

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## ADULT PRISONS & JAILS

NATIONAL  
**PREA**  
RESOURCE  
CENTER



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

<b>Name of facility:</b>		Potosi Correctional Center	
<b>Physical address:</b>		11593 State Highway O Mineral Point, MO. 63660	
<b>Date report submitted:</b>		April 22, 2015	
<b>Auditor Information</b>		<b>Joseph Z. Martin</b>	
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<b>Date of facility visit:</b>		March 24 – 26, 2015	
<b>Facility Information</b>			
<b>Facility mailing address:</b> <i>(if different from above)</i>			
<b>Telephone number:</b>		(573) 438-6000	
<b>The facility is:</b>	<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		
<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
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<b>Agency Information</b>			
<b>Name of agency:</b>		Missouri Department of Corrections	
<b>Governing authority or parent agency:</b> <i>(if applicable)</i>		Missouri Department of Corrections	
<b>Physical address:</b>		2729 Plaza Drive P.O. Box 236 Jefferson City, MO. 65102	
<b>Mailing address:</b> <i>(if different from above)</i>		Same as above	
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<b>Agency-Wide PREA Coordinator</b>			
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## AUDIT FINDINGS

### NARRATIVE:

The site visit for the PREA Audit of the Potosi Correctional Center was conducted on March 24 – 26, 2015. The audit team consisted of the Audit Chair, Joe Martin KDOC/DOJ Certified PREA Auditor with two support staff consisting of Scott Jordan, KDOC/DOJ Certified PREA Auditor and Abby McIntire, KDOC/DOJ Certified PREA Auditor. During the Pre-Audit phase, the team reviewed the standards and completed much of the file review prior to the site visit.

During the three day on-site portion of the audit, the team completed any necessary file review follow-up, toured the institution and conducted formal staff and inmate interviews. The team interviewed 26 inmates, including 11 random inmates (with representation from each of the housing units), 6 inmates who disclosed sexual victimization during risk screening, 4 inmates identified as gay, bi-sexual or transgender, 3 inmates who were disabled or limited English proficient and 2 inmates who had reported sexual abuse. In addition, the team interviewed 41 staff, including 26 specialized staff, 2 volunteers and 13 randomly selected officers (representing all shifts and various posts). The interviews covered training, first responder duties, how to report, whom to report, filing reports, conducting interviews, evidence collection, medical and mental health responses, monitoring retaliation and reviewing substantiated and unsubstantiated incidents of sexual abuse.

An entrance meeting was held at the beginning of our visit with the following persons in attendance: PREA Coordinator Vevia Sturm, Warden Cindy Griffith, Deputy Warden Jamie Crump, Chief of Custody Greg Dunn and Assistant Warden Teri Lawson. The Audit team discussed our duties and what areas of the facility we wanted to tour along with explaining the interview process of staff and inmates.

### DESCRIPTION OF FACILITY CHARACTERISTICS:

Potosi Correctional Center is an 852 bed Medium/Maximum custody institution located approximately 75 miles southwest of St. Louis. The facility opened in 1989 and is situated on 140 acres within Washington County. The primary structure consists of seven interconnected buildings with approximately 350,000 square feet. Six housing units are located with the main security section which is divided by zones.

Housing units 1 through 4 are located in Zone 2 and housing units 5 and 6 are located in Zone 1. Outside the main security fencing is a minimum security unit which houses 90 minimum security offenders utilizing work release.

### **SUMMARY OF AUDIT FINDINGS:**

An exit interview was held at the end of our visit to brief the Executive staff of the team's findings.

The team found that staff and inmates had a good general awareness of PREA and the rights encompassed. Staff were aware of reporting duties, protecting inmates of alleged sexual abuse and/or sexual harassment and thoroughly investigating all claims. Inmates were found to be educated of their rights to be free from sexual abuse and/or sexual harassment and knew the facilities reporting methods along with victim advocate services that were available.

During the tour the team found that housing unit 7 had inadequate privacy partitions for inmates. Upon questioning, the Warden explained that female staff were not allowed in the bathroom except in exigent circumstances. The Warden and I discussed and I explained if the security need was present that privacy partitions could be installed in the bathroom so that female staff could conduct security rounds through the bathroom. The Warden agreed that the option would be beneficial and privacy partitions were placed beside the urinals and a privacy curtain was placed at the entrance to the shower area. This allowed obscenity of the inmates genitalia and buttocks while still allowing security observation of the restroom area by male and female staff. This topic was again discussed at the exit interview and the Warden seemed to have a good understanding of their options regarding the bathroom area of housing unit 7.

