

PREA AUDIT REPORT Interim Final

COMMUNITY CONFINEMENT FACILITIES

Date of report: 12-4-2015

Auditor Information			
Auditor name: Pam Sonnen			
Address: 4 Fitchs Point Road, Garden Valley ID. 83622			
Email: psonnen@msn.com			
Telephone number: 208-462-2289			
Date of facility visit: 10-12-2015			
Facility Information			
Facility name: Carver Transitional Center			
Facility physical address: 44 S.May Oklahoma City, OK. 73108			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 405-232-8233			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Community-based confinement facility	
	<input checked="" type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center	<input type="checkbox"/> Other	
Name of facility's Chief Executive Officer: Elizabeth Stewart			
Number of staff assigned to the facility in the last 12 months: 51			
Designed facility capacity: 556			
Current population of facility: 303			
Facility security levels/inmate custody levels: Minimum			
Age range of the population: 18-72			
Name of PREA Compliance Manager: Linda Craig		Title: PREA/ACA Coordinator	
Email address: lcraig@avcor.net		Telephone number: 405-232-8233	
Agency Information			
Name of agency: Avalon Correctional Services			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 13401 Railway Drive, Oklahoma City OK. 73114			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 405-752-8802			
Agency Chief Executive Officer			
Name: Don Smith		Title: CEO	
Email address: dsmith@avcor.net		Telephone number: 405-752-8802	
Agency-Wide PREA Coordinator			
Name: Heather Herndon		Title: Director of Compliance and PREA	
Email address: hherndon@avcor.net		Telephone number: 405-514-8743	

AUDIT FINDINGS

NARRATIVE

I arrived at the facility on Oct. 13th 2015. I spent approx 10 hours touring, interviewing and reviewing paper and electronic files. When arriving at the control center I was required to read and sign a form that explains that sexual abuse or harassment is not allowed. Staff were friendly and open to answering any questions. While touring I discovered that signs were posted by the phones indicating that residents may call a 1-800 number to report any sexual abuse or harassment complaints. This number was a national hotline. The other number was a phone number to the Oklahoma Department of Correction hotline that required 50 cents to make the call. I instructed them to get that fixed so there was no charge. They began to work on that while I was at the facility. The Assistant Administrator led the tour. She was very knowledgeable and residents knew who she was and it appeared she spends a lot of time walking around the facility. The facility was clean and well organized. I recommend as funds become available that windows be installed in doors and that more cameras be installed to strengthen the areas that are more vulnerable to locations where sexual abuse may take place. The residents I spoke with all stated they knew about the Zero Tolerance Policy and had been trained at the facility and at the previous facility they were housed. I determined through my interviews that the Oklahoma Department of Correction does a good job training on the PREA requirements. Carver provides the orientation within the first 3 days, most of the time immediately upon arrival. I interviewed 24 residents two of them were females. They were the only females housed at the facility. Three male offenders did previously report sexual harassment at a prior facility and were satisfied with the outcome. The Vice President and the company Prea Coordinator was on site during the audit. The company wide PREA Coordinator has been very helpful. She has done a terrific job in providing the information for all the Avalon audits. I also met with the CEO of Avalon and the Vice President of Compliance ACA/PREA. We discussed some issues that came up during this audit. They were both very cooperative and were more than willing to fix any issues. I could tell by the meeting that they were dedicated and wanted the success of all of their facilities. Its nice to see leadership that's invested in the success of the residents and the safety of all the residents and staff. I had a conference call with the President of the company along with the facility staff and the company wide PREA coordinator to lay out a plan for this facility to come into compliance.

There were two areas that did not meet compliance one of the areas was First Responder Duties. The client monitors that were interviewed were unsure about the duties of a first responder they would just call a supervisor. Then while interviewing the supervisors they would also just call a supervisor. It appears that decision making is done by the Administrator and Assistant Administrator. Both of these individuals were very knowledgeable about the requirements of first responders. They are not on site during swings, graveyards or weekends so it is imperative that the first responders have the same level of knowledge to be able to take immediate action. It is required by the standard that first responders must understand their duties. By having to call the administrator in it could seriously effect the outcome of any investigation. The action plan is for all first responders to be trained in the duties and requirements. This plan should include a signed training roster and a test to insure an understanding and knowledge of the requirements. All of those documents will be sent to me and I will do phone interviews with random staff to insure compliance. The first responders have all been retrained on their duties. I reviewed the training records and made a random call to the facility and interviewed a first responder.

