

PREA AUDIT: AUDITOR'S SUMMARY REPORT

JUVENILE FACILITIES



Name of Facility: Elbert Shaw Regional Youth Detention Center			
Physical Address: 2735 Underwood Road, NE Dalton, GA 30721			
Date report submitted: June 4, 2014			
Auditor information			
Address:		6302 Benjamin Road, Suite 400	
Email:		Peter.plant@us.g4s.com	
Telephone number:		813-784-4478	
Date of facility visit:		May 5 th and 6 th , 2014	
Facility Information			
Facility Mailing Address: <i>(if different from above)</i>			
Telephone Number:		706-272-2309	
The Facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> 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 checked="" type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input type="checkbox"/> Other:
Name of PREA Compliance Manager: Edward Chapman		Title:	Captain
Email Address: edwardchapman@djj.state.ga.us		Telephone Number:	706-272-2309
Agency Information			
Name of Agency:		Georgia Department of Juvenile Justice	
Governing Authority or Parent Agency: <i>(if applicable)</i>		Avery D. Niles	
Physical Address:		3408 Covington Highway, Decatur, Georgia 30032	
Mailing Address: <i>(if different from above)</i>			
Telephone Number:			
Agency Chief Executive Officer			
Name:	Avery D Niles	Title:	Commissioner
Email Address:		Telephone Number:	
Agency Wide PREA Coordinator			
Name:	Adam T. Barnett, Sr	Title:	PREA Program Coordinator
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AUDIT FINDINGS

NARRATIVE:

An on-site PREA Audit was conducted on May 5-6, 2014. The entrance meeting was attended by Director James R. "Bobby" Hughes, Assistant Director Douglas Hartline, Adam Barnett, GDJJ PREA Coordinator, and Angela Cosby, GDJJ PREA Monitor. The audit work plan was discussed, random samples of youth and staff were selected, and specialized staff were identified. Also, additional pre-audit information was obtained.

There were two PREA-related youth on youth allegations made in the previous 12 months. The first involved an allegation, initiated by grievance, of sexual harassment. Another youth allegedly made what appeared to the complaining youth to be a sexual gesture during line movement. The allegation was thoroughly investigated and found to be unsubstantiated. The complaining youth was offered services and met with mental health staff. The second involved an allegation of sexual contact and a threat of sexual assault by another youth. The allegation was thoroughly investigated, but was found to be unsubstantiated. The complaining youth was offered a room change further away from the alleged offender, which the complaining youth accepted. He was also offered services by mental health staff, but these were declined. Supervising staff are alerted to these allegations to ensure there is no retaliation, and in these two instances there was none. It should be noted that these, as well as all incidents, are thoroughly reviewed by management to ensure all procedures have been followed and to determine whether revisions or changes should be made to better prevent incidents of all kinds.

While interviewing a youth, the youth made an allegation of sexual harassment that he alleged occurred in another GDJJ facility and asked the auditor to report it. The auditor informed Director Hughes of the allegation and completed an incident report, as required by GDJJ policy.

Interviews were conducted with the Facility Director, Facility PREA Compliance Manager, a mental health therapist, human resources staff, chief intake officer, the volunteer coordinator, two registered nurses, and ten security staff randomly selected from each of the two shifts in this facility.

On the days of the on-site audit 18 youth were housed in the facility, 14 boys and 4 girls. Six youth had reported during the intake process previous physical or sexual abuse (none of which occurred in a GDJJ facility). Two youth identified themselves as being lesbian, gay, bisexual, transgender, intersex, or gender nonconforming during the intake process. There were no youth identified as hearing or visually impaired, developmentally delayed, or who had limited English proficiency.

Unannounced rounds occur frequently and are documented in red ink in the log books, allowing for effective reviews by management.

There are no exceptions to the facility's prohibition against cross-gender pat searches. Even if there are exigent circumstances, such as not having a staff of the gender of the youth to be searched, the policy is to transport the youth to the nearest GDJJ facility that has on duty a staff of the same gender of the youth.