All standards were found to be in compliance. Each standard below will have comments/recommendations from the team member assigned to the standard.

Number of standards exceeded:	1
Number of standards met:	41
Number of standards not met:	0
Not Applicable:	1

<p><b>§115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b></p>
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- 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)

Missouri Department of Corrections has a policy mandating zero tolerance towards all forms of sexual abuse and sexual harassment. (D1 8.13). They also have a PREA Coordinator for the department with each facility having a PREA Compliance Manager.

### **§115.12 - Contracting with other entities for the confinement of inmates**

- 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 agency does contract for the confinement of its inmates with other entities. Documentation provided of contracts showed the responsible of the entity to abide by PREA Standards. In addition, the Department has a tool in place to monitor compliance of contractor.

### **§115.13 – 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)

The facility has a staffing plan with components considered in section (a). The facility had one deviation from their staffing plan and they supplied documentation and justification as to why.

Agency policy directs unannounced rounds by supervisors and prohibits staff from alerting other staff these rounds are occurring. The facility supplied good documentation of practice and staff interviews confirmed.

### **§115.14 – Youthful Inmates**

- 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 standard is non-applicable as the facility does not house youthful offenders.

### **§115.15 – 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)

Potosi does not conduct cross-gender strip or cross-gender body cavity searches of inmates unless exigent circumstances exist and then only by medical practitioners. Policy IS20-1.3 outlines the agencies search procedures.

Agency policy D1 -8.13 outlines inmates being able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their genitalia and buttocks except in exigent circumstances. In addition, opposite gender announcement requirements are outlined in the policy. The facility provided documentation of this practice and showed in their Facility Post Orders that the Control Center officers are responsible for ensuring the cross-gender announcements are made.

Housing Unit 7, as mentioned in the narrative, had inadequate coverage in the restroom area of providing obscenity to the inmates genitalia and buttocks area. Female staff were restricted to enter the area unless exigent circumstances existed. In discussion with facility leadership it was discussed that they had an option of placing partial privacy partitions in the shower area and around the urinals that would allow for female staff to make security rounds through the area. The facility placed the partitions in the restroom allowing them to have the option if chosen.

### **§115.16 – Inmates with Disabilities and Inmates 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)

Agency policy D1 – 8.13 outlines standard. The facility uses brochures and videos in educating newly arrived inmates. The facility also has PREA education modules that they program on the institution's television channel along with posters and victim advocate information being posted throughout the facility.

The facility has a plan if needed to bring translational services to the facility in the need they receive an inmate who is limited English proficient.

### **§115.17 – 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)

Agency policy D2-2.2 outlines standard. Additional directive from Human Resources restricts the hiring or promoting of someone from a substantiated sexual abuse incident. The agency performs criminal background checks before hiring anyone and checks for components of section (a).

Facility provided good documentation of checks completed for all staff including contractors. Staff interviews of the facilities Human Resources Office showed general knowledge of standard and confirmed checks were being completed.

### **§115.18 – Upgrades to Facilities and Technology**

- 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 had expanded its camera coverage in the canteen area therefore enhancing the safety of inmates from being sexually abused.

### **§115.21 – 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)

Agency policy D1-8.8 and D1 8.13 outlines standard and states investigators from the Inspectors General's office is responsible for conducting sexual abuse investigations. This office is part of the department of corrections. The facility incorporates a protocol for obtaining usable physical evidence in response readiness for all incidents of sexual abuse.

SANE's are provided to inmate victims of sexual abuse without cost. Local hospitals are used to accomplish this exam when needed. The facility uses a community victim advocate service. The Southeast Missouri Family Violence advocate service is used and a MOU details the responsibility of each party involved. I contacted the center and spoke with the Sexual Assault Advisor. She was complimentary of the prison and knew great detail of the responsibility of

being a victim advocate. In addition, the facility has posted throughout the facility the contact information for JDI and RAINN.

### **§115.22 – 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)

Agency policy D1 – 8.1 and D1 – 8.13 directs all allegations of sexual abuse and sexual harassment are investigated. The agencies website had a link to their PREA policies outlining criminal investigations.

### **§115.31 – 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)

Agency policy D1 – 8.13 details standard. The agencies lesson plan incorporates all sections outlined in section (a). In addition, a lesson plan is in place oriented towards instiutions that house female offenders. The facility keeps documentation of each employee receiving this training with acknowledgment forms.

