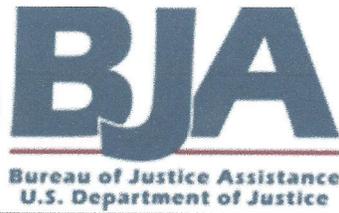


PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS



Name of facility:	Pickaway Correctional Institution		
Physical address:	11781 State Route 762, Orient, Ohio 43146		
Date report submitted:	June 10, 2014		
Auditor Information	Amy Fairbanks		
Address:	206 N. Washington Street Alexandria, VA 22314		
Email:	sac@aca.org		
Telephone number:	734-222-0000		
Date of facility visit:	May 12-16, 2014		
Facility Information	Pickaway Correctional Institution 11781 State Route 762, Orient, Ohio 43146		
Facility mailing address: <i>(if different from above)</i>	P. O. Box 209, Orient, Ohio 43146		
Telephone number:	614-877-4362		
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: Tara Gaines	Title:	Institutional PREA Compliance Manager	
Email address: <u>Tara.Gaines@odrc.state.oh.us</u>	Telephone number:	614-877-4362 ex. 2250	
Agency Information			
Name of agency:	Ohio Department of Rehabilitation and Correction		
Governing authority or parent agency: <i>(if applicable)</i>	State of Ohio		
Physical address:	770 West Broad Street, Columbus, Ohio 43222		
Mailing address: <i>(if different from above)</i>	same		
Telephone number:	614-752-1159		
Agency Chief Executive Officer			
Name:	Gary C. Mohr	Title:	Director
Email address:	Gary.Mohr@odrc.state.oh.us	Telephone number:	614-752-1164
Agency-Wide PREA Coordinator			
Name:	Andrew Albright	Title:	Chief, Bureau of Agency Policy and Operational Compliance
Email address:	Andrew.Albright@odrc.state.oh.us	Telephone number:	614-752-1164

AUDIT FINDINGS

NARRATIVE:

On May 12-15, an audit was conducted at the Pickaway Correctional Institution, Orient Ohio to determine compliance with the Prison Rape Elimination Act standards finalized August 2012.

A complete tour of the facility was conducted May 12-15, 2014. The following areas and operations were visited and observed: inmate living areas, medical operations, chapel area, intake, education areas, food service, facility maintenance operations, program and work assignment areas, including industry operations and maintenance operations outside the perimeter.

Documents reviewed for this audit included policy, institutional supplement, contracts, staff training records, personnel files; volunteer training records, sexual abuse & harassment complaints, and training curriculums. Formal interviews were scheduled through random selection of staff and inmates from schedules and rosters provided by the staff the evening prior to the audit. They were conducted with the following: Warden, PREA compliance manager/coordinator (facility), seven medical staff, two contract staff (medical), human resource manager, corrections officers from all areas of the complex including six on the morning watch, and three on the evening watch, and four on the night shift. Interviews were conducted with supervisors, the facility investigator, staff who conduct intake and screen inmates, 25 random inmates housed in all areas of the complex, including segregation, medical unit and the four general population housing units. There were no transgender inmates housed at this facility at the time of the audit. Of the inmates interviewed, one was confined to a wheelchair, one spoke no English (translation conducted by the facility Dentist) one inmate deemed vulnerable at intake. Informally, an additional 61 inmates and numerous staff were interviewed during the audit spontaneously. The agency head and the agency PREA coordinator were not interviewed as they participated in an interview at a previous Ohio Department of Rehabilitation and Corrections audit which was found to be 100% compliant. Contact was initiated with CURE-Ohio. An email address was provided for comments and concerns. No emails were received.

The auditor was able to visit all areas of the facility when requested and see any documentation that was requested during the audit.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Pickaway Correctional Institution is located in Pickaway County within the city limits of Orient, Ohio. The physical address of the facility is 11781 State Road 762 Orient, Ohio. The facility sits on 1803 acres, 703 acres inside the fence and 1,100 acres outside the fence, and its original structure was built in 1898.