The other area of non compliance was the PREA Assessments. The Lt. of the shift does all initial assessments on incoming residents. They do this on a secure management system that is computerized. That computer does not have a signature pad so there is no way to determine who did the assessment. All residents stated they were assessed, but all of them stated they were never reassessed. The shift Lt. stated they put offenders in any open bed. They did not understand the purpose of the assessment and did not notify anyone if a resident is either low or high risk. While interviewing the case managers they stated they did the re-assessments but didn't do anything with the information. I believe they just ask the offender if they are ok and the offenders do not realize they are being reassessed. This practice is not done on at any other Avalon facility that has been successfully audited. This practice violates their own policy. This practice was not known by the leadership of Avalon because you could not tell the LT's were conducting the audits by the computerized reports. The action plan is to make a company wide decision and standardize who does the assessments and reassessments. Then train all those staff on the requirements and purpose of the assessments. All those signed training sheets will be sent to me. The company PREA Coordinator will audit the process and report to me the findings and I will follow up with random calls to case managers to insure compliance. When all this is completed I will provide a final report with my findings. All case managers are now assigned to conduct the Risk Assessments. I reviewed all training documents and called and spoke to a case manager who was very knowledgeable and understood the process.

Other than the two areas out of compliance all other areas were in compliance. After meeting with the Administrator, Vice President, CEO and the conference call with the President I have no doubt that these areas will be addressed. As of December 1, 2015 all first responders have been retrained in their duties. All have passed a written test. Also all case managers were trained in conducting risk assessments. I conducted telephone interviews with a case manager and a resident monitor to verify this information and they both answered all the questions. These were random calls without prior knowledge. The facility is now following policy and I am sure with the changes made they will be better prepared for any possible prea incidents.

DESCRIPTION OF FACILITY CHARACTERISTICS

The facility has a capacity of 494 offenders. One side of the facility is housing for females, federal offenders and self pay offenders. At the time of the audit there were 7 males and 2 females housed on that side of the facility. The other side of the facility had 10 dorms with 294 residents currently housed. Most of the offenders are out working in the community. I interviewed the treatment Director who provides treatment in substance abuse, transition and substance abuse. The facility was clean and quiet as all offenders who do not have a job must be in the outside rec area. All rooms and dayrooms are closed during the day. I did not see much interaction between residents and staff other than signing in and out of the facility and taking counts. This practice is not done at any other Avalon facility that I have audited. I asked the assistant administrator what happens in the winter and she states they still have to go outside. While talking with the CEO he was surprised and was not made aware of this practice and indicated it would be stopped immediately. I believe he felt the same way I did that punishment is not a motivator for behavior change. This might explain why residents would all either report abuse or harassment via the phone or 3rd party. Two of the twenty four would tell the Assistant Administrator. All staff were friendly and open with me and all offenders were very open and a lot of them stated they have been trained on PREA so many times they were experts. I believe this exhibits the culture of Oklahoma has embraced the PREA requirements. The one area that the Oklahoma Corrections department could do better is the communications with the facility on any prea investigations that are completed.

SUMMARY OF AUDIT FINDINGS

I want to thank all the staff at the facility for their openness. The action plan is documented in the narrative. I will provide a final report when the issues are resolved. All action items are now completed and the facility now meets all the requirements for this audit.

Number of standards exceeded: 0

Number of standards met: 37

Number of standards not met: 0

Number of standards not applicable: 3

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

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The policy clearly states there will be a zero tolerance of sexual abuse and harassment perpetrated by staff or offenders. The facility will implement a sexual assault prevention program that includes prevention, detection, response, and prosecution/discipline of assailants. Prohibited behavior includes but is not limited to sexual intercourse, oral or anal sodomy. The presumptive disciplinary sanction for staff who have engaged in sexual abuse of an offender is termination. The policy contains a plan for preventions for sexual abuse. The facility has a PREA coordinator who has the time to fulfill all duties. All but one staff who were interviewed understood the zero tolerance policy. The facility insures anyone coming in reads and signs the prea acknowledgement. The prea coordinator states she does have the time to complete the required duties. She is fairly new in this job and would benefit from having meetings with the Company wide prea coordinator and the other facility coordinators. This would insure company wide standards.