### **§115.32– 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)

Agency policy D1 -8.13 directs training for volunteers and contrators. Documentation provided adequate. Training is conducted annually.

### **§115.33 – Inmate 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)

Potosi educates inmates during the intake process by providing brochures and video programming. This consists of inmate's right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting.

Agency policy D1 – 8.13 requires inmates transferred from one facility to another to be educated. Potosi uses the NIC video, posters and has available braille and interpreters when needed. Key Information is continuously available as they have posters throughout the facility and provide continuing education through their inmate television channel. Acknowledgment forms are maintained which are signed by the receiving inmates.

### **§115.34 – 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)

Agency policy D1 – 8.13 directs for criminal investigators to receive specialized training. The lesson plans provided were very good and exceeded the expectations of this standard. In addition, the facilities criminal investigator and their Administrative Investigator both had received specialized investigator training.

### **§115.35 – 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)

Agency policy D1 – 8.13 directs training of medical and mental health staff. Lesson plan incorporates components of section (a). medical staff at Potosi do not conduct forensic examinations but inmates are taken to local hospitals when the exams are warranted. Documentation was good and confirmed training.



### **§115.41 – 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 agency policies (SOP 5-2.3 & D1-8.13) clearly outline the requirements of this standard. The Policy requires that the offender be assessed during intake within 72 hours upon arrival and upon transfer to a different facility. PCC has completed assessments on all existing inmates and has a system and practice in place to ensure compliance.

### **§115.42 – 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)

PCC operates and documents housing assignments using a system of Alpha and Sigma to identify inmates in regards to housing and work assignments. IS/SOP 5-3.1 requires a committee for Transgender/Intersex inmates and reviews every 6 months in regards to placement and programming, inmates own views, showering guidelines etc.

Inmate and Staff interviews indicated clearly that at no time were inmates to be fully unclothed in plain view of staff or even other inmates.

### **§115.43 – Protective Custody**

- 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)

PCC provided documentation that they had not placed any inmates in involuntary segregation for risk of being a victim. D1-8.13 outlines the directives of segregation for protection and investigation.

### **§115.51 – Inmate Reporting**

- 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)

During site visit and interviews, it is very clear the inmates and staff have been educated and continue to receive information on reporting. They were also very educated on where to get the information.

### **§115.52 – Exhaustion of Administrative Remedies**

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)

The agency policy (D5-3.2) outlines the process of grievances that allege sexual abuse. PCC had documentation on such grievances over the last 12 months and they were handled according to the policy. It outlines the assistance inmates may receive in the informal stage. The assistance cannot interfere with safety and security of the institution. Policy dictates that the emergency grievances are responded to within the time frame. Policy also allows for disciplinary action against an inmate who files a false claim.

### **§115.53 – Inmate Access to Outside Confidential Support Services**

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)

According to policy(D1-8.13) and practice at the institution, and the MOU, inmates are provided access to a qualified victim advocate. Inmates knew this during interviews. Posters were in place and it was clear during interviews that they had been in place for quite some time. Addresses were posted along with confidentiality statements.

### **§115.54 – Third-Party Reporting**

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)

The Agency receives reports from third parties from the toll free hotline and address that is posted on the website.

### **§115.61 – Staff and Agency Reporting Duties**

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)

The Agency policy (D1-8.13) addresses this standard. All staff interviewed were very aware of the reporting obligations and also the confidentiality of reporting. All staff stated that they would in fact report if the need to do so. The institutional Coordinated Response is in place and by policy.

### **§115.62 – Agency Protection Duties**

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)

Agency Policy and Practice are very clear in protection of inmates that are at risk. Staff interviews indicated a clear understanding and willingness to make sure this protection happens.

### **§115.63 – Reporting to Other Confinement Facilities**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The Agency Policy (D1-8.13) provides a clear reporting procedure. The facility provided documentation that shows this reporting protocol work.

### **§115.64 – Staff First Responder Duties**

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)

The Agency Policy (D1-8.13) and Post Orders include and address all areas of first responders. During interviews, staff indicated by answers of questions that they had a clear understanding of protecting victims, separation, evidence collection and what other action is required.

### **§115.65 – 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 Agency and Facility have a in place a facility specific Coordinated Response. A copy of this response was included for review.

### **§115.66 – Preservation of ability to protect inmates 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)

The Missouri Department of Corrections documents and makes it clear in their labor agreement with the Missouri Correctional Officers Association that they have the right to hire, assign, reassign, transfer, promote and to determine hours of work and shifts, also to assign overtime.

