

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS



[Following information to be populated automatically from pre-audit questionnaire]

Name of facility:	Deerfield Correctional Center		
Physical address:	21360 Deerfield Drive Capron, Virginia 23829		
Date report submitted:	3/30/14		
Auditor Information			
	Diane Lee – The Nakamoto Group		
Address:	11820 Parklawn Drive, Suite 240 Rockville, MD 20852		
Email:	Diane.lee@nakamotogroup.com		
Telephone number:	301-468-6535		
Date of facility visit:	March 5, 6, 7, 2014		
Facility Information			
Facility mailing address: <i>(if different from above)</i>			
Telephone number:	434-658-4368		
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:	Teresa Porrovecchio	Title: PREA Compliance Manager	
Email address: Teresa.Porrovecchio@vadoc.virginia.gov		Telephone number:	434-658-3632
Agency Information			
Name of agency:	Virginia Department of Corrections		
Governing authority or parent agency: <i>(if applicable)</i>	Commonwealth of Virginia		
Physical address:	6900 Atmore Drive, Richmond, VA 23261		
Mailing address: <i>(if different from above)</i>	PO Box 26963, Richmond, VA 23261		
Telephone number:	804-674-3000		

Agency Chief Executive Officer			
Name:	Harold Clarke	Title:	Director
Email address:	Harold.Clarke@vadoc.virginia.gov	Telephone number:	804-887-3000
Agency-Wide PREA Coordinator			
Name:	Elisabeth Thornton	Title:	PREA Coordinator
Email address:	Elisabeth.Thornton@vadoc.virginia.gov	Telephone number:	804-887-8085

AUDIT FINDINGS

NARRATIVE:

The site visit for PREA audit of the Deerfield Correctional Center was conducted on March 5-7, 2014. Before the audit, the auditor interviewed the Facility Director, Harold Clarke, and the state PREA Coordinator, Elizabeth Thornton, at the Virginia Department of Corrections headquarters in Richmond, Virginia. During the three day audit, the auditor toured the institution and conducted formal staff and inmate interviews. The auditor interviewed 12 inmates (10 random inmates from all of the housing units, one transgender inmate and one limited English speaking inmate). In addition, the auditor questioned 22 staff and officers, (12 specialized staff and 10 random Correctional Officers), about PREA training, how to report, to whom to report, filing reports, available interventions, conducting interviews, evidence collection, follow up, and monitoring retaliation.

An entrance meeting was held with the following persons in attendance: Warden James Beale; Beth Cabell, Assistant Warden; Douglas Vargo, Assistant Warden, Deerfield Men’s Work Center; Williette Copeland, Assistant Warden, Deerfield Women’s Work Center; Major Samuel Ridley, Chief of Security; Teresa Porrovecchio, Operations Officer/PREA Compliance Manager; Darlene Ellsworth, Institutional Program Manager; Susan Bolton, Business Manager; Diane Nunnally, Human Resource Officer; Frank Roach, Unit Manager; Kenneth Bradley, Unit Manager; Kathy Walker, Unit Manager; Curtis Starke, Building & Grounds Director; Lawanda Long, Regional PREA Analyst; Rose Durbin, Regional PREA Analyst; Sgt. Kirk Chalmers, Institutional Investigator; Meredith Wrenn, Psychology Associate Sr.; Patrick Long, Program Support Technician, Deep Meadow Correctional Center; and Sgt. Darangi Harrison, Institutional Investigator, Deep Meadow Correctional Center

There are currently 1,047 male inmates assigned to the facility. Following the entrance meeting, I toured the facility from 8:30 a.m. to 11:00 a.m, Eastern Standard Time. In the last calendar year, there were eight sexual assault/harassment allegation cases which after a thorough investigation were determined to be unfounded.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Deerfield Correctional Center, a unit of the Virginia Department of Corrections (VDOC), is a 1080 bed facility, located near Capron, Virginia, about an hour’s drive south of Richmond. Deerfield was originally built in the fall of 1986 as a temporary facility using mobile homes on approximately forty-two acres of land, closing on April 15, 1991. Construction on the new

facility began on June 1, 1993, opening on July 13, 1994. The facility is designed to house 375 offenders. In 1998, Deerfield Correctional Center was chosen to house the geriatric population in the Virginia Department of Corrections. Modifications were made to the facility to create a 40 bed assisted living unit and on July 1, 1999, the first offenders were received. At that time Deerfield was designated as a Security Level 2 facility with an offender capacity of 497 offenders. Because the growing population of aging prisoners and related medical expenses continued to challenge the Virginia Department of Corrections, an expansion began in 2005 at Deerfield to house a total of 1080 offenders. Three new dormitories and a new medical unit were constructed with the addition of an 18-bed infirmary. The assisted living unit was relocated and expanded to 57 beds. The offender dining hall and programs area was also expanded. In November 2006, the expanded Deerfield Correctional Center began receiving offenders and intake was completed in June 2007.