Standard 115.212 Contracting with other entities for the confinement of residents

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

N/A

Standard 115.213 Supervision and monitoring

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a monthly prea meeting to discuss staffing and vulnerable areas in the facility. They have not had any issues in the last 12 months with following the staffing plan. When interviewing the Administrator and Assistant Administrator they understand the need for a staffing plan and take into consideration the building layout, video monitoring and vulnerable areas.

Standard 115.215 Limits to cross-gender viewing and searches

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility prohibits cross gender strip or patt searches except in exigent circumstances and it must be documented.

Standard 115.216 Residents with disabilities and residents who are limited English proficient

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The policy states the facility will provide information for those offenders with limited english and disabilities. The PREA brochures are printed in both english and Spanish. Case managers will help those offenders who are unable to read or are disabled, They do not use offender interpreters. All staff interviews substantiated that they do not use resident interpreters,

Standard 115.217 Hiring and promotion decisions

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility does have a form where new employees are questioned about past sexual abuse or harassment incidents in any prior PREA Audit Report

employment. This form includes a statement about their responsibilities to disclose any incident of sexual misconduct while employed. They conduct criminal background checks prior to employment and at least every five years while employed. I reviewed documentation in the staff files and all documentation was present. The turnover is very high and all documentation was present.

Standard 115.218 Upgrades to facilities and technologies

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The only additions are some additional cameras.

Standard 115.221 Evidence protocol and forensic medical examinations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility does not conduct criminal investigations. Those are conducted by the Oklahoma Department of Corrections and Law enforcement. The investigators for Oklahoma Corrections have all been trained in conducting PREA investigations. Offenders are taken to the local hospital for forensic exams and the facility has an MOU with YWCA for support services for the offenders at no cost. The facility will do a fact finding to determine if any abuse may have occurred and the prea coordinator has taken the training to conduct administrative investigations.

Standard 115.222 Policies to ensure referrals of allegations for investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The policy dictates that any allegation of sexual misconduct be referred to law enforcement and the Oklahoma Department of Correction who has trained investigators.

Standard 115.231 Employee training

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All staff are trained in pre-service training and then annually. The training includes the zero tolerance policy for sexual abuse and harassment. How to fulfill the responsibilities for prevention, detection, reporting, and responding. The right to be free from retaliation. The dynamics of sexual abuse and sexual harassment. The common reactions of sexual abuse and how to detect the signs. How to communicate with gender non conforming residents. How to comply with the laws. All staff state they gone through the training and the signed training sheets verifying attendance. They have been trained but need a follow up on first responder duties.

Standard 115.232 Volunteer and contractor training

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All volunteers and and contractors will receive the required PREA training during orientation.

Standard 115.233 Resident education

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility educates the residents during intake on the zero tolerance policy. The training includes how to report, their right to be free from sexual abuse or harassment, and how the facility responds to any incidents. The facility will provide refresher information whenever a resident is transferred from a different facility. The training will be provided in formats accessible to all clients, including those are deaf, visually impaired, or otherwise disabled and those clients who cannot read or who don't speak english. All residents stated they were trained and all documents verified this training.

Standard 115.234 Specialized training: Investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All investigations are referred to the Oklahoma Department of Correction and law enforcement. The Office of the Inspector General submitted a document certifying all investigators have received specialized training. The pre coordinator is trained in conducting administrative investigations.

Standard 115.235 Specialized training: Medical and mental health care

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

N/A All Medical and Mental health care is performed by the local community and the hospital.

Standard 115.241 Screening for risk of victimization and abusiveness

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific

corrective actions taken by the facility.

