

PREA AUDIT REPORT Interim Final
COMMUNITY CONFINEMENT FACILITIES-City of Faith-Monroe, LA

Date of report: July 11, 2015

Auditor Information			
Auditor name: William Peck			
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Telephone number: (901) 573-0032			
Date of facility visit: June 26, 2015			
Facility Information			
Facility name: City of Faith Community Prison Ministries, Inc.			
Facility physical address: 1511 Jackson St. Monroe, LA 71202			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: (318) 325-6201			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input checked="" 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: Kathy Biedenharn			
Number of staff assigned to the facility in the last 12 months: 58			
Designed facility capacity: 147			
Current population of facility: 138			
Facility security levels/inmate custody levels: Community			
Age range of the population: 18-65			
Name of PREA Compliance Manager: Troy Adams		Title: PREA Coordinator/HR	
Email address: tadams@cityoffaith.org		Telephone number: (318) 325 6231	
Agency Information			
Name of agency: City of Faith Community Prison Ministries, Inc.			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 1511 Jackson St. Monroe, LA 71202			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: (225) 295-8450			
Agency Chief Executive Officer			
Name: Kathy Biedenharn		Title: Executive Director	
Email address: kbcdf@aol.com		Telephone number: (318) 325-6231	
Agency-Wide PREA Coordinator			
Name: Troy Adams		Title: PREA Compliance/Human Resources	
Email address: tadams@cityoffaith.org		Telephone number: (318) 325-6231	

AUDIT FINDINGS

NARRATIVE

This audit was conducted June 26, 2015 by William Peck, accompanied by Michele Dauzat, PREA Compliance Manager for Louisiana Department of Public Safety and Corrections (DPS&C); Art Crews, DPS&C PREA Local Level Liaison.

No significant issues were found during this audit. There have been zero incidents or allegations; every resident felt they were safe and felt every other resident was safe.

In attendance for all or part of the tour were:
Kathy Biedenharn, Founder / Executive Director
Rick Banks – Deputy Executive Director
Troy Adams – ACA Coordinator
Gwen Moss – State Facility Director

City of Faith was founded as an opportunity for outreach for prisoners. It is operated as a private not-for-profit organization. Kathy Biedenharn, founder, opened the first City of Faith halfway house in 1983. Since that start, she has expanded to include two federal and three state residence houses in the City of Faith neighborhood.

The mission of the City of Faith is to work with the resident to help them become responsible family members, dependable employees, and productive citizens. The program is clearly faith-based in approach and staff all demonstrate that same approach. Underlying every rule and process is a leadership-driven commitment to treating all residents with respect and requiring all residents to treat staff with respect.

The facility houses no sex offenders, no youthful offenders and has never received a non-English speaker. It houses federal Bureau of Prisons females in one house.

All medical services are provided in the community, none at the facility. All allegations of abuse would be referred to the City of Monroe Police Department per their mutual agreement, but there have been none.

The facility uses no volunteers; some residents do attend, in their free time, a voluntary release preparation program at the neighborhood church that supports the City of Faith program.

The tour revealed a common and consistent approach to operations and physical plant furnishing and design. All sleeping areas contained various numbers of bunk beds and all toilet/shower areas, excepting one, were largely private. The single exception has since had a shower curtain installed to provide recommended privacy and the facility has provided a photograph of the privacy fix. Cameras are well-placed in all common areas with none in areas where privacy would be expected.

Operations are structured such that cross-gender searches, including pat downs, never occur, nor do cross gender entry into bathroom and shower areas. Cross gender entry into bedrooms is always announced and residents and staff both indicate that adequate time is allowed for residents to clothe themselves before actual staff entry. The rule is to allow at least 5 seconds after announcement before entry but observation during the tour is that 5 seconds would be the minimum. The only Coed house, for federal inmates, is routinely staffed with both a male and female security person. Other houses, all male, have same-gender supervision generally but may have both genders on duty together. Female staff never enter male bathrooms or shower areas; during count, they will wait for males to exit the bathroom or they will have a male staff enter the area for count. Counts occur at the same times daily, so residents acknowledged in the interviews they can decide for themselves whether they wish to be in the bath/shower or not, as they choose.

Staff training is excellent, thorough and well-documented and interviews affirmed that all required topics are covered annually and in initial training as well. Inasmuch as the small number of mid-level and senior staff routinely fill multiple roles, training usually overlaps several areas for each person.

There has never been an incident or allegation of sexual abuse or harassment. All staff and residents are trained in appropriate responses, however, and all verified and demonstrated their knowledge of the proper steps through the interviews. Residents can contact the victim services agency at the provided telephone numbers at any time but the victim services agency is actually located in the same block as most of the houses.

