

**PREA AUDIT REPORT Interim Final
COMMUNITY CONFINEMENT FACILITIES**

Date of report: 10-29-2015

Auditor Information			
Auditor name: Pam Sonnen			
Address: 4 Fitchs Point Road			
Email: psonnen@msn.com			
Telephone number: 208-462-2289			
Date of facility visit: 10-14-2015			
Facility Information			
Facility name: Turley Residential Center			
Facility physical address: 6101 N. Martin Luther King Jr. Blvd. Tulsa Ok.			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 918-425-0275			
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: Alice Gregory			
Number of staff assigned to the facility in the last 12 months: 33			
Designed facility capacity: 289			
Current population of facility: 176			
Facility security levels/inmate custody levels: minimum			
Age range of the population: 20-60			
Name of PREA Compliance Manager: Joesephine Verner		Title: PREA Coordinator	
Email address: jverner@avcor.net		Telephone number: 918-425-0275	
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

When I arrived at the facility I was asked to read and sign that I understood the zero tolerance of sexual abuse or harassment policy. I spoke with the management team and explained the audit process. The administrator and her staff took me on a tour. The facility was clean and orderly. Signs were posted throughout the facility sighting the zero tolerance of sexual abuse and harassment policy and how to report an incident. I spoke with residents and staff during my tour and everyone I spoke to was very knowledgeable about prea and understood the the ways to report. Staff were all very friendly and open. I went into the control room and observed all of the cameras and the locations they recorded. There was a lot of interaction between staff and residents. I was at the facility about 10 hours and during that time I observed a steady stream of offenders go in and out of the administrators office. Serveral staff offices are adjacent to the dining hall and all doors were open for offenders to stop by if they had a need. I could tell the administrator and her staff have a very good relationship. They have 16 cameras but there are some areas that when funds become available they should add additional cameras. The PREA Coordinator does all the assessments and gives them to the case managers. The company is changing this practice to standardize the assessment process throughout all of the facilities. The PREA coordinator is fairly new in this position and needs some more training by the company PREA Coordinator. She has a basic understanding of her duties, but I think she would benefit from some mentorship. She did provide me with all the documentation needed for the audit. She does the resident training on PREA and they all respect and trust her and stated they would report an incident to her or the facility head. The facility head has been there 16 years and she is very open and easy to talk to about any issues. Through the interviews and my observations I could tell there is a very good culture and the facility head is doing a great job creating an atmosphere of openness and trust.. This facility was a pleasure to audit due to the openness of all the staff and residents. I interviewed 18 residents, 8 staff and 1 volunteer.I checked random resident and staff files.

DESCRIPTION OF FACILITY CHARACTERISTICS

The facility sits on 40 acres and has 2 buildings and a gym. It is a very beautiful property. The facility is designed for 289 females and they are waiting for another contract that will bring in more residents. Turley provides programs for job training, community college classes, a dog grooming program that will provide for certification upon completion of the training. Once a resident completes the business program the college will provide a laptop for the offender. They also provide anger management, substance abuse treatment, education, parenting classes, money management/budgeting and shopping. There is also a 100 hour transition program to assist residents in reintegrating into the community. The residents are very busy and all of them seem well adjusted. They also have a house that's on the property that is called the Turley House that is used for visiting for the women and their children and staff training.

SUMMARY OF AUDIT FINDINGS

The exceptional areas of this audit were do to the resident education and reporting of incidents. All other areas met standards. The facility has done a great job for their first PREA audit.

Number of standards exceeded: 3

Number of standards met: 34

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 is very clear on the zero tolerance policy. It outlines prohibited behaviors and what actions will be taken for a violation of any part of the requirements. It outlines how it will be implemented and the strategies to respond and prevent sexual harassment or abuse. They have designated a PREA coordinator who has the time and support to implement the processes. All staff and residents I spoke with during the tour and interviewed were aware of the policy and how to report an incident or complaint.

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)

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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)

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The facility has a staffing plan that reviews the number of staff needed, video monitoring and past PREA incidents. This plan is reviewed yearly or when the need arises. The facility has not violated the staffing plan in the last 12 months. The facility head reviews the staffing everyday to insure the proper staffing requirements are being met. They meet at least yearly and most often monthly to review prea requirements that includes staffing, video monitoring and building layout.

