

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:		Eastern Reception Diagnostic & Correctional Center	
Physical address:		2727 Highway K, Bonne Terre, MO 63628	
Date report submitted:		April 27, 2015	
Auditor Information		Joseph Z. Martin	
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Date of facility visit:		April 7th– 9th, 2015	
Facility Information			
Facility mailing address: <i>(if different from above)</i>			
Telephone number:		(573) 358-5516	
The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Name of PREA Compliance Manager:		Jason Lewis	Title: PREA Compliance Manager
Email address: Jason.Lewis@doc.mo.gov		Telephone number:	(573) 358-5516
Agency Information			
Name of agency:		Missouri Department of Corrections	
Governing authority or parent agency: <i>(if applicable)</i>		Missouri Department of Corrections	
Physical address:		2729 Plaza Drive P.O. Box 236 Jefferson City, MO. 65102	
Mailing address: <i>(if different from above)</i>		Same as above	
Telephone number:		(573) 751-2389	

Agency Chief Executive Officer:			
Name:	George Lombardi	Title:	Director
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AUDIT FINDINGS

NARRATIVE:

The site visit for the PREA Audit of the Eastern Reception Diagnostic & Correctional Center was conducted on April 7th – 9th, 2015. The audit team consisted of the Audit Chair, Joe Martin KDOC/DOJ Certified PREA Auditor with two support staff consisting of Debra Banks KDOC/DOJ Certified PREA Auditor and Brad Adams 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.

An entrance meeting was held at the beginning of our on-site visit with the following staff in attendance: MDOC PREA Coordinator Vevia Sturm, Warden Troy Steele, Deputy Warden/PCM Jason Lewis, Deputy Warden Joe Hoffmeister, Major David Vandergriff and Assistant Warden Stan Jackson. Greetings and introductions were made by all and the audit team introduced themselves with a short history of their PREA Audit experience along with their correctional backgrounds. The team discussed our schedule of first wanting to tour the facility following the recommended tour guide from the PRC website and then interviewing the previously indicated staff and inmates for random and specialized interviews.

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 23 inmates consisting of 11 random, 2 who reported sexual abuse, 3 disabled or limited English proficient, 4 who had disclosed sexual victimization during assessment, 2 LGBTI and 1 who was placed in segregation after allegedly suffering sexual abuse. In addition, the team interviewed 45 staff consisting of the Warden, the PREA Compliance Manager, 2 human resources, 9 random correctional officers, 4 medical or mental health, 3 intake, 3 investigators, 1 charged with monitoring retaliation, 3 that serve on the Incident Review Team, 1 who performs risk screening, 5 who have been first responders, 4 intermediate to higher level supervisors, 5 who supervise inmates in segregated housing and 3 volunteers.

DESCRIPTION OF FACILITY CHARACTERISTICS:

ERDCC is a level 5 2,721 bed male facility located on 213 acres, approximately one mile east of Highway 67 on Highway K in Bonne Terre, Missouri, which serves as the reception facility for male offenders committed by the courts in Eastern Missouri. The perimeter of the facility encompasses 76 acres, which has 19 buildings, including four reception and diagnostic housing units, one minimum

security housing unit, six general population housing units, a building housing a gym, chapel, education, library and general population medical unit, an industries building, a building that houses reception and diagnostic intake, food service, medical, records, psychology and custody supervisory offices. In addition, the administration building houses all administrative offices, the officer's assembly room, visiting entrance, main control center entry and armory.

Outside the perimeter are two buildings that include maintenance, the power plant, warehouse, the cook-chill operation and the institutional mailroom.

Operational capacity is 2,721 beds, Of those beds, 1,714 are general population beds and 1,007 are Diagnostic beds. ERDCC presently has 608 personnel.