The Pickaway Correctional Institution is an all-male, adult, minimum/medium (Level 1 & 2) security facility located in Orient, Ohio. There are 70 buildings total with 12 buildings located inside the perimeter fence and 58 buildings outside the perimeter fence. These buildings are

spread over a total of 1803 acres, with approximately 28 acres on the inside grounds and 1775 acres outside the perimeter, of which 866 acres is designated for tillable farm use, approximately 150 acres for pasture and the remainder is woods, unused property and facility maintenance areas.

The facility consists of the following operations inside the perimeter. The multi-purpose building houses the following: Visitor and Staff check-in stations, Staff and Visitor Restroom Facilities, Visiting Room, Control Center, Food Service, Education, General and Law Library, Warden's Suite, Business Office, Cashier's Office, Health & Safety Office, Personnel, Inspector's Office, Labor Relations Office, and Recreation. A walk-through metal detector is positioned at the manned security post in front entry to screen all staff and visitors.

The Pickaway Correctional Institution is an open compound with dorm style housing. There are six (6) housing units within the fence: Dorm A houses 528 general population offenders, Dorm B houses 452 general population/medical offenders, Unit C houses 450 general population offenders, Unit D houses 450 general population offenders, the Frazier Health Center houses 171 medical patients and the Special Management Housing Unit houses 98 offenders.

Behind A & B-Units is the OPI (Ohio Penal Industry) Print Shop, Quartermaster, Receiving, ID Department, Food Warehouse, and Sallyport. Outside the perimeter is the Farm (including Valley Farm), Water Treatment Plant, Maintenance (including Carpenter Shop, Plumbing, HVAC, Welding Shop), Mechanic Repair Shop, Small Engines, Power House, Laundry, OPI Warehouse/Mailroom, and OPI Beverage Processing facilities.

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded: 0

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 2

Standard number here 115.11

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

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

This is addressed in 79-ISA-01, 79-ISA-02, and 01-PCI-79A. ODRC does have an agency wide PREA coordinator and PCI has a PREA compliance manager. Both indicated they have sufficient time and authority to complete their duties. This was evident during the audit.

Standard number here 115.12

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

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

This facility does not have contracts for confinement of private agencies. The Agency has two contracts, Lake Erie Correctional Institution and North Central Correctional Institution.

Standard number here 115.13

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

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

This is addressed in 23-BUD-01, 79-ISA-01, and 50-PAM-02 with an approved variance dated 2/11/2014. Numerous video monitoring enhancements have occurred throughout the facility in key areas to assist with the goal of inmate safety. The staffing plan is closely monitored and well documented. All staff and inmate questioned supported that unannounced rounds by supervisory staff are being conducted.

Standard number here 115.14

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

N/A no youthful offenders at Pickaway Correctional Facility. For the Agency they are housed at Madison Correctional Institution and the Ohio Reformatory for Women. A review of rosters and the tour supports that no youths are housed at this facility.

Standard number here 115.15

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

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

No females are housed at this facility. The criterion for this standard is addressed in 310 SEC-01 and 79-ISA-01. There were no transgender inmates housed at this facility at the time of the audit. Cross-gender strip searches and visual body cavity searches are documented in the rare event that this may occur but it is concluded that there have been none at this facility. All inmates questioned indicated they are able to shower, change clothes and use toilet facilities without a female officer viewing them. A few inmates indicated that incidental viewing occurs with bathroom checks by female officers. Training records and staff interviews supports that specialized training for pat-searches of transgender and intersex inmates would be conducted in a professional and respectful manner. A system has been implemented that ensures that female staffs announce their presence by using a device to activate an audible tone. All inmates verified they knew what it signified. It was consistently used during the audit and was evident this system had been being used prior to my visit.

Standard number here 115.16

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

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

This is addressed in 64-DCM-02 and 79-ISA-01. There is a contract to address hearing impaired needs and a language line is available. Materials were available in English and Spanish. As this facility deals with a significant number of inmates with disabilities, policies and practices to ensure their opportunities, education and safety were clearly addressed. This was supported by four inmates interviewed who had limited English, physical and mental disabilities. Inmate interpreters were not used, and both staff and inmate indicated they were aware that they should not be used for any interpretation regarding a PREA complaint or investigation.