Aside from scheduled counts and regular locker searches, residents are lightly regulated and have extensive access to the outside community. Every resident was cognizant of the avenues to file a complaint, none had ever had any issues, and every resident firmly believed that a complaint to any staff member would elicit immediate response. Every resident stated confidently that the staff was committed to resident safety and would tolerate no inappropriate behavior. Approximately half the residents stated it was the safest facility they had ever been in, including two residents who had been in a half dozen different correctional institutions, including other community centers. All staff and residents recognized that no one wanted to cause any problem either, because the goal of every resident was to work, earn funds for release, and to return to their home.

Specialized Staff Interviews- (Note many staff have multiple roles due to small agency size):

- 1 Deputy Executive Director/Incident Review
- 1 PREA Coordinator/HR Director/Compliance Coordinator/Retaliation Monitor/Investigative Staff
- 1 State Facility Director
- 1 Case Manager/Intake Staff/Staff who Perform Screening for Risk of Victimization
- 1 DPS&C Agency contract administrator (City of Faith has no external contracts itself)
- 1 Intermediate- or higher-level facility staff
- 1 Staff on the incident review team
- 3 First responders, both security and non-security staff, including Chief of Security

Random Staff Interviewed: 10

Random Residents Interviewed: 12

The only minor issue raised was a desire for a shower curtain in one of the houses; this has been completed and a photo provided me.

DESCRIPTION OF FACILITY CHARACTERISTICS

Corporate headquarters and Administrative Offices, located in Monroe, LA at 1511 Jackson Street, maintain the offices for the: executive director, deputy director, human resource staff and fiscal personnel.

City of Faith contracts with the Louisiana Department of Public Safety and the Federal Bureau of Prisons to provide residential services for inmates serving the final phases of their sentences.

Inmates must be within thirty-six months of their release to be considered for the program. In general, convictions for violent offenses or drug distribution crimes are restricted to no more than six months in the program. Sexually related offenses are not considered for halfway house placement. City of Faith currently operates the five halfway houses and one administrative house within the Monroe city limits. All five houses and the administrative offices are on grounds that are well cared for with neatly trimmed lawns and hedges. The properties are well maintained with pleasing painting schemes.

House#/Address/ Capacity

1. House 1 – 1814 Jackson Street, Monroe, LA/ 34
 2. House 2 – 1905 Jackson Street, Monroe, LA/ 16
 3. House 3 – 1408 Jackson Street, Monroe, LA/ 30 *(Federal inmates, Coed)
 4. House 4 – 1901 Jackson Street, Monroe, LA/ 48
 5. House 5 – 1115 Jackson Street, Monroe, LA/ 19
 6. Danna House – 1511 Jackson Street, Monroe, LA = Admin. Offices
- Total Resident Capacity of all buildings = 147

House One is a well-maintained two-story wooden structure that was the first City of Faith structure to open in 1983 as a Federal Community Corrections Center. The facility has been completely renovated and also houses the centralized food service operation, as well as job placement functions.

The first floor consists of a security office which is staffed with two security staff on each of the three shifts. The floor also contains an office for the Employment Placement Specialist and an office for case managers, who service the residents. The kitchen in House One currently prepares meals for all City of Faith residents. Residents in Houses Two & Four walk across the street to receive their meals in the dining room. Residents in Houses three and five have their meals transported to them.

The second floor has four bedrooms with a total of 34 bunk beds and lockers. Residents have access to 3 pay phones in the hallway. Toilet/shower facilities are available on the floor for residents use.

House Two is directly across the street from House One at 1905 Jackson Street. This structure is a one story white, well maintained wooden structure. Like the other homes, it has dormitory style rooms for 16 residents.

House Three, a coed facility located at 1408 Jackson Street, is a two story wooden structure that has a capacity of 30 residents. The first floor consists of a security office and a dining area. The first floor contains two bedrooms for females. The second floor contains two bedrooms also. Both floors have private bathroom and shower facilities. Knock and announce is required for any cross-gender access and was practiced during the tour. All interviews indicated this as a standard requirement.

House Four, a former neighborhood bar, is the largest of the facilities and is the initial housing unit for most new residents assigned to City of Faith. This facility is a metal building with an open barracks style dorm with a total capacity of 48 residents. Beds in this house are triple bunked with lockers, and a small day room. The security officer is stationed directly in the middle of this single large dorm room. The facility also contains a separate shower area with toilets and sinks.