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)

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The facility does not allow cross gender searches except in exigent circumstances. They have not had any of those circumstances in the last 12 months. The policy requires residents to be able to shower and dress without the opposite gender viewing. The residents and staff interviews verified that they never do gross gender searches. All offenders said they feel very comfortable and male staff always announce themselves prior to entering their living area. Several female residents stated they have never felt so respected in any other facility that have been housed. I observed this in my tour that staff treated residents with a high degree of respect. The staff are good role models for the residents who may have had boundary issues with men.

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)

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Avalon will insure cliets with disabilities have an equal opportunity to understand and participate in in the agency's efforts to prevent and detect sexual harassment and abuse. The will also provide different methods of communication for those who are limited english proficient.

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)

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Avalon prohibits the hiring or promoting anyone who may have contact with residents who have engaged in sexual abuse in a prison, jail,

lockup., or an confinement facility. Been convicted, civilly or administratively adjudicated to have engaged in any sexual abuse or harassment. The facility conducts background checks upon hire and every 5 years thereafter or when needed. This includes volunteers and contractors. I reviewed staff files 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.

There have been no upgrades in the last 12 months.

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 has an mou with Tulsa County Sheriff’s office for investigating any allegations of sexual abuse. The facility also has an mou with Domestic Violence Interventions Services to provide support services and a mou with Hillcrest Medical Center for the collection of forensic evidence. The hospital has SANE nurses on staff. Services are provided at no cost to the resident. All staff who were interviewed understood the need to preserve evidence and isolate the crime scene until law enforcement arrives.

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.

All allegations of sexual abuse are referred to the Tulsa County Sheriff's Office. The facility referred 2 allegations in the last 12 months. Both allegations were unsubstantiated. The facility head has attempted to get the completed investigations. While I was there I told her to call the Oklahoma Department of Correction and tell them I needed the report for the audit. They did send the report. The Oklahoma Department of Correction needs to send the facility these reports so the facility can do a better review of the incident.

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 employees are trained on the zero tolerance of sexual abuse or harassment. They are trained on the police, how to fulfill their responsibilities on how to prevent, detection, reporting and response. All staff interviewed understood the prea requirements. They were all very knowledgeable on the first responder duties. They knew the ways to report abuse and they also knew the different ways residents can report. I received the training sheets verifying they received the training.

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 contractors are also trained in the zero tolerance policy.

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 is responsible for educating the Client population during the intake process, that Avalon does not condone or tolerate sexual assault/abuse or related prohibited conduct by staff or Clients. They will receive training on how to report any sexual abuse or harassment and what steps will be taken if an incident occurs. They will provide the information in different formats to insure those with disabilities or limited english speaking resident may understand the training. All residents were very well trained on prea. They know how to report and they would all report to staff. I looked at the resident files where the documentation was for 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.

The sheriffs department and the Oklahoma department of Correction conduct all investigations. Oklahoma has investigators trained in conducting investigations in a confinement setting. Several staff at the facility have taken the training for 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 Medical and Mental health treatment is provided by the community.

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.

The facility is using an objective tool for determining the risk for victimization and abusiveness. The policy outlines what is required and the time lines. No residents are disciplined for refusing to answer any of the questions. The current practice is for the prea coordinator to conduct the assessments which work ok because she is also the employment coordinator. But I believe it would be better for the case managers to do the initial assessment and Avalon is changing the policy to require this process be standardized across all of the facilities.

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.

The facility uses the screening information to determine housing, work and programing, They meet standards but could do a better job of communication of the low risk and high risk offenders with the other staff who need to know. This might get resolved if the case mangers take over this role. They continually meet with the offenders and have that relationship.

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 will provides multiple internal ways for Clients to privately report sexual abuse and sexual harassment, retaliation by other clients or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall prompt document any verbal reports. All staff and residents are well aware of how to report abuse or harassment. You could tell the facility has an excellent culture, because all offenders would report an incident to staff and most of them would go directly to the administrator. While interviewing one of the residents I could tell something had happened to her at another facility and I tried to get her to talk about it, but she would not disclose anything. I did recommend to her that she can and should call the hotline or talk with her case manager and all she would say is ok.