Standard number here 115.17

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

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

Elements of this standard are addressed in 34-PRO-07 Appendix A, approved variance 2/6/2014, and Standards of Employee Conduct and 79-ISA-01. A review of four random personnel files supports that background checks are conducted prior to offering a position. A review of records supports that the recently implemented five year check was near 98% completed as they opted to conduct a supplemental background check on every staff to initiate the process. There have been no instances where they had to provide information on substantiated allegations of sexual abuse or harassment.

Standard number here 115.18

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

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

As noted, significant upgrades to video monitoring has occurred with more plans to be implemented.

Standard number here 115.21

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

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

This is addressed in 79-ISA-02, 310-SEC-13 Appendix A, This is addressed in 68-MED-15 and 79-ISA-02. There is an MOU with the Ohio State Highway Patrol regarding investigations. This is addressed in OSP 103.7, Attachment P and OSP 100.01. This person was at the facility and interviewed and confirmed his support for the PREA requirements. SANE/SAFE exams are offered outside the facility. A MOU is in place with the Sexual Assault Response Network of Central Ohio. In addition, select staff have been provided extra training to function as a victim support person. This process has been used for one incident at the facility.

Standard number here 115.22

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

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

This is addressed in 79-ISA-02 and it available on the website drc.ohio.gov/web/prea. It is also addressed in Appendix A Investigator Protocol and OSP 103.07 Attachment P. Ten completed investigations were reviewed for abuse and harassment complaints received from August 2013 to February 2014. They were thoroughly and professionally conducted. Staff interviews confirmed that all allegations of sexual abuse and harassment are referred to the facility investigator and are investigated.

Standard number here 115.31

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

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

Addressed in 79-ISA-01 and 39-TRN-10 with approved variance. A review of the training curriculum, training records and staff interviews supports that all employees who have contact have been training regarding the requirements of PREA. Those not trained are currently on leave from the facility (military, medical, etc). Employees document that they received and understood the training.

Standard number here 115.32

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

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

Contract and volunteer training record were provided. They support that volunteers and contract staff receive the training. Interviews with contract staff support this. They are required to document that they understood the training.

Standard number here 115.33

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

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

This is addressed in 79-ISA-01 and the inmate handbook. Also addressed in 64-DSM-02 and 52-RCP-10 with approved variance. Inmates are initially provided education upon arrival in the intake area which includes watching a video. They are then screened by medical staff the same day. Follow up occurs with unit management staff within 72 hours. Documentation and interviews support that this process is being conducted. Materials are provided in English and Spanish. Posters were observed throughout the facility.

Standard number here 115.34

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

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

This is addressed in 79-ISA-01 and Investigator Training Curriculum. Training records were reviewed. Interviews with the facility investigator and OSHP investigator support compliance with this standard. Both were knowledgeable regarding Miranda and Garrity warnings and their implications and impact on the investigation process.

Standard number here 115.35

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

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

This is addressed in 79-ISA-01. Medical/mental health curriculum and 39-TRN-10 with approved variance. Staff interviews and training records support compliance with this standard. As noted, forensic exams are not conducted at this facility.

Standard number here 115.41

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

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

This is addressed in 79-ISA-04. The screening tools meet all the requirements of the standard. A second screening occurs within 72 hours. Re-assessment occurs within 30 days by the unit chief. Controls are in place regarding who can access this information. Inmates are not disciplined for refusing to answer.

Standard number here 115.42

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

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

This is addressed in 79-ISA-05 and 79-ISA-04. There are no transgender inmates housed at Pickaway Correctional Institution at the time of the audit. Staff interviews support that in the event of a transgender being housed at this facility, he will be provided the opportunity to shower separately and his views will be considered regarding safety. One inmate who was deemed vulnerable was strategically assigned housing and programming. Appropriate staffs are aware of his status.

Standard number here 115.43

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

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

This is addressed in 79-ISA-04. Only one inmate was placed in segregation as a result of a PREA investigation per his request, pending transfer - not on an involuntary status.

Standard number here 115.51

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

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

This is addressed in 79-ISA-02, staff training, the inmate handbook, posters and the education video presented to inmates. This is a MOU with Franklin County Juvenile Detention Facility for inmates at Pickaway CI to report allegations via a "hotline". Staff and inmate interviews support that both staff and inmates can report privately, anonymously and have several avenues available. No inmates detained for civil immigration solely are housed at this facility. The hotline was called; a specific message was left which was conveyed to the facility. The hotline allows for anonymous reports.

