

PREA AUDIT REPORT Interim Final
COMMUNITY CONFINEMENT FACILITIES-City of Faith- Little Rock, Ark

Date of report: July 11, 2015

Auditor Information			
Auditor name: Michele Dautat			
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Telephone number: (318)349-1291			
Date of facility visit: July 21-22nd, 2016			
Facility Information			
Facility name: City of Faith Community Prison Ministries, Inc.			
Facility physical address: 1401 South Garfield Dr. Little Rock, Ark 72204			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: (501)615-1090			
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: 25			
Designed facility capacity: 110			
Current population of facility: 86			
Facility security levels/inmate custody levels: Community			
Age range of the population: 21-75			
Name of PREA Compliance Manager: Allen Winkler		Title: PREA Compliance Manager	
Email address: awinkler@cityoffaith.org		Telephone number: (501)615-1090	
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:			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 318-325-6231			
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 July 21-22nd, 2016 by Michele Dausat, PREA Certified Auditor.

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:

Terry Williams / Executive Director

Daryl Bailey – Deputy Executive Director

Troy Adams – ACA Coordinator/ Agency PREA Coordinator

Allen Winkler- Facility PREA Compliance Manager

City of Faith was founded as an opportunity for outreach for prisoners. It is operated as a private not-for-profit organization. Kathy Biedenham, founder, opened the first City of Faith halfway house in 1983.

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 offenders.

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

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, were private. 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 house, is routinely staffed with both a male and female security person. 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.

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. All residents stated that they felt safe and felt like all the employees "actually care" about the resident safety and overall well being. All residents stated staff always acts in a professional manner. All residents and staff were aware of resources available for both reporting and support.

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

- 1 Deputy Executive Director
- 1 Incident Review
- 1 PREA Coordinator
- 1 HR
- 1 PREA Compliance Manager
- 1 Retaliation Monitor
- 1 Investigative Staff
- 1 Facility Director
- 1 Intake Staff
- 1 Staff who Perform Screening for Risk of Victimization
- 1 Agency contract administrator
- 1 Intermediate- or higher-level facility staff
- 1 Staff on the incident review team
- 2 First responders

Random Staff Interviewed: 6

Random Residents Interviewed: 10

DESCRIPTION OF FACILITY CHARACTERISTICS

Corporate headquarters and Administrative Offices, located in Monroe, Louisiana, maintain the offices for the agency level executive director, deputy director, human resource staff and fiscal personnel.

City of Faith contracts with 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. A local ordinance states that the facility cannot accept offenders who have sexually predatory behavior.

The facility has approximately 30 cameras that have up to 45 day playback capability.

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: 3

Number of standards met: 33

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 demonstrate the PREA guidelines are 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. The facility has a Program Review Meeting every Monday specifically to discuss any issues relative to PREA or resident complaints/concerns. It was evident during interviews with both residents and staff that the facility is dedicated to resident safety. I believe the zero tolerance approach taken by this facility exceeds the requirement of the standard. The facility sends each resident a packet of information relative to PREA prior to their arrival at the facility. Each staff member interviewed was extremely knowledgeable of the responder duties, zero tolerance and overall commitment to the PREA process. The agency provides a PREA Compliance Manager and Coordinator that work continuously to ensure the agency efforts to comply with PREA are demonstrated in practice.

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 staffing plan in place and all requirements of standard are compliant. It is apparent that all staff members review the needs of PREA prior to any modifications that would affect the safety of the residents. The facility is in the process of adding a Women's day room, the Director states that prior to plans being completed, the review team evaluated the placement of cameras and staffing plan. There is a Supervisor on all shifts and both the Director and Security Chief are on call, all of whom make logged, unannounced rounds. A recommendation was given to incorporate the resident composition into the staffing plan and to add a copy of the Incident Report to the files to demonstrate how the justification is provided for staffing deviation.

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. There is an incident report to use if needed.

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 of Little Rock Hospital for all medical needs.

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. 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. One recommendation was made to include any cross gender announcements in the unit logbook.

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. The facility had two female residents who spoke limited English. Both were interviewed and spoke well enough English to articulate they understood PREA and had received all information. Neither resident needed an interpreter. One handicapped resident was interviewed and also stated he had necessary accommodations and was provided all information relative to PREA. The facility receives assistance from the University of Arkansas Language Department and the Arkansas School for the Blind and Deaf in the event they would have a resident with special needs.

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. Practice is compliant with the requirements of PREA.

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 University of Little Rock Hospital.

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 Little Rock 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. The staff was very knowledgeable about responsibilities and zero tolerance. The facility exceeds the employee training requirement and conducts PREA training twice a year and supplemental online training for staff.

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 not applicable currently. 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. Residents indicated that prior to arrival at COF, they received a packet of information that described the zero tolerance policy of the facility and how to access support services. In addition, each resident receives education upon arrival and again within 30 days of arrival. Each resident is also interviewed periodically by case manager in which all issues of safety are addressed.

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. The Recovery Center of Arkansas accepts referrals for mental health issues. Any Safe/Sane exams would be completed at local hospital. 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 federal Bureau of Prisons. A recommendation was made to have the Social Worker complete the mental health care training. The social worker is currently utilized as a case manager but dual training would be beneficial to the facility.

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. The facility does have a room that is better utilized for the disabled residents. The facility currently conducts 30 day review for each resident. However; a recommendation was made to re evaluate the process and include questions specific to the resident safety and assessment for vulnerability.

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. The facility has not had a transgender resident to date. However, a recommendation was made to develop a plan of review process, shower procedures, etc. in the event they receive a transgender individual in the future.

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 Healing Hearts Victim Advocate agency; staff of choice; Crime Stoppers; and the Police Department. 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)

Healing Hearts is 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, 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)

Policies 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 bi 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.

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 Compliance Manager 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 Little Rock 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. A recommendation was made to develop a plan of how to document the notification in the event an incident occurs.

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. 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.



August 15th, 2016

Auditor Signature

Date