

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS

NATIONAL
PREA
RESOURCE
CENTER



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

Name of facility: Jenkins County Correctional Center

Physical address: 3404 Kent Farm Dr. Millen, GA 30422

Date report submitted: 8/1/2014

Auditor: Amy J. Fairbanks

Address: P. O. Box 16054 Lansing, MI 48901

Email: fairbaa@comcast.net

Telephone number: 517 303-4081

Date of facility visit: July 21-23, 2014

Facility Information

Facility mailing address: (if different from above)

Telephone number: 478 982-6300

The facility is:

☐ Military ☐ County ☐ Federal

☒ Private for profit ☐ Municipal ☐ State

☐ Private not for profit

Facility Type:

☐ Jail ☒ Prison

Name of PREA Compliance Manager: Steve Dotson

Title:

**Asst. Warden
Operations**

Email address: Steve.Dotson@cca.com

**Telephone
number:**

478 982-6302

Agency Information

Name of agency: Corrections Corporation of America

Governing authority or parent agency: (if applicable)

Physical address: 10 Burton Hills Blvd.
Nashville, TN 37215

Mailing address: (if different from above)

Telephone number: 615 263-3000

Agency Chief Executive Officer

Name: Damon Hininger

Title:

President and CEO

Email address: Damon.hininger@cca.com

Telephone number:

615 263-3301

Agency-Wide PREA Coordinator

Name: Lisa Hollingsworth

Title: Senior Director,
PREA Compliance

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Telephone number:

615 263-3916

AUDIT FINDINGS

NARRATIVE:

The Prison Rape Elimination Act audit was conducted at the Jenkins County Correctional Facility, operated by Corrections Corporation of America on July 21-23, 2014. A complete tour of the facility was conducted which included the following: Administration building; food service operations, intake area, medical facilities, unit 100 (three pods, restrictive housing -double celled, general population-double celled, and a restrictive housing step down unit - double celled); unit 200 (four pods with dormitory style beds); unit 300 (four pods with dormitory style beds); programming and inmate work areas (library, education, chapel, vocational tech, recreation yard, laundry and the visiting area).

The following staff were interviewed: Agency PREA Coordinator; Warden; Assistant Warden; Chief of Operations; Chief of Security; Human Resource Manager, the facility Investigator; ten corrections officers from the AM shift (both "cards"), two were segregation officers, one recreation officer; six supervisors (captain, lieutenant, sergeant) from both shifts; three corrections officers from the PM shift, the STG coordinator; two unit managers, two case managers (one who conducts orientation, completes intake screens and 30 day follow up screens); the library aide; the chaplain; one contract employee; one volunteer; both mental health staff; two nurses (one AM, one PM); the Health Services Administrator; and the grievance coordinator.

The following inmate interviews were conducted: six inmates from segregation, two non-English speaking inmates, 14 potential victims (one reported abuse and confirmed he was referred for treatment), 11 potential aggressors, one inmate that screened as both a potential victim and potential aggressor and 16 inmates that screened neither potential aggressor nor potential victim. Of these inmates, one identified as a transgender, three identified themselves as being homosexual.

Documentation prepared for each standard was reviewed prior to and during the audit. In addition, random documentation was review such as personnel files, inmate files and logbooks. Posters announcing the audit were visible. No letters were received by the auditor prior to the visit. The facility reported that no advocacy groups have been in contact with them. Staff at this facility allowed the auditor to access any area of the facility, interview any staff and/or inmate requested and see any documentation requested.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Jenkins County Correctional Facility is a medium security facility housing 1140 inmates at the time of the audit. This facility houses inmates from the state of Georgia. There are no youthful offenders housed at this facility. There are 189 staff, 17 contract staff and 34 volunteers. The facility consists of outside operations (maintenance, warehouse). Within the facility fence there are three housing units, one with cells – three pods, and two with dormitory style living, four pods. The officer station is centrally located to ensure visibility of the living areas in each dormitory pod. An extensive camera system affords staff the ability to monitor operations throughout the facility with positioning to also afford privacy for bathroom use and showers.

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded: 2

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 2

**Standard
number here** 115.11

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. The Agency wide PREA Coordinator was interviewed. The Agency head was interviewed by another auditor during an audit the week earlier. The PREA compliance manager was also interviewed.

**Standard
number here** 115.12

☐ 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

This is not applicable to this facility as this is a private facility receiving a contract for housing inmates.