Policy states all clients will be assessed during the intake screening and upon their transfer to another facility for their risk of being sexual abused by other clients or sexually abusive toward other Clients. The screening will take place during Intake and within 72 hours of arrival at the facility. Within a set time period not to exceed 30 days from the Client's arrival at the facility, the facility will reassess the Client's risk of victimization or abusiveness is based upon any additional relevant information received by the facility since the intake screening. A Client's risk level will be reassessed when warranted due to a referral, request, or incident of sexual victimization or abusiveness. Clients may not be disciplined for not disclosing complete information in response to questions asked during the intake process. All offenders are assessed upon arrival by the shift LT. This practice is not done at any other Avalon facility. Carver has a different practice for conducting assessments from all other Avalon locations that have been successfully audited. It is my opinion that the administrator should adopt the prea practices that work well at the other Avalon locations and follow the company policies and not create their own practice that will not meet the standards. No offender stated they had been reassessed. This area does not come into compliance because of the lack of training on the pupose of the assessments and the follow up required on the use of the assessment for housing, jobs and treatment. This practice must be changed, staff need to be trained in conducting assessments and the purpose and requirements of the assessments. This is clearly stated in the policy but the administrator made the decision to change practices. I have outlined the plan in the narrative. On December 1, 2015 I conducted a phone interview with a Case Manager who states that she does most of the risk assessments. She verified that all case managers were trained in conducting risk assessments and she has done some follow up training on her own time. She states at this time she is doing most of the assessments. She understood her responsibilities and answered all of the questions with correct responses. She is very knowledgeable in understanding human behavior and has a degree. She stated that the change in practice of having the case managers do assessments and re-assessments is working well and she sees a positive result from the residents.

Standard 115.242 Use of screening information

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy states the facility will use the results from the PREA Screening Assessment to inform housing, bed, work, education, and program assignments with the goal of keeping separate those Clients at high risk of being sexually victimized from those at high risk of being sexually abusive. Currently the information from the assessment is not being used for housing, jobs and treatment. No staff that I interviewed understood the purpose of the assessments. All staff need to be trained and policy followed. I conducted a phone interview with one of the case managers who state they now use the screening information for placement in housing which was not being done in the past. She has had one potential abuser and she insures he was housed in an area of no potential victims.

Standard 115.251 Resident reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility provides multiple ways for residents to report sexual abuse and harassment. Staff shall except reports verbally, in writing, anonymously, and from third parties. Staff are given training on these practices. All staff are trained in this area. During the interviews staff stated the different ways the offenders could report abuse or harassment. Almost all of the offenders interviewed would use the 1-800 number. I believe through the interviews and my observations that the Administrator does not have an open communication style and has not established a relationship with offenders. I have not observed this at any other Avalon facility. All other facility heads have an open door policy and offenders felt comfortable reporting issues to the staff and leadership of those facilities. I don't believe the culture lends a feeling of trust for the residents.

Standard 115.252 Exhaustion of administrative remedies

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Avalon will not impose a time limit on when a Client may submit a grievance regarding an allegation of sexual abuse. A Client who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint; Those grievances will not be referred to the staff who was the subject of the grievance. The facility will a final decision within 90 days. The facility does allow for emergency grievances if the resident is in imminent risk. They have had no grievances filed in the last 12 months on this issue.

Standard 115.253 Resident access to outside confidential support services

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

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The facility has an MOU with YWCA for support services. They post posters throughout the facility explaining the services that are provided and how to contact those services. The residents interviewed were aware of the after care that would be provided if any abuse

occurred at the facility or a prior facility.

Standard 115.254 Third-party reporting

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility allows for 3rd party reporting. They may report directly to the facility head. They can call the 1-800 number posted throughout the facility. All offenders were aware they could have a friend or family report any abuse.

Standard 115.261 Staff and agency reporting duties

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All staff are required to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility, whether or not it is part of the agency; retaliation against Clients or staff who reports such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All staff interviewed were aware they were to immediately report any knowledge of sexual abuse or harassment.

Standard 115.262 Agency protection duties

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

If a staff member receives any information that a resident is imminent danger or abuse they are to take immediate action to separate the offender and notify a supervisor. All staff interviewed understood the policy on reporting.

Standard 115.263 Reporting to other confinement facilities

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility head is required to notify any agency upon learning of a sexual assault. The facility head stated she understood that she is to immediately notify a prior facility if she learns an incident took place.

