

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

**Date of report:** 9-28-2015

<b>Auditor Information</b>			
<b>Auditor name:</b> Pam Sonnen			
<b>Address:</b> 4 Fitchs Point Road, Garden Valley ID 83622			
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<b>Telephone number:</b> 208-462-2289			
<b>Date of facility visit:</b> 9-15-2015			
<b>Facility Information</b>			
<b>Facility name:</b> Austin Residential Center			
<b>Facility physical address:</b> 3154 Hwy 71 E Del Valle, TX 78617			
<b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> 512-386-5300			
<b>The facility is:</b>	Federal	State	<input type="checkbox"/> County
	Military	Municipal	<input checked="" type="checkbox"/> Private for profit
	Private not for profit		
<b>Facility type:</b>	Community treatment center	<input type="checkbox"/> Community-based confinement facility	
	<input checked="" type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	Alcohol or drug rehabilitation center	<input type="checkbox"/> Other	
<b>Name of facility's Chief Executive Officer:</b> Tina Hendley			
<b>Number of staff assigned to the facility in the last 12 months:</b> 22			
<b>Designed facility capacity:</b> 96			
<b>Current population of facility:</b> 76			
<b>Facility security levels/inmate custody levels:</b> mininum			
<b>Age range of the population:</b> 19-82			
<b>Name of PREA Compliance Manager:</b> Judy Moss		<b>Title:</b> PREA Coordinator	
<b>Email address:</b> jmoss@avcor.net		<b>Telephone number:</b> 512-386-5300	
<b>Agency Information</b>			
<b>Name of agency:</b> Avalon Correctional Services			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> <a href="#">Click here to enter text.</a>			
<b>Physical address:</b> 13401 Railway Drive, Oklahoma City, OK 73114			
<b>Mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Telephone number:</b> 405-752-8802			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Don Smith		<b>Title:</b> CEO	
<b>Email address:</b> dsmith@avcor.net		<b>Telephone number:</b> 405-752-8802	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Heather Herndon		<b>Title:</b> Director of Compliance and PREA	
<b>Email address:</b> hherndon@avcor.net		<b>Telephone number:</b> 405-514-8743	

## **AUDIT FINDINGS**

### **NARRATIVE**

I arrived at the facility on Sept. 15<sup>th</sup> at 5pm. The officer in the control room had me read and sign the acknowledgement that I understood the zero tolerance policy on sexual abuse and harassment. I met with the management team and explained the process for the audit. The Director took me on a tour of the facility. We entered all areas of the facility including the four housing units and all storage rooms. I recommend that windows be put in several doors for better viewing. I observed the video monitoring and was very impressed with the system. They have 16 cameras 9 of those are external. They have plans to add several cameras. I spoke with several residents and staff during the tour. Everyone I encountered was polite and professional. The Director of the facility is very hands on and she has an open door policy for residents and staff. I observed several residents just walk into her office and ask questions. The facility was clean and well organized. The residents all knew about the PREA audit and understood the zero tolerance policy. They were friendly and engaging. Every unit had signs posted about PREA and the 1-800 number was posted by the phones. I interviewed 11 of the 86 residents which included both male and females. I interviewed 6 monitors and 6 other staff. Everyone I interviewed were able to answer the PREA questions. There has never been an incident at the facility and staff work together to insure compliance. During this audit I observed a very dedicated staff working very hard to help the residents be successful. The residents told me that it is the first incarceration that they felt like the staff truly cared and I could see that in the interaction. The PREA coordinator was prepared and had all of the information that I needed. She worked very hard and takes this position very seriously. Prior to the audit we communicated many times and she always gave me what I needed. I interviewed the Vice President responsible for the Texas Facilities and he was very knowledgeable on the PREA standards and has a lot of experience managing facilities. He goes to his facilities at least a couple of times a month. I was very impressed by the staff in Austin, Avalon should be very proud of the facility.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

The Austin Residential Reentry Center is a 96 bed facility which make up 71 males and 7 females. The facility houses federal pre-release residents. The services include employment and residence development. Once the resident completes their program plan they may become eligible for home confinement. The facility has home confinement officers who visit their homes and work place. The BOP resident will be released upon working full time, has obtained all treatment, programming and employment goals. The facility is new and has four living units and a small dining area. All food is delivered by another facility that's located across the parking lot. This facility has 22 staff 10 of which are client monitors. There is a new camera systems with placement throughout the inside and outside of the facility.