**Standard
number here** 115.13

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. A staffing plan is available with a process for annual review. It includes review of video monitoring and all the required elements of the standard. To date, there have been no deviations.

**Standard
number here** 115.14

- ☐ 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)

N/A no youthful offenders. All documents reviewed showed inmates house here are 18 years or older.

**Standard
number here** 115.15

- ☐ 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

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. Only males are housed at this facility. Exigent circumstances can allow for cross-gender strip searches; there have been no occurrences to date. Policy requires it to be documented. Transgender inmates are not physically examined for the sole purpose of determine the inmate's genital status. Staff has been trained on how to conduct cross-gender pat-down searches as well as transgender searches in accordance with the standard, based on review of documentation and interviews.

**Standard
number here** 115.16

- ☐ 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

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. Also, the facility has on staff a person qualified as an interpreter for deaf persons. At the time of the audit, the facility housed inmates who used a cane. Educational programming is available as well as material is available in English and Spanish. A language line was reportedly available in the event of receipt of an inmate who spoke another language. The non-English speaking inmates and staff interviews verified that they would not use inmates for interpretation for a PREA related event.

**Standard
number here** 115.17

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

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

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. Documentation showed that background checks have been conducted. A review of personnel files supported this as well. This facility has only been in operation for two years therefore five year reviews have not been conducted.

**Standard
number here** 115.18

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

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

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. No expansion or modification has occurred.

**Standard
number here** 115.21

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

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

There is a memorandum of Understanding with the Jenkins County Sheriff Department to conduct criminal investigations within the facility. Forensic examinations are not conducted at the prison. SANE/SAFE examinations would be conducted at an outside hospital. If not conducted by a SANE/SAFE examiner, efforts would be documented. Victim Services are provided by the Statesboro Regional Sexual Assault Center based on a Memorandum of Understanding. The agency has requested that the investigating agency follows the

requirements of the standards. No SANE/SAFE exams have been needed nor investigation of a criminal nature by the Jenkins Count Sheriff Department.

**Standard
number here** 115.22

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. In addition, Georgia DOC IK01-0006 Investigation of Allegations of Sexual Contact, Sexual Abuse and Sexual Harassment address the requirements of this standard. All completed investigations were reviewed.

**Standard
number here** 115.31

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. Documentation as well as staff interviews supports that all staff with inmate contact have been trained and document that they understood the training they received. Staff was well educated on the requirements of PREA and numerous visual aids were observed to help staff ensure they knew how to respond to an incident.

**Standard
number here** 115.32

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. Documentation as well as contract staff and volunteer interviews supports that those contractual staff and

volunteers with inmate contact have been trained and document that they understood the training they received.

**Standard
number here** 115.33

- ☒ 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

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. Documentation and inmate interviews support that they have been educated in the requirements and understanding of the Prison Rape Elimination Act. This is accomplished through the use of videos, the inmate hand book, orientation and an annual review. All inmates were aware PREA, the availability of the hotline and outside resources available. Inmates confirmed that they were screened upon entry and again in 30 days. Some inmates who reported abuse verified that were referred for follow up treatment. Others would not confirm in the interview that they had reported an abuse.

**Standard
number here** 115.34

- ☐ 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

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. One investigator at Jenkins County Correctional Center has been to specialized training for investigators. In addition, staff investigators from the Georgia DOC can conduct investigations and have been to specialized training for investigators.

**Standard
number here** 115.35

- ☐ 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

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. Interviews with medical and mental health staff support that they have been trained in the required elements of the standard and reporting requirements.

**Standard
number here** 115.41

- ☐ 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

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. Staff and inmate interviews, as well as a random review of documentation, supports that the facility assesses inmates during upon arrival with a screening tool that meets the requirements of the standard. Reassessment occurs within 30 days and when warranted. Inmate interviews support that they are not disciplined for not disclosing complete information in response to the questions asked. The information is appropriately controlled in a computerized system with controlled access and the inmate records which are maintained in the record office with controlled access. Inmates verified they are verbally asked regarding their perception of their sexual orientation. One transgender inmate verified he is monitored regularly.

**Standard
number here** 115.42

- ☐ 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

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. A locator board is kept current and provides instant information regarding housing, work and program assignments. A computerized system also provides information individually regarding the status of the inmate resulting from the screening tool. As noted, access is granted to those staff with a need.

