

**PREA AUDIT REPORT   ☐ Interim   ☒ Final**

**COMMUNITY CONFINEMENT FACILITIES- Volunteers of America Greater New Orleans, LA**

**Date of report:** June 24th, 2016

|                                                                                                               |                                                                      |                                                                          |                                             |
|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------|
| <b>Auditor Information</b>                                                                                    |                                                                      |                                                                          |                                             |
| <b>Auditor name:</b> Michele Dautat                                                                           |                                                                      |                                                                          |                                             |
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| <b>Telephone number:</b> 318 349-1291                                                                         |                                                                      |                                                                          |                                             |
| <b>Date of facility visit:</b> May 26, 2016                                                                   |                                                                      |                                                                          |                                             |
| <b>Facility Information</b>                                                                                   |                                                                      |                                                                          |                                             |
| <b>Facility name:</b> Volunteers of America Greater New Orleans Residential Reentry Center                    |                                                                      |                                                                          |                                             |
| <b>Facility physical address:</b> 2929 St. Anthony New Orleans, 70122                                         |                                                                      |                                                                          |                                             |
| <b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>   |                                                                      |                                                                          |                                             |
| <b>Facility telephone number:</b> (504) 944-5678                                                              |                                                                      |                                                                          |                                             |
| <b>The facility is:</b>                                                                                       | <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           |                                                                          |                                             |
| <b>Facility type:</b>                                                                                         | <input type="checkbox"/> Community treatment center<br>Halfway house | <input checked="" type="checkbox"/> Community-based confinement facility |                                             |
|                                                                                                               | <input type="checkbox"/> Alcohol or drug rehabilitation center       | <input type="checkbox"/> Mental health facility                          |                                             |
|                                                                                                               |                                                                      | <input type="checkbox"/> Other                                           |                                             |
| <b>Name of facility's Chief Executive Officer:</b> James LeBlanc                                              |                                                                      |                                                                          |                                             |
| <b>Number of staff assigned to the facility in the last 12 months:</b> 24                                     |                                                                      |                                                                          |                                             |
| <b>Designed facility capacity:</b> 100                                                                        |                                                                      |                                                                          |                                             |
| <b>Current population of facility:</b> 53                                                                     |                                                                      |                                                                          |                                             |
| <b>Facility security levels/inmate custody levels:</b> Minimum                                                |                                                                      |                                                                          |                                             |
| <b>Age range of the population:</b> 21-75                                                                     |                                                                      |                                                                          |                                             |
| <b>Name of PREA Compliance Manager:</b> Olugbenga Akanji                                                      |                                                                      | <b>Title:</b> PREA Coordinator/Program Director                          |                                             |
| <b>Email address:</b> oakanji@voagno.org                                                                      |                                                                      | <b>Telephone number:</b> (504) 944-5678                                  |                                             |
| <b>Agency Information</b>                                                                                     |                                                                      |                                                                          |                                             |
| <b>Name of agency:</b> Volunteers of America                                                                  |                                                                      |                                                                          |                                             |
| <b>Governing authority or parent agency:</b> <i>(if applicable)</i> <a href="#">Click here to enter text.</a> |                                                                      |                                                                          |                                             |
| <b>Physical address:</b> 4152 Canal Street, New Orleans, LA 70119                                             |                                                                      |                                                                          |                                             |
| <b>Mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>            |                                                                      |                                                                          |                                             |
| <b>Telephone number:</b> 504-482-2130                                                                         |                                                                      |                                                                          |                                             |
| <b>Agency Chief Executive Officer</b>                                                                         |                                                                      |                                                                          |                                             |
| <b>Name:</b> James M. LeBlanc                                                                                 |                                                                      | <b>Title:</b> President/CEO                                              |                                             |
| <b>Email address:</b> jleblanc@voagno.org                                                                     |                                                                      | <b>Telephone number:</b> (504)-482-2130                                  |                                             |
| <b>Agency-Wide PREA Coordinator</b>                                                                           |                                                                      |                                                                          |                                             |
| <b>Name:</b> Olugbenga Akanji                                                                                 |                                                                      | <b>Title:</b> Program Director                                           |                                             |
| <b>Email address:</b> oakanji@voagno.org                                                                      |                                                                      | <b>Telephone number:</b> (504) 944-5678                                  |                                             |