## **SUMMARY OF AUDIT FINDINGS**

This facility met all of the standards. In some areas they exceeded the standards. During the pre-audit I received all of the information needed to meet the policy requirements. During the tour I spoke with both staff and residents and they were able to tell me what PREA was and how to report an incident. I reviewed resident files and all documentation was present to prove compliance. I also reviewed staff files and I found the documentation needed to insure compliance. The facility sends residents to community providers for treatment, medical and mental health services. The staff were professional and friendly and were very helpful. This is a wonderful facility that works very hard to give the residents the tools for success. I want to thank everyone for a great experience.

Number of standards exceeded: 4

Number of standards met: 32

Number of standards not met: 0

Number of standards not applicable: 4

**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 that the agency has a zero tolerance policy towards sexual abuse and harassment of Clients or employees. The policy outlines how it will implement the facilities approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy outlines the prohibited behaviors. The facility will discipline any proven misconduct up to and including termination. The policy outlines the ways the agency will prevent, detect, and respond to sexual abuse or harassment. The facility has a PREA Coordinator that has the time to meet the standard. During the interviews staff and residents were very aware of PREA and zero tolerance policy. Signs were posted throughout the facility describing the policy and the methods for reporting.

**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)

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The facility has a staffing plan and reviews this plan at least yearly or as needed. They have client monitors 24 hours per day and 16 video cameras throughout the facility to assist staff in keeping residents safe. The staffing plan is excellent it outlines all information taken under consideration in determining the safest environment for residents and staff. I observed the staff and they utilize their staff appropriately.

**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 and agency does not allow cross-gender viewing and searches. There is always a male and female on duty. The staff have been trained in searches. During the interviews all staff stated they do not do cross gender searches and the residents verified this practices.

**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 facility will provide education in different formats for those who are limited in english, hearing or visually impaired, or disabled. A Spanish version of the training video will be offered. The facility does not use resident interpreters for non english speaking offenders. At the time of the tour there were no offenders who had disabilities or whom could not speak english.

**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, community confinement facility, juvenile facility, or other institution. Also if they have been civilly or administratively adjudicated to have engaged in the activity described. Background checks are conducted on all new hires and every 5 years thereafter. The same policy

is used for volunteers and contractors. I reviewed employment files and all documentation was present to insure compliance.

### **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)

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The only upgrades were the installations of additional cameras. They have added additional light poles and lights to address the residents and staff safety. They have also added the PREA authorized shower curtains.

### **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.**

All allegations of sexual abuse will be referred to Austin Police Department. Any non criminal allegation will be investigated by the facility. The facility has an MOU with Safe Place that provides for Safe/Sane nurses to conduct the forensic medical exams. There is no costs for this service. This same MOU provides for victim advocates. Staff are trained in evidence collection but would only do so if they could not preserve the scene prior to law enforcement arriving.

### **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.**

Policy clearly states that any allegation of sexual misconduct be immediately reported to law enforcement.  
PREA Audit Report

**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 the zero tolerance policy, how to prevent, detect and report. I reviewed all training sheets to insure compliance.

**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 or contractors receive training in the zero tolerance policy and sign they understand. They have currently trained 36 volunteers and or contractors.

**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.**

Residents are all given an orientation upon admission that includes information on PREA. The information is presented in a DVD on PREA, the handbook and victim services pamphlets. All residents interviewed stated they received the training the same day they arrived. I reviewed the files and all documentation was present. Case manager meet with offender weekly for the first 6 weeks and review prea and insure the residents is not having any issues.



