Each facility provides several methods to receive third party reports. Hotlines, website, confidential letters to the PREA Coordinator or facility Director were several ways indicated by staff and inmate interviews.

Standard 115.261 Staff and agency reporting duties

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

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All staff interviewed how to immediately report incidents of sexual abuse and sexual harassment. Staff acknowledge that the information they give should be kept confidential.

Standard 115.262 Agency protection duties

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

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When the agency learns that a resident is at substantial risk of sexual abuse staff take immediate action to protect the resident. One of the ways reported was to transfer the inmate and secure in a different facility. No incidents of this nature have been reported in the last 12 months.

Standard 115.263 Reporting to other confinement facilities

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

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This is included in policy. Each resident goes through central cellblock before coming to this facility and if information is given at that time the Director will report the information accordingly. This also happens at each halfway house. A report of contact is kept on file.

Standard 115.264 Staff first responder duties

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

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All staff interviewed were able to articulate the first steps in responding to an incident. Each stated that they would separate the victim with the aggressor, call for assistance, report to a supervisor and call 911. They also indicated they would preserve the evidence as well and gave several examples.

Standard 115.265 Coordinated response

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

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Based on agency policy and procedures and interviews a coordinated response plan is taught to all staff. Staff will take the resident to an outside sane/safe certified hospital to ensure the victim receives mental health services as necessary as the facilities do not provide mental health or medical. The site Director will work with outside agencies to continue necessary support and treatment.

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

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

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Policy prevents entering into a collective bargaining agreement.

Standard 115.267 Agency protection against retaliation

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

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There is a continued monitoring system in place to prevent retaliation. The PREA coordinator is responsible for monitoring. Transfers are used to help in this area.

Standard 115.271 Criminal and administrative agency investigations

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

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MPD conducts all criminal investigations. Administrative investigations are conducted by trained investigators from OIS. There have been no criminal sexual abuse investigations during the last 12 months.

Standard 115.272 Evidentiary standard for administrative investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
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The lead investigator for OIS indicates a preponderance of evidence is used in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Standard 115.273 Reporting to residents

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

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Policy indicates offenders are informed of the outcome of an investigation. Per the Site Director's and PREA Coordinator there have been no incidents of sexual abuse during the last 12 months.

Standard 115.276 Disciplinary sanctions for staff

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

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Per the Site Director's and PREA Coordinator Should an allegation against an employee be substantiated, the employee's employment will be terminated. There was one case of harassment investigated and determined unfounded.

Standard 115.277 Corrective action for contractors and volunteers

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

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Policy indicates that if there is an allegation against a contractor they will be restricted from working around the residents and reported to MPD unless the activity was not criminal.

Standard 115.278 Disciplinary sanctions for residents

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

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

There has been no reported incidents of sexual abuse in the last 12 months. Policy 3350 applies to disciplinary sanctions for residents.

Standard 115.282 Access to emergency medical and mental health services

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

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

Rape crisis centers are available 24/7 and will coordinate with local hospitals that provide SAFE and/or SANE forensic medical examiners. The Rape Crisis Center staff will provide advocacy services at their request.

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

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

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

Policy 3350 and interviews with staff indicate compliance with this standard. All medical and mental health care is free of charge to the victim.

Standard 115.286 Sexual abuse incident reviews

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

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

The PREA Coordinator indicates that a incident review will be conducted within 30 days of the conclusion of any administrative or criminal investigation. Such reviews are conducted by the review team.

Standard 115.287 Data collection

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

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

Date is collected and reported annually to the Department of Justice

Standard 115.288 Data review for corrective action

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

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

The annual report and review of data collected is published on the department website.

Standard 115.289 Data storage, publication, and destruction

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

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

The department maintains and controls safely all data for at least ten years.

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.

David Kidwell

August 22, 2015

Auditor Signature

Date