SUMMARY OF AUDIT FINDINGS:

The team found that staff and inmates had good general knowledge of PREA. Staff showed they had been educated on their responsibilities that included knowing their reporting duties and the proper steps to follow in the case of an inmate reporting sexual abuse, Inmates knew their rights, how to report and services available for them if needed. The team was impressed with the positive aspect given to PREA by both staff and inmates.

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:	2
Number of standards met:	41
Number of standards not met:	0
Not Applicable:	0

§115.11 - 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 D1 8.13 outlines the departments process in preventing, detecting and responding to inmate sexual abuse and sexual harassment. MDOC has an agency-wide PREA Coordinator. In addition, each facility has a designated 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)

MDOC obligates contracted entities to adopt and comply with the PREA Standards. Sample documentation of contracts verified.

§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)

ERDCC has a staffing plan with all the components of standard incorporated. ERDCC reported no deviations from their staffing plan as they have mandatory posts and require staff to work overtime or days off if needed. The facility receives input annually from the the State Coordinator and the agency considers if adjustments are needed.

Policy D1 8.13 directs for supervisory unannounced rounds and prohibits staff from alerting other staff of the rounds. Interviews of supervisory staff corroborated this practice along with documentation.

§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)

ERDCC occasionally receives youthful offenders but only for a short time consisting of a few hours until they are transferred to a facility with proper housing. Youthful offenders are always under direct staff supervision the short time they are being assessed at ERDCC.

§115.15 – Limits to Cross-Gender Viewing and Searches

- 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 IS20-1.3 outlines standard. ERDCC reported no instances of cross-gender strip or visual body cavity searches. Policy D1-8.13 directs that inmates be able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing the inmate's buttocks or genitalia. ERDCC provided documentation of this practice and staff and inmate interviews corroborated.

§115.16 – Inmates with Disabilities and Inmates who are Limited English Proficient

- 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 D1. 8.13 outlines standard. ERDCC has contacts with Interpreter Services if the need arises. The facility has PREA posters along with victim advocate information posted throughout the facility. They also have braille and Spanish versions available.

§115.17 – Hiring and Promotion Decisions

- 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)

MDOC does not hire or promote anyone who fails to meet stipulations outlined in this standard. The state application incorporates direct language from standard. Policy D2 2.2 and a Directive from agencies Human Resources directs practice of hiring and promoting with stipulations of this standard. The Employee Handbooks directs a continuing affirmative for employees to report this type of misconduct. In addition, criminal background checks are done for all staff annually. I spot checked a couple on-site to verify and H&R staff interviews corroborated.

§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)

Policy D4. 4-8 incorporates direct language from standard. ERDCC had updated video monitoring throughout the facility.

§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)

The agency utilizes investigators from the Inspector Generals office which is part of the MDOC. Policy D1-8.8 describes protocol. ERDCC utilizes the local hospital in their plan if a forensic exam was to be needed for inmate sexual abuse. ERDCC reported zero instances of this occurrence within the last 12 months. ERDCC provides victim advocacy services from a local community center.

Documentation review showed use of victim advocacy throughout investigations. ERDCC posts advocacy information throughout the facility. Inmate interviews corroborated education is being continuing given.

§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)

Policies D1-8.13 and D1-8.1 directs for all allegations of sexual abuse and sexual harassment to be investigated. Documentation review proved investigations are conducted appropriately and thoroughly. Staff interviews corroborated understanding of their responsibilities for referrals for criminal behaviors.

§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)

Policy D1-8.13 outlines employee training and PREA. Lesson Plans and curriculum used covers all aspects of section (1) –(10) used in basic training and refresher training. MDOC has different lesson plans for staff working at male or female facilities. MDOC requires acknowledgment forms from staff who complete this training and documentation is kept.

§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)

Policy D1 -8.13 outlines this standard. ERDCC reported 239 volunteers or contractors had received training. ERDCC maintains documentation of participation and acknowledgment forms are kept.

