

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS

NATIONAL
PREA
RESOURCE
CENTER



BJA
Bureau of Justice Assistance
U.S. Department of Justice

Name of facility:	Northeast Correctional Center		
Physical address:	13698 Airport Road Bowling Green, MO 63334		
Date report submitted:	August 5, 2015		
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Date of facility visit:	May 12-14, 2015		
Facility Information			
Facility mailing address: (if different from above)			
Telephone number:	(573) 324-9975		
The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
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Agency Information			
Name of agency:	Missouri Department of Corrections		
Governing authority or parent agency: (if applicable)	Missouri Department of Corrections		
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AUDIT FINDINGS

NARRATIVE:

The site visit for the PREA Audit of the Northeast Correctional Center was conducted on May 12-14, 2015. The audit team consisted of the Audit Chair, Joe Martin KDOC/DOJ Certified PREA Auditor with two support staff consisting of Angelina Williams KDOC and Lindsay Stemle KDOC. During the Pre-Audit phase, the team reviewed the standards and completed much of the file review prior to the site visit. Follow-up documentation requirements was provided to the team on-site.

An entrance meeting was held at the beginning of our on-site visit with the following staff in attendance: Warden James Hurley, Deputy Warden Chantay Godert, Deputy Warden William Jones, Chief of Custody Tim Truelove and Assistant Warden Richard Griggs. I discussed with everyone the teams schedule of first wanting to tour the facility following the recommended tour guide from the PRC website and then interviewing the previously indicated staff and inmates for specialized and random interviews.

During the three day on-site portion of the audit, the team completed necessary file review follow-up including additional documentation review that was requested during the pre-audit phase. The team toured the institution and conducted formal staff and inmate interviews. The team interviewed 37 inmates consisting of 13 random (from each housing unit), 5 who reported sexual abuse, 8 disabled and limited English proficient, 5 who disclosed sexual victimization during risk screening and 6 LGBTI. In addition, the team interviewed 46 staff consisting of the warden, the compliance manager, 5 who perform the screening for victimization and abusiveness, 3 intake, 3 charged with monitoring retaliation, 3 who supervise segregated housing, 4 who have acted as first responders, 2 volunterers/contractors, 2 investigative staff, 5 medical/mental health, 2 human resources, 3 intermediate to higher level supervisors, 2 that sit on the incident review team and 10 random (from each shift).

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Northeast Correctional Center is a Medium/Minimum custody facility that opened in March of 1998. It houses approximately 2,000 adult male inmates. NECC is a handicap accessible facility that houses inmates with special medical issues along with ones without special needs. NECC houses inmates ranging in age from 19 to 80 serving sentences from two years to life.

NECC offers programs that consist of Substance Abuse and Treatment, Anger Management, Parenting and Cognitive Thinking. It also offers vocational education programs that consists of Professional Gardening, Computer Repair, Automotive Technology and Truck Driving is being added soon.

SUMMARY OF AUDIT FINDINGS:

The team found that staff and inmates had good general knowledge of PREA. The team was impressed with Warden Hurley as he demonstrated care and thorough knowledge of the facility and took great pride and ownership of his staff and the PREA efforts of the facility.

During the on-site audit, standards 115.78 and 115.81 were found to be in non-compliance. A 90-day Corrective Action was taken and since then the facility has submitted documentation that has brought these standards into compliance. For standard 115.78 NECC held training for all appropriate staff detailing that before adjustment hearings are held for inmate on inmate sexual perpetrators that mental health input is received before adjudication for consideration and that mental health referrals are made for those convicted of perpetration. For 115.81 documentation was submitted to show that referrals are made and documented showing inmates who disclose prior sexual victimization are offered medical and/or mental health services. NECC is now in full compliance with all PREA standards.

Each standard below will have comments/recommendations and justifications to why compliance or non-compliance was determined.

Number of standards exceeded:	1
Number of standards met:	41
Number of standards not met:	0
Not Applicable:	1

§115.11 - 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)

Policy D1 8.13 outlines the departments process in preventing, detecting and responding to inmate sexual abuse and sexual harassment. MDOC has an agency-wide PREA Coordinator. In addition, each facility has a designated PREA Compliance Manager.