## **AUDIT FINDINGS**

### **NARRATIVE**

The audit was conducted on May 26th, 2016 by Michele Dauzat, PREA Auditor, accompanied by Wayne Dauzat, PREA Support Staff. The audit team had previously conducted a Mock audit in March of 2016 in preparation for the certification audit. Recommendations were made following the mock audit to the facility staff. It was apparent during the certification audit that all recommendations were followed and practice was put into place.

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

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.

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

- 1 President/CEO
- 1 PREA Coordinator/1 Retaliation Monitor
- 1 HR Director/Compliance Coordinator
- 1 Investigative Staff/Incident Review
- 1 Case Manager
- 1 Intake Staff/Staff who Perform Screening for Risk of Victimization
- 1 Intermediate- or higher-level facility staff
- 1 Staff on the incident review team
- 1 First responder/ Chief of Security

A total of 59% of staff were interviewed for random staff interviews.

A total of 50% of on site residents were interviewed.

All medical services are provided in the community, none at the facility. All allegations of abuse would be referred to the New Orleans 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 sleep areas contained various numbers of beds and all toilet/shower areas, were largely 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 entry into housing areas is always announced and documented. Both residents and staff indicate that adequate time is allowed for residents to clothe themselves before actual staff entry.

## DESCRIPTION OF FACILITY CHARACTERISTICS

The facility has two separate living areas, one female and one male unit. The facility also has a Laundry room, Dining area, Kitchen and one recreational room per gender unit. The facility Control Center is located in the front of the building next to the lobby. The facility also has a fenced in outside recreational unit.

## SUMMARY OF AUDIT FINDINGS

Volunteers of America have no standards in the “not met” category, the program is Compliant with the Prison Rape Elimination Act.

Number of standards exceeded: 5

Number of standards met: 39

Number of standards not met: 0

### Standard 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

Policy in place; interviews with both residents and staff affirmed that this culture is taken very seriously by the entire program and all staff. This facility takes its mission to heart and embeds resident safety and mutual resident-staff respect into all facets of its operations. The Program Director also serves as the PREA Coordinator and voiced that he has adequate time to serve in both capacities.

### 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)

The facility does not enter into contract with other entities. Agreements with the New Orleans Police Department and medical providers do specify PREA compliance.

**Standard 115.213 Supervision and monitoring**

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

There is a policy in place and there are facility layouts reviewed. There is a lock placed on both janitor closets in the dormitories to prevent an area of opportunity for sexual assault. The control room officer does a complete view of each camera every 15 minutes and documents the review. The staffing plan considers each factor mandated by PREA is reviewed routinely and also thoroughly elaborates on how each factor is considered in the staffing plan.

**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 or body cavity searches. The policy in place also states that no one will be searched to determine their genital status. There is a male and female on each shift and the male officers do not make rounds in the female dormitory. The cross gender announcements are being made in the male dorm and are documented accordingly. There is no cross gender viewing of residents in toilet or shower areas. Included in the documents received, the training roster for transgender searches was available and training curriculum provided. The Director stated the previous practice of offering separate showers to transgender residents; however, the facility recently developed a form use for this purpose to document the effort in the event the facility receives a transgender resident.

**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)

VOAGNO has policy in place that aligns with the PREA requirements and has available the PREA information in several different languages. The facility also has a contract with Lighthouse Louisiana for sign language services.

**Standard 115.217 Hiring and promotion decisions**

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

Policy meets all standards. The facility recently conducted background checks of all employees. The BOP also conducts background checks and sends information to the facility.

**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)

The facility has recently installed additional video monitoring. The facility provided the auditor with updated list of recent upgrades.

**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 the facility has an agreement with local hospital. The facility has a very specific and detailed Uniform Evidence Protocol. The staff was very aware of the evidence protocol procedure and the specific form that is required. The protocol was designed to ensure the evidence is preserved in the most secure manner protecting all parties involved. The audit felt this protocol exceeds the requirements of this standard.