House Five is located at 1115 Jackson Street and provides a quiet atmosphere for the residents that reside there. The facility includes a handicap room and the house is ADA accessible. There is handicap parking available in the parking lot. Older residents are normally housed here and House 5 is the preferred house for most residents due to size and quietness. The first floor consists of a security office that is staffed on two shifts as the house is closed during daytime resident work hours. First floor contains a small dining area where food that is prepared and placed in trays from House One. The second floor contains three bedrooms with showers, toilets, and sinks for residents.

SUMMARY OF AUDIT FINDINGS

City of Faith has no standards in the “not met” category, the program is Compliant with the Prison Rape Elimination Act.

Number of standards exceeded: 1

Number of standards met: 35

Number of standards not met: 0

Number of standards not applicable: 3

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)

Policy in place; interviews with both residents and staff affirmed that this culture is taken very seriously by the entire program and all staff. This faith-based program takes its mission to heart and embeds resident safety and mutual resident-staff respect into all facets of its operations. The PREA Coordinator is identified and meets criteria. There is one PREA coordinator for the 5 halfway houses but due to the size of the population, one is very effective.

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)
- Does Not Meet Standard (requires corrective action)

Non-Applicable. City of Faith does not contract out with other entities. Agreements with the Police Department and medical providers do specify PREA compliance.

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)

There is a policy in place and there are facility layouts reviewed, however there are numerous areas not camera-covered because of the community nature of the program. Cameras cover all community and common areas. It appears that the staffing plan is followed and there is documentation in the file that there has been a recent staffing plan review on June 22, 2014 and there are currently no need for revisions. There is a Supervisor on all shifts and both the Director and Security Chief are on call, all of whom make logged, unannounced rounds.

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)

Policy provides that they do not perform cross gender pat searches except for exigent circumstances. None have been done in recent past (at least through 2014). There is an unusual occurrence report to use if needed. Although program policy allows for the possibility of cross gender pat down searches of males (not females), all staff and residents interviewed confirmed that no cross gender pat down searches are ever done in practice. On the rare occasion a female staff needs to search a resident, a wand is used.

The policy in place also states that no one will be searched to determine their genital status. The facility does not do cavity searches and those would be done at a medical facility if needed. The program utilizes a local hospital, University Hospital, as well as the hospital at Louisiana State University.

There is a policy in place for strip searches for both genders, as well as detailed training. Strip searches are authorized in policy but have not been performed in recent staff memory. The facility director must authorize any strip search which must be performed by two same-sex staff members in private.

There is no cross-gender viewing of residents in toilet or shower areas, and there is no cross-gender access to dormitories without announcements and waiting enough time for residents to cover themselves. Policy in place is to allow at least 5 seconds and it was obvious in the tour and interviews that longer times are routine.

There are training rosters reflecting appropriate training.

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)
- Does Not Meet Standard (requires corrective action)

City of Faith has policy in place that aligns with PREA requirements but has never received non-English speaking residents. They have received some older residents and on rare occasion a disabled resident.

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)

Policy meets all standards. The facility has an agreement with the Ouachita Parish Sherriff's office to do the personnel checks and 5-year re-checks; staff agree to inform the program of any history changes or incidents; and required sexual abuse-related questions are asked during the interviews.

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)

Facility upgrades do not occur as often as maintenance improvements but policy and practice is in line with the standard. All mid-level and executive interviews indicated a sensitivity to camera placement, life cycle maintenance issues and ensuring any changes enhance security or do not weaken it.

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)

Medical care is not provided on site but is all in the community at either the Monroe medical clinic or The University Health Medical Center.

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)

Policy is compliant and the agreement with the City of Monroe Police Department also requires and implements it. There have been no incidents reported.

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)

As one would expect in a community halfway house operation, staffing numbers do not allow for recurrent or routinely scheduled initial training, so all newly-hired staff are trained individually; all receive the required training, adequately annotated in their files, and all are trained by the program subject matter experts in those areas and especially by the supervisor in the area for which they are hired. Annual training is well-documented and provided in group settings. All required topics are covered and interviews indicated that staff had clearly been trained in required PREA topics.

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)

This is essentially non-applicable as there are no volunteers or contractors but agreements with the police department and medical providers do specify PREA compliance. Policy does state that any such persons (volunteers or contractors) would be trained and held accountable as required in the standard.

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)

Schedules, policies, receiving/training requirements for new residents, and all interviews clearly demonstrated compliance. Every resident was clear that the procedures, rules, processes and- most importantly- culture of zero tolerance were imparted to them beyond any questioning. All new residents at this program arrive on Monday and initial orientation occurs on Monday and Tuesday. Resident status is reviewed every thirty days and a full program plan is reviewed every 90 days.