§115.12 - Contracting with other entities for the confinement of inmates

- 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)

MDOC obligates contracted entities to adopt and comply with the PREA Standards. Sample documentation of contracts verified and instrument used for on-site visits demonstrates contracted facilities are visited to check compliance.

§115.13 – 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)

NECC provided documentation that all components of section (a) is considered in its staffing plan. NECC found earlier this year that they were not meeting the required minimum number of security staff to operate it's dayshift and evening shift. This error was corrected immediately and the Warden assured that all appropriate supervisory staff have been educated and are quite aware of the minimum numbers that security shifts have to operate with and mandatory posts have been determined.

NECC documented it's reasoning for deviating from it's established staffing plan even though the minimum numbers were incorrect. The 2014 Annual Report was reviewed.

Policy D1 8.13 directs for supervisory unannounced rounds and prohibits staff from alerting other staff of the rounds. Interviews of supervisory staff corroborated this practice along with documentation provided.

§115.14 – Youthful Inmates

- 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)

This standard is Non-Applicable for NECC as it does not house Youthful Offenders.

§115.15 – 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)

Policy IS20-1.3 outlines standard. NECC reported no instances of cross-gender strip or visual body cavity searches. Policy D1-8.13 directs that inmates be able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing the inmate's buttocks or genitalia. NECC provided documentation of this practice and staff and inmate interviews corroborated. In addition, documentation was provided that all security staff have been trained on how to conduct cross-gender pat-down searches and searches of transgender and intersex inmates. Staff interviews corroborated training was completed.

§115.16 – Inmates with Disabilities and Inmates 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)

Policy D1. 8.13 outlines standard. NECC has contacts with Interpreter Services if the need arises. The facility has PREA posters along with victim advocate information posted throughout the facility. They also have braille and Spanish versions available.

§115.17 – 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)

MDOC does not hire or promote anyone who fails to meet stipulations outlined in this standard. The state application incorporates direct language from standard. Policy D2 2.2 and a Directive from the agencies Human Resources directs practice of hiring and promoting with stipulations of this standard. The Employee Handbooks directs a continuing affirmative for employees to report this type of misconduct. In addition, criminal background checks are done for all staff annually. I spot checked on-site to verify and H&R staff interviews corroborated.

§115.18 – Upgrades to Facilities and Technology

- 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)

Policy D4. 4-8 incorporates direct language from standard. NECC is in the process of modifying some of its inmate housing units. The modifications will enhance the facilities ability to protect and monitor inmates from sexual abuse and/or sexual harassment.

§115.21 – 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)

The agency utilizes investigators from the Inspector General's office which is part of the MDOC. Policy D1-8.8 describes protocol. NECC utilizes the local hospital in their plan if a forensic exam was to be needed for inmate sexual abuse. NECC reported 3 instances of this occurrence within the last 12 months. NECC provided victim advocacy services from a local community center and trained staff.

Documentation review showed use of victim advocacy throughout investigations including exams. NECC posts advocacy information throughout the facility. Inmate interviews corroborated education is given and is readily available.

§115.22 – 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)

Policies D1-8.13 and D1-8.1 directs for all allegations of sexual abuse and sexual harassment to be investigated. Documentation review proved investigations are conducted appropriately and thoroughly. Staff interviews corroborated understanding of their responsibilities for referrals for criminal behaviors.

§115.31 – Employee Training

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

Policy D1-8.13 outlines employee training and PREA. Lesson Plans and curriculum used covers all aspects of section (1) –(10) used in basic training and refresher training. MDOC has different lesson plans for staff working at male vs female facilities. MDOC requires acknowledgment forms from staff who complete this training and NECC keeps this documentation as it was reviewed.

§115.32– Volunteer and Contractor Training

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

Policy D1 -8.13 outlines this standard. NECC reported 56 volunteers/contractors had received training. NECC maintains documentation of participation and acknowledgment forms are kept. Volunteer interviews corroborated they had received training and it is continued annually.