**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 facility PREA coordinator took the training through the PREA site to conduct administrative investigations. All criminal investigations will be conducted by law enforcement.

**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

**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 has an objective screening instrument that is done within 72 hours of their arrival. The facility will reassess the clients within 30 days. Clints will not be disciplined for refusing to disclose any information. The facility will take precations to insure information is kept confidential. The facility prea coordinator does the risk assessment usually the first day of arrival and then reevaluates within the first 30 days. I reviewed files to insure compliance. The case managers see the residents weekly for the first 6 weeks then by weekly there after.

### 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 will use the information for housing, work, education and program assignments.

### 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.**

Policy states that residents can report verbally, in writing, anonymously, and from third parties and incidents related to sexual harassment or abuse. All residents interviewed stated to me the different ways they could report. All of them stated they would just tell staff.

### 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.**

Residents can file a grievance at any time on issues related to sexual harassment or abuse. There is no time limits on the filing of these types of grievances. These grievances do not go to the staff member named in the complaint. The facility will make a decision on the merits of the allegations within 90 days. The client will be notified of the decision. There have no complaints made to date.

### 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 an MOU with Safeplace for outside confidential services. They provide crisis intervention, prevention, education, long term support and advocacy services and programs designed to end sexual violence. The services are free and confidential. They provide support during forensic and physical exams.

### **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 will accept all 3<sup>rd</sup> party reports concerning sexual harassment and abuse. They can be reported via the 800 number, the facility head or PREA coordinator or any staff member or local law enforcement. Most of the offenders have their own cell phones and could just dial 911 whenever the need arises.

### **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 and knowledge, suspicion or information regarding and incident of sexual harassment or abuse, or any retaliation immediately. All staff interviewed stated they must report immediately.

### **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 facility will take immediate action to insure the safety of the victim. They will report all allegations to local law enforcement and governing authority.

**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 will notify any other facility of an alleged sexual abuse or harassment that may have taken place at that facility and notify local law enforcement.

**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)

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All security staff are considered first responders. Their responsibilities include separating the victim and abuser, preserve the crime scene, instruct the victim not to shower or do any bodily functions until law enforcement reaches the scene. All Client Monitors interviewed stated they were first responders and could tell me their responsibilities related to this standard. The staff also carry cards that outline first responder 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 that includes facility staff, law enforcement, the hospital and victim services. There duties are clearly outlined in the policy.

**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 monitors all allegations of retaliation. She will monitor at least every 90 days or as needed. They have had no incidents in the last 12 months.

**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.**

All investigations are conducted by local law enforcement or their governing agency. The agency conducts only administrative investigations. They have tried to get an MOU signed but as of this date it still has not been signed by the law enforcement agency.

#### **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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The facility contract outlines that a preponderance of evidence be used in administrative investigations.

#### **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)

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The resident will be informed that the alleged abuser has been convicted of a crime relating to sexual abuse. All notifications shall be documented. The facility will contact the investigative agency of the status of any investigation. They will keep the resident notified about the employment of the staff member or the whereabouts of another resident abuser.

#### **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.**

Any allegations of sexual misconduct will be reported to law enforcement. Staff will be subject to disciplinary sanctions 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.**

Any contractor or volunteer who engages in sexual misconduct will be prohibited from contact with clients and will be reported to law enforcement.

#### **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.**

Disciplinary action will be taken against residents who are found guilty as described in their contract and disciplinary guides.

#### **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.**

Clients will receive immediate medical and mental health services if they become a victim of sexual abuse. They will receive information on emergency contraception and sexually transmitted infections. All services are provided at no cost.

**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 Safe Place provides for all ongoing medical and mental health treatment. This includes information on all lawful pregnancy related services and sexually transmitted infections.

**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 will conduct a review of all sexual abuse incidents within 30 days. The review will look at policies, motivations by abuser, the physical layout of the area, staffing levels and video monitoring to determine if any changes need to occur. All actions will be documented.

**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

[Click here to enter text.](#)

Auditor Signature

Date