§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)

ERDCC educates newly arrived inmates of the agencies zero-tolerance regarding sexual abuse and sexual harassment and to report such incidents. ERDCC shows videos to new arrivals which covers all components of this standard. ERDCC reported 5,523 inmates had been educated within the last 12 months. ERDCC provides this education to inmates who are handicapped or disabled. Documentation and acknowledgement forms are maintained of this training.

§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)

ERDCC exceeds this standard as their administrative and criminal investigators have received specialized training on how to conduct sexual abuse and/or sexual harassment investigations in confinement settings. The training curriculum and lesson plans used exceed the requirements outlined in this standard.

§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)

Policy D1-8.13 outlines requirements of this standard. ERDCC reported 100 % of it's medical/mentalhealth staff have received this training. Documentation provided and staff interviews corroborated they have.

§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)

Policy D1-8.13 covers risk assessments. ERDCC exceeds the standard because the facility is meeting with all of the inmates within the 30 day time frame for re-assessment and completing a new document each time which is nor required. Confidentiality does not appear to be an issue and access to these assessments are limited.

§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)

The facility provided documentation on site to show how the information is being used as it relates to Alpha, Sigma and Kappa designated inmates.

The Audit team recommended that a facility committee be appointed to identify specific jobs or programs (if any) that would be of a concern for high-risk inmates. The warden and executive staff were very receptive of this and planned for these meetings. The Audit team also recommended better communication with job or program supervisors to ensure knowledge is possessed of high-risk 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)

Policy D1-8.13 covers Protective Custody. The documents reviewed indicate that inmates were placed in segregation based on requesting protective custody. Staff interviews indicated that if both inmates were placed in Administrative segregation based on a type of incident, they review those within 24 hours and release the “victim” if there are no other issues with the individual.

§115.51 – Inmate 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)

The Offender Guide to Sexual misconduct is provided to inmates. At every location the hotline for reporting sexual abuse is posted. Inmates are informed of ways they can report sexual abuse and the inmate interviews indicated a positive response to this standard and indicated a very positive response to reporting any incidents to staff members at the facility.

§115.52 – 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)

D5-3.2 covers this standard. The grievance procedure covers all of the PREA requirements and the inmate interviews indicated a positive response to knowing this standard and use of the grievance mechanism.

§115.53 – Inmate 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)

Posters were placed in all areas including intake which indicated several ways inmates can receive support services including Just Detention International (JDI) and Rape, Abuse and Incest National Network (RAINN). The Southeast Missouri Family Violence Council is the local victim advocacy center for ERDCC. Inmate interviews indicated an understanding of these services.

§115.54 – 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)

Missouri DOC website has PREA information and how to report prominently displayed. This information is also posted throughout the facility.

§115.61 – 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)

Policy D1-8.13 covers this standard. Staff appear knowledgeable on how to report incidents of sexual abuse/harassment and know their roles. The Coordinated response protocol covers reporting to investigators.

§115.62 – 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)

Policy D1-8.13 covers this policy. Segregated housing would be utilized if needed and staff understand their responsibility to protect inmates from imminent sexual abuse.

§115.63 – 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)

Policy D1-8.13 and the Coordinated Response cover this standard. Documentation was provided and showed e-mail notifications to another agency regarding an allegation of sexual abuse.

§115.64 – 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)

There were positive staff interviews from security on their role as first responders of knowing their duties and responsibilities. The Audit team recommends further education for non-security staff members to ensure requirements for all staff.

§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 facility was utilizing a state-wide response plan and documentation shows the plan was being followed. The facility created a facility specific plan on-site to meet this standard.

§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 new collective bargaining agreement began 10/01/2014 and all contained in the agreement meets this standard.

§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)

Policy D1-8.13 covers this standard. Documentation was provided showing compliance with this standard. Inmate interviews were positive showing one component of a good reporting culture.

§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)

Segregated housing is only used after alternate housing has been considered. The Shift supervisor assesses this need in consultation with other staff and documentation is completed. Inmate interviews showed positive responses to this standard as well.