Standard 115.264 Staff first responder duties

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The policy states if staff become aware of a sexual abuse incident they are to immediately separate the alleged victim and abuser, preserve the crime scene, call law enforcement and the facility head. All first responder staff interviewed were unsure of the duties. The action plan is listed in the narrative. Shift supervisors need to be able to respond to any emergency without having to call the facility head into the facility prior to taking action. Through interviews and my observation it did not appear the administrator walked through the facility and communicate with staff on a regular basis. The administrator and assistant administrator are not on the swing or graveyard shift, so it is imperative that first responder staff have the same level of knowledge as the administrators. The supervisors were new and just need training and some confidence and this could be accomplished with training and emergency drills. On December 1, 2015 I reviewed all training records and tests for first responders. I made a random call and interviewed a first responder and she understood her duties as a first responder.

Standard 115.265 Coordinated response

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility head insures a coordinated response to insure that all reports are treated seriously and reported to the Vice President of Operations and appropriate governmental authorities. They insure the victim is immediately protected and transferred to a medical facility. They work with Law enforcement, the local hospital, the YWCA and the Oklahoma Department of Correction to insure all procedures are followed. The Oklahoma Department of Corrections requires the victim and abuser be transferred to an Oklahoma Department of Corrections facilities so an investigation can be completed.

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

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

N/A

Standard 115.267 Agency protection against retaliation

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility head ensures any offender or staff reporting allegations of sexual abuse or sexual harassment or cooperate in an investigation involving such allegations are protected from retaliation by other offenders or staff. The facility head has designated herself to monitor retaliation and take appropriate action. During the interview the facility head stated she will meet with the offender or staff to ensure there is no retaliation.

Standard 115.271 Criminal and administrative agency investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility does not do criminal investigations. The investigations are conducted by Law enforcement and the Oklahoma Department of Correction. The facility does do administrative investigation and the prea coordinator is trained.

Standard 115.272 Evidentiary standard for administrative investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The standard is a preponderance of evidence to take administrative action.

Standard 115.273 Reporting to residents

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility head will report the findings of any investigation and they will tell the resident: The staff member is no longer posted within the Client's unit; The staff member is no longer employed at the facility; The facility learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or The facility learns that the staff member has been convicted on a charge related to sexual abuse within the facility. There was one incident and it was proven that there was not any abuse. The staff was terminated for patting the offender on the shoulder.

Standard 115.276 Disciplinary sanctions for staff

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Staff who violate the zero tolerance policy will be disciplined and the sanctions are up to and including termination.

Standard 115.277 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

If contractors are found to have violated the zero tolerance policy they will no longer be allowed any contact with residents.

Standard 115.278 Disciplinary sanctions for residents

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Residents who knowingly make false claims will be disciplined according to the policy guidelines.

Standard 115.282 Access to emergency medical and mental health services

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility has a mou with WYCA for medical and mental health services. If an incident occurs the facility calls and are instructed what hospital has safe/sane nurses on duty. They are provided all information on pregnancy related treatment and sexually transmitted infections.

Standard 115.283 Ongoing medical and mental health care for sexual abuse victims and abusers

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The mou with WYMCA provides all on going treatment for after care.

Standard 115.286 Sexual abuse incident reviews

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility does conduct incident reviews and they consider staffing, location, camera locations and all other information obtained.

Standard 115.287 Data collection

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific

corrective actions taken by the facility.

The facility will aggregate the incident-based sexual abuse data annually.

The facilities send their data to central office and then place a summary of the data on their website and keep the data at central office. They review the data and make changes to their policy, procedure, or personnel as needed.

Standard 115.288 Data review for corrective action

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency reviews all the data yearly and makes changes to policies, staffing or building modifications necessary to reduce sexual abuse. The review all reports, problem areas and prepare an annual report.

Standard 115.289 Data storage, publication, and destruction

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All data is sent to their head quarters to be stored and posted as directed by the standards. The collected data is posted their website. All personal identifiers will be removed.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under

review, and

- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Pam Sonnen

12-4-2015

Auditor Signature

Date