### **§115.67 – 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)

Agency Policy (D1-8.13) clearly outlines that retaliation against any party involved in a complaint is strictly prohibited. It also states that the shall designate a staff member or department of the facility to monitor retaliation. The Unit Manager is responsible for monitoring inmate retaliation and the PREA site coordinator is responsible for monitoring staff for retaliation. PCC reports that they have had no instances of retaliation during this

reporting period. During the interview process, the staff members displayed their responsibility and knowledge.

### **§115.68 – Post-Allegation Protective Custody**

- 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)

PCC has not placed any inmates in Segregation for protective custody during this reporting period. The provided documentation indicates that they have met both standard 115.43 and 115.68 which both address the PC issue have been followed and meet compliance.

### **§115.71 – 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)

Potosi did not have any substantiated allegations that were referred for prosecution. Policy D1 - 8.13 Section III clearly outlines how the facility shall conduct criminal and administrative investigations.

### **§115.72 – 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)

It was evident in the investigations provided as documentation that the agency does impose the standard requiring a preponderance of evidence when determining whether allegations reported and investigated of sexual abuse or sexual harassment are substantiated.

### **§115.73 – Reporting to Inmate**

- 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)

Potosi provided examples of letters that are sent to the inmate to inform them whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

During an interview with an inmate he provided a copy of a letter sent to him by the agency advising him of the outcome of his investigation. The letter was more than sufficient and thoroughly explained the outcome.

### **§115.76 – 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)

Potosi has not had any staff in the facility that have violated the agency sexual abuse or sexual harassment policies, nor have they had any staff that have been terminated or resigned prior to termination for violating agency sexual abuse or sexual harassment policies.

Agency policy D1 – 8.13 does state that staff members shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment procedures.

### **§115.77 – Corrective action for contractors and volunteers**

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

Potosi has not had any contractors or volunteers that have engaged in sexual abuse. Agency policy D1 – 8.13 outlines the corrective action for contractors and volunteers.

### **§115.78 – Disciplinary sanctions for inmates**

- 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)

Potosi reported that they have not had any administrative findings of inmate-on-inmate sexual abuse. They also reported they have had no criminal findings of guilt for inmate-on-inmate sexual abuse.

Documentation was provided to show the policy on inmate disciplinary sanctions.

### **§115.81 – Medical and mental health screenings; history of sexual abuse**

- 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)

Inmates who have disclosed any prior sexual victimization during the screening are all offered a follow-up meeting with a medical or mental health practitioner within 14 days of the screening.

Mental Health electronically keeps records showing the inmate was offered a follow-up meeting within 14 days. Also note that during the inmate interviews the inmates stated that they were asked if they would like to have a follow-up meeting with a medical or mental health practitioner.

### **§115.82 – 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)

Documentation was provided showing that the medical contract clearly states that Corizon will comply with the PREA Act of 2012, medical and behavioral health care will be provided immediately upon report or discovery, to victims of sexual misconduct.

### **§115.83 – 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)

Agency policy D1 – 8.13 states that upon receiving a report of a sustained case of offender sexual abuse the PREA coordinator will submit a referral and screening note – health services form to ensure the perpetrators will be assessed by qualified mental professional within 60 days of learning such abuse.

115.83 (d) Not applicable due to facility being an all male facility.

## **§115.86 – 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)

Potosi provided documentation on three investigations that demonstrated the facilities investigations are being investigated and documented correctly and are detailed.

## **§115.87 – 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)

The agency is accurately keeping data through the Corrections Information Network. Documentation of the reports were provided agency-wide.

115.87 (e) does is not applicable, the agency does not contract for the confinement of its inmates.

## **§115.88 – 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)

Potosi provided the 2013 annual report as documentation. The report is also available online to view.

**§§115.89 – Data Storage, Publication, and Destruction**

Exceeds Standard (substantially exceeds requirement of standard)

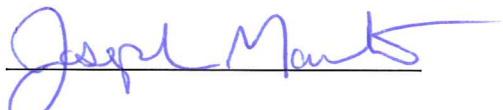
Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

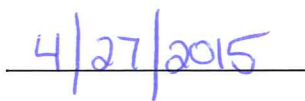
The agency provided documentation of the records disposition schedule that clearly outlines what reports and when they are to be destroyed. The agency provides information on their website, however all personal identifiers are removed and not shown.

**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.



Auditor Signature



Date