The facility, as currently configured, includes a secure compound with seven general population housing areas. Buildings A, B and C each have two 88 bed pods generally laid out in an open dormitory style. One pod in Building A is set aside for the housing of Military Veterans. Buildings D has a 57 bed assisted living pod and an additional 96 bed general housing pod. Building E has one 100 bed pod that primarily houses diabetics; the other pod in E is general population. Building F has two 100 bed pods with one pod housing the facility's Cognitive Community and the other pod housing those preparing to enter the Cognitive Community. Building G is a 16 bed general housing unit that is set aside for inmates who need special assistance or additional observation. However, those in the unit are considered general population. The medical department is staffed 24 hours a day, seven days a week by medical staff employed by Corizon. Corizon became the contracted medical provider of the facility on May 1, 2013.

There is an infirmary with 16 general purpose infirmary beds located in two open wards and two isolation cells, all with cameras that are monitored at the control booth. In addition to the housing units, the compound also has a full service kitchen, two dining rooms, a medical clinic, classrooms, library, a gym, visiting room, and a wide range of program space and support facilities. Recreation yards are located adjacent to each of the housing units. In addition, a large recreation yard is located within the secure perimeter. At present, the facility's major areas of focus, in addition to maintaining a secure and safe environment, are the care and treatment of aged and infirmed inmates, as well as the preparation of inmates to be released into the outside population. As such, Deerfield's role is defined not to include intake services; all inmates are processed through other VDOC facilities. Likewise, those in need of segregation for protection, disciplinary issues or suicide management are transferred to other VDOC facilities immediately. Youth offenders are not housed at the facility.

The mission of Deerfield Correctional Center advances the Virginia Department of Corrections' overarching mission of enhancing public safety. They accomplish this by providing young and elder men with excellent services and supervision consistent with sound correctional principles, constitutional standards, and fiscal responsibility. Through collective wisdom, they are committed to a vision inspiring therapeutic, life-skills, and agricultural programming that creates a continuing care community in which individuals can achieve greater physical, mental, and spiritual development.

The facility is accredited by the American Correctional Association. The auditor found the staff and inmates to be very well aware of PREA. The staff was very knowledgeable about their responsibilities to ensure a safe facility. They were aware of reporting responsibilities, preservation of evidence, as well as dealing with victims of sexual assault and/or sexual harassment. The staff has all had extensive training on how to identify signs of sexual assault/harassment and how to deal and treat victims of sexual assault and or sexual harassment.

SUMMARY OF AUDIT FINDINGS:

An exit meeting was held on March 7, 2014.

Number of standards exceeded:	6
Number of standards met:	33
Number of standards not met:	0
Not Applicable:	4

§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)

The Agency exceeds the standard with their policies and practice. Operating Procedures 038.3 and 130.1 clearly meet this standard. The facility PREA Plan exceeds zero tolerance as required by the standard. In addition to the agency PREA Coordinator, and facility PREA Compliance Manager, they have Regional PREA Compliance Analyst's to ensure they are meeting all the PREA standards.

§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)

Not Applicable -The agency has not contracted with other entities for the confinement of the inmates from Deerfield Correctional Center.

§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)

Warden Beale's review of the post audits and staffing plan shows that they have adequate resources to meet their needs. The review included an assessment of the facilities' video monitoring systems, phone access and staffing levels. They do not operate below the critical post requirements. Operating procedures 401.1, 401.2, and 401.3 support this standard . Documentation of unannounced rounds that cover all shifts was reviewed. The video camera system consists of Pelco camera systems , Honeywell Rapid Eye digital recorders with a total of 133 cameras.

§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)

Not Applicable - They do not house youth inmates at this facility.

§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)

Staff of the opposite gender is required to announce their presence when entering the inmate-housing unit(s). This was documented during interviews with staff and inmates, as well as recorded in housing unit log books. Privacy notices are posted in each housing unit. Operating procedures cover all aspects for this standard including 445.1, 401.2, 801.1, 401.1, 720.2, and 160.2. There have been no cross gender strip or visual body cavity searches by non-medical staff in the past year. Staff have been trained on conducting pat-down searches of transgender and intersex inmates in a professional manner.

§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)

Operating Procedure 038.3 meets all the requirements of this standard. They have a contract for interpreter services.

§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)

Based on interviews with HR and the Warden all components of this standard are being met. Operating Procedure 057.1 was revised to indicate information on substantiated allegations of

sexual abuse or sexual harassment involving a former employee shall be furnished to any institutional employer for whom which the employee has applied to work, provided the request is written. All employees/contractors have recently had their criminal background check completed again. A tracking system is in place to ensure they will be completed every five years. The Procedure was reviewed and meets all requirements.

§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)

Not Applicable – No substantial expansions or modifications of existing facilities or video systems in the last year were made.