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.

The residents can file a grievance on a allegation of sexual misconduct. They may do so without going to the staff named in the grievance. The residents do not have to file a grievance they may report any way they choose. The policy sets forth the time lines required by the standard. There have been no grievances filed on this subject in the last 12 months.

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)

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 the Domestic Violence Interventions Services to provide support services. The hotline number is on posters and brochures throughout the 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)

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The facility will allow 3rd party reports from any source.

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.

The policy requires staff to immediately report any knowledge of sexual harassment or abuse. All staff interviewed understood the policy requirements for immediately reporting and knowledge or suspicion 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.

The policy requires the staff to take immediate action to protect the resident if the staff learns they are in imminent danger of being abused or harassed. All staff interviewed stated they would isolate the suspected victim and abuser and call for a supervisor.

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 facility upon receiving information that a possible sexual abuse or harassment may have occurred. They must do this within 72 hours.

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)

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 custody staff are first responders and upon learning of a sexual abuse the must:

1. Separate the alleged victim and abuser;
2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
3. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and
4. If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

All staff interviewed understood these requirements and looked at the card they carry and read off the list of duties.

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)

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The facility has a coordinated response with local law enforcement, the local hospital and the Oklahoma Department of Correction to provide a wrap around response to sexual abuse and harassment. The facility head will insure this response takes place.

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)

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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 policy states the facility assigns a staff to monitor and prevent retaliation. The facility head is in charge of ensuring that there is no retaliation. She stated does this through walking around , an open door policy and meeting with a staff or resident.

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)

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The facility conducts administrative investigations and law enforcement and the Oklahoma Department of Correction conducts the Criminal investigations. Several staff are trained in conducting administrative investigations.

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)

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recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility requires a preponderance of evidence in the finding of guilt in disciplinary actions of sexual assault or harassment.

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.

At the completion of all investigation the resident will be informed of the outcome and the following information.
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.
Most often the offender is moved to the Oklahoma Department of Correction for the investigation and they will notify the resident. If the resident is still at the facility then the facility head will make the notification.

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)

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Staff will be disciplined up to and including termination for violating the zero tolerance policy requirements.

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.

Contactors or volunteers will be blocked from entering the facility for any violations of the zero tolerance policy One staff was terminated for violating this policy.

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)

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Residents will be disciplined for any criminal act or unwanted sexual harassment.

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 provides emergency medical and mental health services, the facility has mou’s for both of these services. The resident will receive information on emergency contraception and sexually transmitted illnesses.

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 facility insures that victims of sexual abuse and harassment are given ongoing medical and mental health support services. The mou outlines those requirements.

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 conducts incident reviews on all investiagtions. I have reviewed those incident reviews and they meet the requiremnts of the standard.

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 collect accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions.

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

The incident-based data collected shall include, at a minimum:

- i. The data needed to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

The facility will maintain, review, and collect data as needed from all available incident-based documents, including:

- ii. Reports;
- iii. Investigation files; and
- iv. Sexual abuse incident reviews.

Avalon will obtain all incident-based and aggregated data from its facilities and, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30.

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.

Avalon will review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including:

- v. Identifying problem areas;
- vi. Taking corrective action on an ongoing basis; and
- vii. Preparing an annual report of its findings and corrective actions for each facility, as well as Avalon as a whole.

The report will include a comparison of the current year’s data and corrective actions with those from prior years and will provide an assessment of Avalon’s progress in addressing sexual abuse.

Avalon’s report will be approved by the President and made readily available to the public through its website.

Avalon may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

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.

Avalon will ensure that data collected is securely retained.

Avalon will make all aggregated sexual abuse data, from facilities under its direct control readily available to the public at least annually through its website.

Before making aggregated sexual abuse data publicly available, Avalon shall remove all personal identifiers.

Avalon will maintain sexual abuse data collected for at least ten (10) years after the date of the initial collection unless Federal, State, or local law requires otherwise.

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

10-29-2015

Auditor Signature

Date