Youth receive information on PREA and their rights during the intake process. Additionally, after youth are admitted to the facility they are required to participate, usually within 72 hours, in a PREA education course that has a comprehensive curriculum, tailored to the duration of a youth's length of stay. The objectives of this class include helping youth who have experienced trauma, abuse, or victimization and reducing the youth's risk of being a target or a victim of any kind of sexual assault or harassment while in the facility.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Elbert Shaw Regional Youth Detention Center is a 32-bed secure facility operated by the Georgia Department of Juvenile Justice located in Dalton, Georgia. The facility serves the counties of Whitfield, Catoosa, Dade, Fannin, Gilmer, Murray, and Pickins. Twenty-two of the beds are designated for male youth and eight beds are designated for female youth. The facility provides temporary care and supervision for youth charged with crimes or who have been found guilty of crimes and are awaiting disposition. Also, the facility houses youth committed to the Department of Juvenile Justice who are awaiting placement in one of GDJJ's treatment programs or facilities.

A tour of the facility was conducted, led by Director Hughes and Lt. Ed Chapman, PREA Compliance Manager. Areas viewed included intake, master control, boy's side housing, girl's side housing, multi-purpose areas, kitchen, laundry, classrooms, medical clinic, staff offices, and related storage areas. Two additional classrooms and the medical clinic are housed in separate units outside the main facility on grounds inside the perimeter security fence. Informational PREA posters in English and Spanish were observed throughout the facility. A large poster, written in English and translated in 17 other languages, providing non-U.S. citizens information on how to contact consular representatives is prominently posted in the intake area. All cameras and each camera's field of vision were inspected. No camera could view any of the shower and toilet areas, which also is the area where youth change clothes. The facility was exceptionally clean, odor free, and well maintained. In speaking with staff it was clear that they take great pride in the programs and services offered by the facility.

SUMMARY OF AUDIT FINDINGS:

On May 5th and 6th, 2014, a site visit was conducted of the Elbert Shaw Regional Youth Detention Center, located at 2735 Underwood Road, NE Dalton, GA 30721 by Peter Plant, SR VP of Education and Policy Development for G4S Youth Services, LLC. Forty-one (41) standards were reviewed. Of these PREA standards, four (4) exceeded the requirements and thirty-seven met the standards.

Number of standards exceeded: 4

Number of standards met: 37

Number of standards not met: 0

§115.311 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

The agency Zero-Tolerance policy definitions do not match with the PREA requirements. The agency should adapt the PREA definitions.

The definition of youth on youth sexual penetration (PY1) does not include “unable to consent or refuse” which differs from non-consensual, unwanted or coerced.

Staff on youth behaviors does not address youth in state custody but off DJJ property as it appears specific to “on DJJ property or at a community residential program”.

Staff on youth does not address “contact of the mouth on any body part where the staff has the intent to abuse, arouse or gratify sexual desire”.

Corrective Action Period: The agency provided an updated and approved Policy 23.1 which: updates the state definitions to meet the PREA definitions; includes “unable to consent or refuse” to sexual penetration (PY1) to meet PREA definitions; includes any activities between staff and youth on state property to meet PREA definitions; and includes “contact of the mouth on any body part where the staff has the intent to abuse, arouse or gratify sexual desire”. This policy went into effect on November 1, 2014.

§115.312 Contracting with other entities for the confinement of residents

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

§115.313 - Supervision and monitoring

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

While the agency maintains PREA required staff to youth ratios, a staffing plan is required that meets all 11 elements.

Corrective Action Period: The agency provided an updated and approved Policy 23.1 which includes Attachment A. Attachment A is a fillable Facility Annual Staffing Report that contains all required components of the standard. This form is required to be completed by December 10th of each year. A new staffing plan was provided dated December 1, 2014 that meets the requirements of the standard.

§115.315 – Limits to cross-gender viewing and searches

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

This agency reports that if a same gender staff is not available to conduct a search, they will contact a nearby facility to see if a same gender staff is available. If so, the program staff transports the youth to the other facility for the required same-gender search and then transports the youth back to this facility.

§115.316 – Residents with disabilities and residents who are limited English proficient

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

§115.317 – Hiring and promotion decisions.

Overall Determination:

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

Auditor comments, including corrective actions needed if does not meet standard

§115.318 – Upgrades to facilities and technology.

Overall Determination:

Exceeds Standard (substantially exceeds requirements 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)

Auditor Comments (including corrective actions needed if it does not meet standard)

§115.321 – Evidence protocol and forensic medical examinations.

Overall Determination

Exceeds Standard (substantially exceeds requirements 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)

Auditor Comments (including corrective actions needed if it does not meet standard)

§115.322 – Policies to ensure referrals of allegations for investigations.