**Standard
number here** 115.43

- ☐ 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

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. There has been no use of involuntary segregation for an inmate at high risk of victimization. If separation is needed, the observation cells in the medical department can be used. It was reported that placement may last one to two days.

Standard number here 115.51

☐ 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

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard as well as the inmate handbook. There is a 24 hour toll free hotline. This line was tested by the auditor. It took approximately one hour to notify the facility of this test report. It does not require the inmates to use a pin number so they can remain totally anonymous. Inmates can report to the Ombudsman Office for the Georgia DOC as well. Inmate and staff interviews confirm that reports can be made anonymously and will be referred immediately.

Standard number here 115.52

☐ 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

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. In addition, the Georgia DOC grievance policy addresses the requirements of this standard. Inmate interviews confirm they are aware of the ability to file a grievance. To date, no grievances alleging sexual abuse have been filed.

**Standard
number here** 115.53

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

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

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. As noted earlier, there is a Memorandum of Understanding in place with the Statesboro Sexual Assault Center.

**Standard
number here** 115.54

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

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

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. Third party complaint information is available on the website cca.com/security-operations/prea.

**Standard
number here** 115.61

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

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

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. Staff interviews support that they are aware of the requirement to report immediately and only share information of the alleged incident with necessary, specified staff. Inmate interviews confirmed that they were aware of this option.

**Standard
number here** 115.62

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

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

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. There have been no incidents of imminent sexual abuse at this facility to date.

**No Standard
number here** 115.63

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

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

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. No incidents have been reported from other facilities. However, this facility has made reports to other facilities.

**Standard
number here** 115.64

- X 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

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. Staff interviews verified that staff was very aware of the duties as first responders, including requirements for preserving evidence, who was a member of the Sexual Abuse Response Team (SART) and who conducts the investigation.

**Standard
number here** 115.65

- ☐ 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

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. Staff interviews supported that staff were consistently aware of how to handle a report of sexual abuse or harassment.

**Standard
number here** 115.66

- ☐ 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

There are no collective bargaining units at the facility.

**Standard
number here** 115.67

- ☐ 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

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. Documentation reveals a mechanism for monitoring for retaliation, using multiple protection measures up to 90 days and beyond if deemed necessary.

**Standard
number here** 115.68

- ☐ 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

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. As noted no use of segregated housing to protect and inmate alleging sexual abuse has occurred to date, as determined by review of documentation and interviews.

Standard number here 115.71

☐ 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

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard as well as Georgia DOC IK01-0006 Investigation of Allegations of Sexual Contact, Sexual Abuse and Sexual Harassment address the requirements of this standard. Documentation supporting training for investigators was reviewed including the curriculum.

Standard number here 115.72

☐ 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

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard.

Standard number here 115.73

☐ 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

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. Documentation of notification was reviewed.

**Standard
number here** 115.76

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. No staff have been disciplined and/or terminated for sexual abuse or harassment.

**Standard
number here** 115.77

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. No volunteers or contractors have been investigated for allegations of sexual harassment or abuse to date.

**Standard
number here** 115.78

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. Georgia DOC SOP IIB0-0001 Inmate Discipline addresses this as well. Inmate sexual contact even if consensual is not allowed. Policy supports that sanctions are commensurate with the actions.

**Standard
number here** 115.81

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

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

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. Interviews with mental health staff support that this practice is occurring. Those inmates who acknowledged during the audit interviews that they had revealed past abuse verified that were offered treatment. No inmates verified that they had been a perpetrator of sexual abuse during the interview.

**Standard
number here** 115.82

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

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

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. Policy 13-79 Sexual Assault Response, 13-34 Medical Emergency Response, and 13-80 Sick Call support the requirements of this standard as well. Inmates who reported abuse received medical and mental health training commensurate with the abuse they reported based on staff interviews, inmate interviews, and a review of documentation.

**Standard
number here** 115.83

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

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

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. Policy 13-79 Sexual Assault Response. There is a Sexual Abuse Incident Check list utilized to ensure the requirements of the standard that apply to male inmates are met.

**Standard
number here** 115.86

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

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

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. Documentation and staff interviews support that incident reviews are being conducted.

**Standard
number here** 115.87

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

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

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. Data collected was reviewed.

**Standard
number here** 115.88

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

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

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard.

- ☐ 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

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard.

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.

Amy Fairbanks


Auditor Signature


Date