**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 New Orleans Police Department adheres to the mandates of PREA. 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)

All staff has received PREA training and the facility has a good training curriculum that is in compliance with the standard. All staff were knowledgeable regarding the PREA training and could easily articulate the facility goals and directives for zero tolerance of sexual assault.

**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)

The facility has trained all volunteers and provided documentation to demonstrate compliance.

**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. It was clear that the procedures, rules and most importantly culture of zero tolerance were imparted to them. Additional copies of training rosters and curriculum were provided to auditors.

**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 facility has four investigators which is a large number for such a small facility. All investigators have completed the NIC specialized training for PREA investigators.

**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)

The facility medical and mental health care is provided off site. Case management staff can refer as necessary through a referral to the BOP. It is noted that mental health and major medical cases have not been sent to this program by the Federal Bureau of Prisons.

**Standard 115.241 Screening for risk of victimization and abusiveness**

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

The facility has a screening tool in place that specifically address all of the required factors per the standard. The facility recently revised the screening assessment to better reflect the needs of the population. The revisions included the resident's perceived status of LBGTI and a definitive method of assessment based on answers given by the resident. The facility also completes a very thorough assessment of vulnerability within the first 30 days of arrival to determine if the resident feels safe in his or her living environment. Screening is completed as required and no incidents have been reported. The intake officer completes the initial screening immediately and then the assessment tool is completed within the following 24 hours.

**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)

The facility completes an initial screening of the resident to alert staff if the resident has any immediate concerns. If noted the resident has concerns for his or her safety or may be vulnerable to living in the housing area, the Program Director is immediately notified and BOP intervenes to make arrangements suitable to the residents needs. All factors of vulnerability are considered prior to placing the resident in the housing area.

**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. Each offender is allowed possession of an issued cell phone which would allow for all calls to remain anonymous. All areas of the facility were adequately covered with the reporting mechanism. All residents voiced they knew how to report if necessary.

**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)

Residents have access to the Silence is Violence Advocacy Group in New Orleans via mail or phone contact. All necessary information is widely posted in the housing areas.

**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, visitors, and hotline available.



**Standard 115.261 Staff and agency reporting duties**

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

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

**Standard 115.262 Agency protection duties**

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

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

**Standard 115.263 Reporting to other confinement facilities**

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

Polices are compliant.

**Standard 115.264 Staff first responder duties**

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

Each staff member interviewed was trained on initial response and all security staff were additionally trained as first responders. First responders/security staff had additional inputs in more detail, but all staff members interviewed, including non-security persons, were aware of the basic requirements to protect victims, separate parties, preserve evidence and notify leadership. Their training was both initial and recurring annually.

**Standard 115.265 Coordinated response**

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

The program has a coordinated response plan but has yet to use it, absent any incidents. Additionally, when confronted with individual challenges that occur in residents' lives, the issues are usually life issues vice safety or security, and normally require individual case management response, not incident response. It is evident by policy and response plan, resident safety is of the upmost importance. The coordinated action plan in place is detailed and clearly demonstrates the facility dedication to zero tolerance of sexual assault. The response plan exceeds the requirements of the PREA standard.

**Standard 115.266 Preservation of ability to protect residents from contact with abusers**

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

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

**Standard 115.267 Agency protection against retaliation**

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

The PREA Coordinator acts as the monitor, per program policy, but has yet to face any need for him to oversee such protection. If monitoring were ever needed it would be a minimum of 90 days and most likely until expiration of release. The facility is in compliance with this standard. The facility has recently created a form that will be used to track and document retaliation monitoring

**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 New Orleans Police Department per agreement. The agreement calls for PREA observance by the PD in process and investigations.

**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.

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

Policy is in compliant with this standard. There have been no incident to report to demonstrate practice.

**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.

**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. In addition, BOP will also send staff to evaluate if necessary.

**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. The BOP will also assist with treatment if necessary. Auditor recommended the facility outline the process of obtaining assistance from BOP if necessary.

**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 reviews 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.

*Michele Danzot*

*June 24th, 2016*

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Auditor Signature

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Date