§115.33 – Inmate Education

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

NECC educates newly arrived inmates of the agencies zero-tolerance regarding sexual abuse and sexual harassment and to report such incidents. NECC shows videos to new arrivals which covers all components of this standard. NECC reported 1587 inmates had been educated within the last 12 months. NECC provides this education to inmates who are handicapped or disabled. Documentation and acknowledgment forms are maintained of this training.

§115.34 – 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)

NECC exceeds this standard as their administrative and criminal investigators have received specialized training on how to conduct sexual abuse and/or sexual harassment investigations in confinement settings. The training curriculum and lesson plans used exceed the requirements outlined in this standard. Interviews with investigators showed great knowledge and experience possessed.

§115.35 – 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)

Policy D1-8.13 outlines requirements of this standard. NECC was found to have all of their medical and mental health staff properly trained. NECC keeps documentation of this training and staff interviews corroborated they had received it.

§115.41 – 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)

Policy D1-8.13 pages 9 and 10 address screening upon admission to facilities or transfers between facilities. Staff responsible for Risk Screening had good knowledge of procedure in conducting screenings. Sample documentation provided showed good practice and compliance.

§115.42 – 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)

Policies D1-8.13, IS5 2.13 Classification, IS5 3.1 Offender Housing Assignments and Committee Review Team directs standard. Sample documentation to ensure proper placement, programming and assessment needs was provided. Inmates interviewed all had good knowledge of housing and program decisions based on the screening information. The facility has a Transgender/Intersex committee that reviews each for safety and security.

§115.43 – 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)

Policy D1-8.13 is written and directs standard. NECC reported no inmates that were reported victims of sexual abuse were housed in involuntary segregated housing. Sample documentation was provided that showed alternate housing was provided.

§115.51 – Inmate 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)

Policies D1-8.13 and D1-8.9 are written and directs the standard. Staff and inmates interviewed had a good knowledge and understanding of how and different ways to report allegations of Sexual Abuse and/or Sexual Harassment. Documentation provided of brochures, posters and memos. The tour of the facility revealed posters and other PREA related information was posted throughout the facility.

§115.52 – 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)

SOP D5-3.2 Offender Grievances and D1-8.13 Offender sexual abuse and sexual harassment policies are in place. Documentation was provided of grievance logs and offender grievances. Staff interviews revealed good knowledge of the grievance process involving PREA allegations. The inmates interviewed also knew the grievance process regarding PREA allegations.

§115.53 – Inmate 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)

Policy D1-8.13 section K outlines this standard. NECC has a Memorandum of Understanding with a local community Victim Advocate Center. NECC also had posted throughout the facility the information needed to correspond with JDI and RAINN. Staff and Inmates had a good general knowledge of what Victim Advocates is for and how to contact them.

§115.54 – 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)

The agency provides information concerning third-party reporting on its website. The inmates interviewed had a good general knowledge of third-party reporting as well as the staff interviewed.

§115.61 – 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)

Policies D1-8.13 and ISII-32 direct this standard. Sample documentation was provided which showed compliance. Staff interviewed were knowledgeable of this standard to include the responsibility to report, to whom they would report and the confidentiality thereof.

§115.62 – 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)

Policy D1-8.13 is written and directs. The sample documentation provided showed immediate action. Staff interviews revealed they had a good general knowledge that immediate action was to be taken and that they would protect the inmate with also making proper notifications to other staff.

§115.63 – 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)

Policy D1-8.13 directs this standard. A sampling of documentation provided showed practice with all components being met. In addition, staff interviews showed appropriate staff had good general knowledge of the requirements of this standard.

§115.64 – 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)

Policy D1-8.13 directs standard. Annual training for all staff incorporates duties as all staff can be first responders. Documentation was provided. Staff interviews showed all had a good general knowledge of their responsibilities in the role as a first responder and all knew basic information of separating and protecting potential evidence.

§115.65 – 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)

NECC has an individualized coordinated response. This standard was discussed with appropriate staff and they seemed to have a good general knowledge of it's usefulness and applicability.

§115.66 – Preservation of ability to protect inmates 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)

An agreement is in place that is in compliance with the requirements of this standard. The agency understands this standard and is in compliance.