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)

The PREA coordinator has received additional training in sexual abuse investigations; but an investigation, if one were to occur, would be handled by the Police Department.

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)

As noted earlier, medical and mental health care is provided external to the program. Case management staff can refer as necessary. It is noted that mental health and major medical cases have not been sent to this program by the State or the federal Bureau of Prisons.

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)

Screening is completed as required and no incidents have been reported; however, as a general rule older, and presumably more vulnerable, residents are housed in the smallest and quietest house to increase their comfort and feeling of security. Since this is a re-entry facility, intake screening also focuses on the possibility of co-defendants and enemies being in the same facility.

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)

Staff does a good job in determining where to house new residents after their initial arrival and assessment period, and they do consider history, behavior, social skills and length of time remaining. As noted earlier, sex offenders and youthful offenders are not received here, so some normal classification decisions are not needed.

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)

Residents have numerous methods to report any issues or abuse, including telephone or mail access to Wellspring, the Monroe victim services agency; staff of choice; Crime Stoppers; and the Police Department. Wellspring is also across the street from the facility. All required notices with phone numbers, addresses, etc. are in all houses, on all bulletin boards. Additionally information on Crime Stoppers is provided on the bulletin boards. This area is extensively covered in initial arrival orientation as well. Every resident interviewed indicated they would just access a staff member vice an external agency, as they were uniformly certain that any issue would be immediately resolved.

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)

Policy, file documentation and interviews with both residents and staff show that program policy and practice align with the PREA standard.

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)

Wellspring, the Monroe victim services organization, is an immediate neighbor and available by phone or mail or visit; all necessary information is published and widely posted in the houses.

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)

All residents were aware of the capability and methods to do this, including use of their own families and

visitors, hotlines, Wellspring, etc.

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)

Although no reports have been received, policy and training are very clear that staff will treat each and all complaints as credible regardless of source, and will respond immediately and insure that the leadership structure is notified.

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)

The extensive focus on responsibility and culture of respect in this program is clear in all policies and the program policy on reporting is built in to all processes. Every staff and resident interviewed was aware of the requirement to report issues and to insure the safety of all residents.

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)

Polices are compliant.

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)

Each staff member interviewed was trained on initial response and all security staff were additionally trained as first responders. First responders/security staff had additional inputs in more detail, but all staff members

interviewed, including non-security persons, were aware of the basic requirements to protect victims, separate parties, preserve evidence and notify leadership. Their training was both initial and recurring annually.

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)

The program has a coordinated response plan but has yet to use it, absent any incidents. Additionally, when confronted with individual challenges that occur in residents’ lives, the issues are usually life issues vice safety or security, and normally require individual case management response, not incident response.

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)

There has been no collective bargaining agreement entered into or renewed since August 2012.

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)

The PREA Coordinator acts as the monitor, per program policy, but has yet to face any need for him to oversee such protection. If monitoring were ever needed it would be a minimum of 90 days and most likely until expiration of release.

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)

All investigations are referred to the Monroe Police Department per agreement. The agreement calls for PREA observance by the PD in process, investigations, and investigator training.

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)
- Does Not Meet Standard (requires corrective action)

Program policy is aligned and requires this standard in internal decision making and disciplinary reviews.

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)

Policy is aligned and procedures exist. Staff does feedback to residents in this manner on routine issues and no significant incidents have occurred where this feedback would be needed.

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)

Policy is compliant, there have been no incidents, and interviewed staff were aware of requirements and had been trained correctly.

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)

Non-applicable, the program does not have volunteers. Policy does provide for this if volunteers were utilized.

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)

Policy is compliant and in place, training is in place. Files reviewed and interviews conducted indicated that discipline for residents is infrequent and not related to any sexual abuse but to routine residential offenses like: meeting partners and friends rather than reporting to work; failure to maintain sleeping areas in order; etc.

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)

All services are in the immediate or nearby community and available whenever needed. Transport is always available.

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)

This capability is present but has not been needed at this point.

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)

Policy and process and training in place but no incidents have occurred.

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)

Data is gathered as required and published annually in the program report. Copy was provided.

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)

PREA Coordinator and Deputy Executive Director review data annually to determine any needed changes or search for any trends. Required in their policy. The program publishes its data on its own web site.

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)

Policy is compliant, records are securely maintained and an annual report published as required.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

William E Peck

JULY 17, 2015

Auditor Signature

Date