§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)

ERDCC investigators are under the jurisdiction of the Inspector's General's office. All investigators are trained in compliance with standard 115.34. policy D1 8.4 addressed this standard. Reviews of the investigative files and interviews with investigators confirmed compliance. Investigators conducted thorough and complete investigations with an understanding and knowledge of their duties and a knowledge of the standard.

§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)

Policies D1 8.4 and D1 8.13 address this standard. Both policies dictate that the agency shall impose no standard higher than a preponderance of the evidence. Interviews and reviews of the investigative files confirmed compliance.

§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)

Policy D1 8.13 addresses this standard. There is a departmental form used for notification to offenders. ERDCC provided documentation of notifications that meet the requirements of this standard. Documentation and interviews with staff and offenders confirmed compliance.

§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)

Policy D1 8.13 addresses this standard. ERDCC did not report any incidents of staff termination, one employee resigned prior to termination. There were no incidents reported to any relevant licensing bodies. Interviews and documentation confirmed compliance.

§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)

Policy D1 8.13 addresses this standard. ERDCC reported no incidents of any contractors or volunteers engaging in sexual abuse of an offender. Policy and interviews confirmed compliance and details the actions in place if an incident occurred.

§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)

Policy D1 8.13 addresses this standard. Offenders are subject to disciplinary action following an administrative finding of guilt for offender on offender sexual abuse. The department has a form that documents input from mental health staff prior to imposing sanctions. The facility reported no incidents of disciplining an inmate for sexual contact with a staff member who did not consent. Interviews and reviews of documentation confirmed compliance.

§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)

Policies ISII-32 and D1 8.13 address this standard. Documentation provided confirms that if an offender disclosed prior victimization or perpetration of sexual abuse, staff was offering a follow-up within 14 days of intake. The Risk Assessment documents when an offender accepts the follow up and prompts staff to complete a referral. Documentation and interviews confirmed compliance.

§115.82 – Access to emergency medical and mental health 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)

Policy D1 8.13 addresses this standard. Documentation provided and interviews with staff and offenders confirmed victim's access to timely, unimpeded emergency medical and mental health as well as education and services regarding sexually transmitted diseases at no cost to the offender.

§115.83 – Ongoing medical and mental health care for sexual abuse victims and abusers

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 D1 8.13 addresses this standard. Documentation provided supports that mental health evaluations are offered to known offenders who have been victimized in any prison, jail, lock-up or juvenile facility. The services offered and provided are consistent with the community level of care. All services are provided at no cost to the inmate. The facility reported that they attempt to conduct a mental health evaluation of all known abusers within 60 days of learning of the abuse. Documentation & interviews confirmed compliance.

§115.86 – Sexual abuse incident reviews

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 D1 8.13 addresses this standard. MDOC has a departmental debriefing form that is used during the sexual abuse incident reviews. The form meets the standard and is completed within 30 days of the completion of the investigation. The appropriate and required level of staff is a part of the review and the team considers all items required by the standard. Documentation and interviews confirmed compliance.

§115.87 – Data Collection

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 D1 8.13 addresses this standard. All data is stored and used in compliance with the standard. MDOC submitted the SSV in 2014 to the DOJ.

§115.88 – Data Review for Corrective Action

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 D1 8.13 addresses this standard. The MDOC submits an annual report and publishes this report on their website. The data is collected and used to assess the effectiveness of sexual abuse prevention. The report compares information from previous years and includes corrective actions. Reviewed the data and report that included appropriate and necessary redactions. Documentation and interviews confirmed compliance.

§§115.89 – Data Storage, Publication, and Destruction

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 D1 8.13 addresses this standard. The data is available on the website and can be viewed by anyone. The retention schedule is for 50 years. The documentation confirmed compliance.

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.

Joseph Martin

Auditor Signature

4/27/2015

Date