Overall Determination:

Exceeds Standard (substantially exceeds requirements 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)

Auditor Comments (including corrective actions needed if it does not meet standard)

§115.331 – Employee Training

Overall Determination:

Exceeds Standard (substantially exceeds requirements 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)

Auditor Comments (including corrective actions needed if it does not meet standard)

§115.332 – Volunteer and contractor training.

Overall Determination:

Exceeds Standard (substantially exceeds requirements of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

§115.333 – Resident education.

Overall Determination:

Exceeds Standard (substantially exceeds requirements of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

There is an extensive PREA education system in place for all youth to complete. All youth receive the information on intake, including transferred youth. Additionally, the agency provides PREA Core groups for all youth which is tailored to the needs of the youth and focuses on insight and support to youth with past vulnerabilities/trauma/abuse and expands the awareness of predatory and sexual acting out behaviors, including bullying, sexual labeling and name calling.

§115.334 – Specialized training: Investigations.

Overall Determination:

Exceeds Standard (substantially exceeds requirements of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

§115.335 – Specialized training: Medical and mental health care.

Overall Determination:

Exceeds Standard (substantially exceeds requirements of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

115.341 – Obtaining information from residents.

Overall Determination:

Exceeds Standard (substantially exceeds requirements of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

The agency currently does not have an objective screening tool that contains all required minimum areas of risk. The agency has provided the auditor with a sample of a new screening tool that is being developed.

Corrective Action Period: The agency has provided a new screening tool that has been updated to include all required components of the standard. This form went into effect on November 2, 2014.

115.342 – Placement of residents in housing, bed, program, education, and work assignments.

Overall Determination:

Exceeds Standard (substantially exceeds requirements of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

115.351 – Resident reporting.

Overall Determination:

Exceeds Standard (substantially exceeds requirements of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

There is currently no outside entity for youth to report abuse or harassment. The agency is currently working on purchase orders for the installation of a phone kiosk that will provide external reporting, as well as identifying an external entity to receive reports.

Corrective Action Period: This agency has provided photos of the newly installed phone system that allows for immediate access to the Georgia Network to End Sexual Assault (GNESA). Additionally a letter dated October 28, 2014 was provided that confirmed GNESA's partnership with Georgia DJJ.

115.352 – Exhaustion of administrative remedies.

Overall Determination:

Exceeds Standard (substantially exceeds requirements of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

Emergency grievances require an immediate response within 24 hours, and resolution within 5 days.

115.353 – Resident access to outside support services and legal representation.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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)

Auditor Comments (including corrective actions needed if it does not meet standard)

115.354 – Third-party reporting

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

There are multiple ways for third-party reporting. A person may report to the Director, call the central toll-free hotline or send an electronic correspondence directly to the state agency through the public website.

115.361 – Staff and agency reporting duties.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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)

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy does not require notification to the parent/guardian or legal representative upon receiving an allegation of sexual abuse.

Corrective Action Period: The agency has provided an updated and approved Policy 23.1, dated November 1, 2014. This policy now requires the notification of the parent/guardian, attorney or legal counsel of the victim in the event of an allegation.

115.362 – Agency protection duties.

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

115.363 – Reporting to other confinement facilities.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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)

115.364 – Staff first responder duties.

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

While staff could articulate all requirements of the standard, the policy should be updated to reflect that the alleged abuser shall be prohibited from taking action that could destroy physical evidence.

115.365 – Coordinated response.

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

While there is a plan within the specific facility policy that meets the requirements and identifies staff, the first paragraph states that it is the agency written plan for each facility to follow. The facility should create an attached plan that addresses staff by title and use terminology that is common to the facility so that staff can understand.

115.366 – Preservation of ability to protect residents from contact with abusers.**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements 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)

Auditor Comments (including corrective actions needed if it does not meet standard)**115.367 – Agency protection against retaliation.****Overall Determination:**

- Exceeds Standard (substantially exceeds requirements 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)

Auditor Comments (including corrective actions needed if it does not meet standard)**115.368 – Post-allegation protective custody.****Overall Determination:**

- Exceeds Standard (substantially exceeds requirements 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)

Auditor Comments (including corrective actions needed if it does not meet standard)**115.371 – Criminal and administrative agency investigations****Overall Determination:**

- Exceeds Standard (substantially exceeds requirements 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)

Auditor Comments (including corrective actions needed if it does not meet standard)

A review of the record retention policy should be conducted and reviewed for compliance with PREA standards on sexual abuse or sexual harassment records.