§115.67 – 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)

Policy D1-8.13 is written and protects all inmates and staff who report sexual abuse and sexual harassment or those who cooperate with the investigations. Documentation was provided which showed compliance for monitoring with staff and inmates and the different subjects to monitor for each. NECC uses facility Unit Managers for monitoring under the supervision of Compliance Manager Deputy Warden Godert.

§115.68 – 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)

Policy D1-8.13 incorporates language from this standard. NECC reported that they had no inmates placed in involuntary segregation. Staff seemed to have good knowledge of this standard as they always consider alternate housing before placing alleged victims in segregation.

§115.71 – Criminal and Administrative Agency Investigations

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

Policy D1-8.1 is written that outlines departmental investigations. Documentation provided was good and showed thorough investigations are being completed for all allegations of sexual abuse and/or sexual harassment. Investigator interviews were very good and showed that the facility has knowledgeable experienced investigators.

§115.72 – Evidentiary Standard for Administrative Investigations

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

Policy D1-8.1 is written and outlines preponderance of evidence required. Documentation of investigations provided showed investigations and conclusions meet compliance. Investigator interviews showed they were very knowledgeable of the investigative process and of making conclusions from the evidence obtained.

§115.73 – Reporting to Inmate

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

Policy D1-8.13 is written and directs reporting requirements. Sample documentation provided was good and staff interviews corroborated this standard and practice is institutionalized.

§115.76 – Disciplinary sanctions for staff

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

Does Not Meet Standard (requires corrective action)

Policy D1-8.13 is written and directs disciplinary sanctions for staff. Sample investigations were provided to show compliance with the standard. Investigations provided were staff resignations prior to being terminated. However, investigations continued regardless of resignations.

§115.77 – 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)

Policy D1-8.13 is written and directs this standard. There were no instances at NECC of this occurring however staff interviews, including the warden, showed a good understanding of restricting contact if the need arises.

§115.78 – Disciplinary sanctions for inmates

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)

Policy D1-8.13 is in place along with a directive from agency leadership directing this standard. NECC provided documentation that training has been held for all appropriate staff detailing that mental health input must be received before inmate on inmate perpetrators are adjudicated and that referrals are made for those convicted.

§115.81 – 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)

Policy D1-8.13 directs this standard. NECC provided documentation showing the practice of offering inmates who disclose prior sexual victimization follow-up services from medical and/or mental health practitioners has been institutionalized.

§115.82 – 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)

Policy D1-8.13 directs this standard. Documentation was provided of instances where inmate victims of sexual abuse received medical and mental health services. The team recommends that a log is kept at NECC with specific information pertaining to each incident for easy reference and record keeping.

§115.83 – 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)

Policy D1-8.13 directs this standard. Sample documentation was provided through investigations as well as medical and mental health documentation. The team recommends a log with specific information be kept as mentioned in the above standard.

The facility does not house female inmates making sections (d) and (e) inapplicable.

§115.86 – 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)

Policy D1-8.13 directs for Incident Reviews to be completed for each allegation of sexual abuse that was found to be substantiated or unsubstantiated. Documentation reviews showed that these reviews may not be occurring regularly within 30 days after the investigation. The team finds this standard in compliance with recommending that staff be reminded that reviews (debriefings) are to normally occur within 30 days of completion of the investigation.

§115.87 – 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)

Policy D1-8.13 directs this standard and entails clear definitions of sexual abuse and sexual harassment between staff and offender and offender on offender. Documentation review showed all allegations are logged and investigated properly.

§115.88 – 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)

Policy D1-8.13 directs this standard. The 2013 and 2014 annual reports were reviewed and comparisons were noted as data collection. These reports are available on the agencies website.

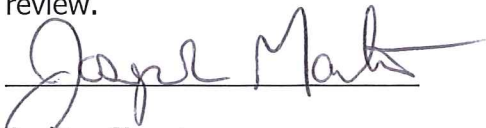
§§115.89 – Data Storage, Publication, and Destruction

- 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)

Policy D1-8.13 directs this standard. A retention schedule was provided as well as a review made of the documentation available on the agencies website.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.



Auditor Signature



Date