§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)

Operating Procedures cover all aspects of this standard in 030.4, 445.2, 720.7, 038.3, and 730.2. In addition, a detailed Deerfield PREA Plan has been developed. A Sexual Assault Response Checklist is used and medical determines if the inmate should be transported to Southampton Memorial Hospital or Community Memorial Hospital- South Hill for SAFE/SANE exam. A MOU is in place with Virginia Sexual and Domestic Violence Action Alliance for victim advocate services. The auditor spoke with the Executive Director Kristi Van Audenhove in advance of the audit. She indicated that they provide emergency services and support through the free phone call services the inmates are allowed to make. The number is posted in every housing unit above the payphones.

§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)

Operating Procedures 038.3 and 030.4 and practice reviewed during on-site inspection verify the components are met.

§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)

Training is a primary concern and focus at Deerfield Correctional Center . The Executive Staff's focus is to provide a safe environment for both staff and inmates. The institution exceeds the basic training requirement by insuring all staff receives additional PREA training. Operating procedures 160.1 and 160.2 cover all training required by standard. All staff interviewed indicated that they received the required PREA training.

§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)

Reviewed contractor and volunteer sign-in sheets for training received.

§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)

Inmates receive information at time of intake and there is information in the inmate handbook (also available in Spanish). There are posters strategically posted throughout the facility and the phone number to call to report in each housing unit above the pay phones. Operating procedures 038.3 and 810.2 cover the components required.

§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)

Both investigators have received specialized training at the Virginia State Police Academy for conducting sexual abuse investigations. Operating procedures 030.4 and 160.2 meet 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)

All medical, mental health care, and specialized staff have received training on victim identification, interviewing, reporting, and interventions.

§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)

Operating procedures 810.1, 810.2, 730.2, and 861.1 include all components required by this standard. Through interviews with Psychologist Associate, Casework Counselor and Director of Nursing, they verified that they have a thorough system for collecting this information and providing continued re-assessment and follow-up services if needed.

§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)

Numerous operating procedures address how the information from the risk screening is used to ensure safety of each inmate. They have done an excellent job addressing the needs for a transgender inmate. This was also documented through staff and inmate interviews.

§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)

Inmates do not have segregated housing. If an inmate was at risk of sexual victimization, they would be transferred to another prison where they have protective custody segregation.

§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)

Based on staff and inmate interviews, this is clearly documented. The procedures for reporting are clearly stated in the inmate handbook, on posters and through Operating Procedures.

§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)

Operating Procedures 038.3, 866.1, and 861.1 cover the elements of this standard. No grievances were filed in last year that alleged sexual abuse.

§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)

A MOU is in place with Virginia Sexual and Domestic Violence Action Alliance for victim advocate services. This auditor spoke with the Executive Director Kristi Van Audenhove in advance of the audit. She indicated that they provide emergency services and support through the free phone call services that the inmates are allowed to make. The number is posted in every housing unit above the payphones.

§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)

This information is made available to inmates through posters and their handbook.

§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)

Operating Procedures 038.3, 038.1, 720.7, 720.2, 730.2, and 030.4 include all the components of this standard. This was also verified through interviews with random staff.

§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)

Operating procedures include all the components of this standard. This was also verified through interviews with random staff.

§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)

Operating procedures include all the components of this standard. This was also verified through interviews with Warden and PREA Coordinator.

§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)

Operating procedures include all the components of this standard. This was also verified through interviews with random 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)

A detailed Deerfield Correctional Complex PREA Plan has been developed. A Sexual Assault Response Checklist is used that ensures a coordinated response.

§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)

Not applicable; there is no collective bargaining in the Commonwealth of Virginia.

§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)

An investigator is assigned to monitor for possible retaliation.

§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)

Inmates do not have segregation housing. If needed, they would be transferred to another prison where there is segregated housing for protective custody.

§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)

Operating Procedures 030.4 and 038.3 cover these components. During the last 12 months there have been no substantiated allegations.

§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)

Operating Procedures 130.1 and 861.1 cover these standard requirements.

§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)

All outcomes of alleged sexual assault investigations were reported to the inmates. The auditor reviewed documentation of the investigations completed by the facility in the past year.

§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)

Operating Procedures 130.1 and 135.1 include all the components of this standard.

§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)

Operating Procedures 027.1 and 130.1 include all the components of this standard.

§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)

This is clearly stated in the inmate handbook. Operating Procedures 861.1, 820.2, 830.3, and 038.3 address all disciplinary sanctions for inmates.

§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)

Operating Procedures 730.2, 425.4, 050.1, and 701.3 cover all components. Through interviews with specialized staff, the facility has a thorough system for collecting this information and also has the capacity to provide continued re-assessment and follow-up services if needed. No inmates disclosed prior victimization during screening.

§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)

This was verified through interviews with medical staff and reviewing documentation for allegations.

§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)

Operating Procedures 720.7 and 730.2 cover all components. Mental health notes were reviewed.

§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)

Operating Procedures 038.3 and 038.1 include all the components of this standard. The auditor reviewed the sole incident review that occurred in the last year.

§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)

This is covered in Operating Procedure 038.3.

§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)

§§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)

This is covered in Operating Procedure 038.3 and 025.3.

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.

_____*Diane Lee*_____

_____March 30, 2014_____

Auditor Signature

Date