Standard number here 115.52

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

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

The facility is Exempt from this standard.

Standard number here 115.53

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

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

This is addressed in 79-ISA-01, posters, inmate handbook. There is an MOU with the Sexual Assault Response Network of Central Ohio. Inmates are informed that they telephone will continue to be monitored.

Standard number here 115.54

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

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

Instructions on Third party complaints and filing of complaints can be made through the website www.drc.ohio.gov/web/prea .

Standard number here 115.61

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

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

This is addressed in 79-ISA-01, 79-ISA-02 and 79-ISA-04. At the time of the audit, it was reported that there have been no instances of an inmate in imminent risk of sexual abuse. Staff interviews indicate that they are aware of limits of revealing information regarding alleged sexual harassment or sexual abuse complaints. Medical staff interviews support that they let inmates know of their duty to inform and the limitations of confidentiality. All staff knew who investigates PREA complaints at the facility.

Standard number here 115.62

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

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

As noted, there have been no instances of an inmate in imminent risk of sexual abuse. Staff indicated during interviews that they were aware of their obligation to take immediate action.

No Standard number here 115.63

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

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

This is addressed in 79-ISA-02. A clear process is outlined. No reports had been received from another facility.

Standard number here 115.64

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

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

This is addressed in 79-ISA-02. A clear process is outlined. A review of one of the investigations supported that all requirements were followed.

Standard number here 115.65

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

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

This is addressed in 01-PCI-79C. See comments above for 115.64.

Standard number here 115.66

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

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

No new contracts or renewed contract with collective bargaining units has occurred.

Standard number here 115.67

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

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

This is addressed in 79-ISA-02. The facility investigators are responsible for monitoring retaliation. A system was in place to ensure this. The investigator indicates he uses a variety of methods to ensure retaliation is not occurring.

**Standard
number here** 115.68

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

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

79-ISA-04 addresses this requirement.

**Standard
number here** 115.71

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

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

This is addressed in 79-ISA-02. As noted, there is an MOU in place with the Ohio State Highway Patrol regarding their involvement with investigations that meets the requirements of this standard. A review of the completed investigations and an interview with the OSHP investigator revealed compliance with the requirements of this standard. The current retention record meets the requirements of this standard.

**Standard
number here** 115.72

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

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

This is addressed in 79-ISA-02.

Standard number here 115.73

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

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

This is addressed in 79-ISA-02. Documentation was provided to demonstrate compliance with this standard. However, no allegations regarding a staff person have been made since the implementation of PREA at this facility.

Standard number here 115.76

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

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

This is addressed in 31-SEM-02 and 79-ISA-01.No staff have been disciplined for sexual abuse or sexual harassment.

Standard number here 115.77

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

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

This is addressed in 79-ISA-01 and 71-SOC-01. There have been no allegations made against contractor and volunteers.

Standard number here 115.78

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

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

This is addressed in 79-ISA-02, 56-DSC-01, 5120-9-06, 5120-9-08. Compliance is supported by interviews with staff (investigator) and an inmate charges with sexual assault on staff.

Standard number here 115.81

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

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

Addressed in 79-ISA-04, 79-ISA-02 and 67-MNH-02. It is also noted in the inmate handbook. Documentation has been provided to show compliance with this standard (mental health referral made but declined by inmate).

Standard number here 115.82

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

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

Addressed in 79-ISA-02, 67-MNH-09 Protocol B11. Documentation was provided that demonstrated timely access to emergency medical treatment at not cost. Other criteria in the standard were not applicable to the incident.

Standard number here 115.83

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

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

Addressed in 79-ISA-02, 67-MNH-02, 67-MNH-04, 67-MNH-15 and MED B 11.

Standard number here 115.86

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

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

Addressed in 79-ISA-03. Committee reports were reviewed.

Standard number here 115.87

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

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

Addressed in 79-ISA-01, and the Annual Report.

Standard number here 115.88

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

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

Addressed in 79-ISA-01. Data reviewed.

Standard number here 115.89

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

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

Addressed in 79-ISA-01 and retention schedule. No personal identifiers were used.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

Amy Fairbanks _____
Date 6/4/2014


Auditor Signature