115.372 – Evidentiary standards for administrative investigations

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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)

Auditor Comments (including corrective actions needed if it does not meet standard)

115.373 – Reporting to residents.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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)

Auditor Comments (including corrective actions needed if it does not meet standard)

While it is noted in policy, there is no documentation to show that the youth is informed of the outcome of any investigation.

Corrective Action Plan: Policy 23.1 requires the notification of the resident upon completion of any allegation of a sexual nature. A Form was created specifically for this purpose and it is referenced in policy.

115.376 – Disciplinary sanctions for staff.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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)

Auditor Comments (including corrective actions needed if it does not meet standard)

115.377 – Corrective action for contractors and volunteers.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

115.378 – Disciplinary sanctions for residents

Overall Determination:

Exceeds Standard (substantially exceeds requirements of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

115.381 - Medical and mental health screenings; history of sexual abuse

Overall Determination:

Exceeds Standard (substantially exceeds requirements of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

While medical and mental health staff report that they do advise youth of confidentiality requirements, there is no system in place to document the youth's informed consent when the youth is 18 years of age or older. The agency had provided the auditor with a sample form that will be implemented.

It is recommended that the Youth Acknowledgement Statement be reviewed to ensure it is clear that youth on youth sexual activity, consensual or not, is prohibited.

Corrective Action Period: The agency has provided and updated and approved Policy 23.1 dated November 1, 2014. This policy now includes Attachment F, which is a Consent to Disclose Protected & Confidential PREA Related Information and includes an area for youth over the age of 18 to consent to releasing information related to any allegation of sexual abuse. Additionally, the Youth Acknowledgement Statement has been updated to include all youth on youth activity is prohibited.

115.382 - Access to emergency medical and mental health services

Overall Determination:

Exceeds Standard (substantially exceeds requirements of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

Provision of emergency contraception or STD prophylaxis is not addressed in policy. The PREA Coordinator reported that this is handled at the hospital; however there is no policy in place at the program level for ensuring the offering or any follow-up care.

Corrective Action Period: The agency provided an updated and approved Policy 23.1 dated November 1, 2014. This policy now addresses the provision of continued medical services that include emergency contraception and STD prophylaxis, in accordance with professionally accepted standards of care and where medically appropriate. It also addresses the facility's ability to screen for STI's at a later date.

115.383 - Ongoing medical and mental health care for sexual abuse victims and abusers

Overall Determination:

Exceeds Standard (substantially exceeds requirements of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

115.386 – Sexual abuse incident reviews

Overall Determination:

Exceeds Standard (substantially exceeds requirements of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

The program provided an Incident Review form that had been completed in one instance. The form is missing a few key components of the PREA standards. Specifically, the form does not allow for the documentation of all upper level management participants, no area that identifies review and possible revision to any policy and procedures, a summation of the findings and any recommendations, and there was no area to document the completion of any recommendations or to document why they were not completed.

Additionally, the one incident review provided was not completed within 30 days, and there was no notation as to the reason for the delay.

Corrective Action Period: The agency has provided an updated and approved Policy 23.1 dated November 1, 2014. This policy now has an updated attachment J "10-Day Review of the Conclusion of

Investigations". This form provided contains all required components of the standard, as well as requiring the review to be conducted within 10 days of the close of the investigation.

115.387 – Data collection

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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)

Auditor Comments (including corrective actions needed if it does not meet standard)

115.388 – Data Review for Corrective Action

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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)

Auditor Comments (including corrective actions needed if it does not meet standard)

While the Annual Report contains problem areas and corrective action of the agency as per reviews of each facility, these were addressed at each facility level. Would recommend individual reports from facilities and then tie them into the annual report. Policy should be addressed regarding the redaction of information and the documentation of the nature of the material redacted.

115.389 – Data Storage, Publication, and Destruction

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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)

Auditor Comments (including corrective actions needed if it does not meet standard)

Recommend review of the records management policies. The PREA standards require 10 years from the date of the initial collection whereas Policy 23.1 allows 10 years from the date of the incident.

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.



12/05/2014

Auditor Signature

Date