PREA AUDIT REPORT ☐ Interim ☒ Final

COMMUNITY CONFINEMENT FACILITIES

Date of report: 11-2-15

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: 10-15-2015			
Facility Information			
Facility name: Avalon Tulsa			
Facility physical address: 302 W. Archer, Tulsa Ok.			
Facility mailing address: *(if different from above)* Click here to enter text.			
Facility telephone number: 918-583-9445			
The facility is:	Federal	State	☐ County
	Military	Municipal	☒ Private for profit
	Private not for profit		
Facility type:	Community treatment center ☒ Halfway house Alcohol or drug rehabilitation center	☐ Community-based confinement facility ☐ Mental health facility ☐ Other	
Name of facility's Chief Executive Officer: Mike Moriarity			
Number of staff assigned to the facility in the last 12 months: 46			
Designed facility capacity: 325			
Current population of facility: 300			
Facility security levels/inmate custody levels: Community			
Age range of the population: 20-68			
Name of PREA Compliance Manager: Tracy Roles		**Title:** Asst. Administrator	
Email address: troles@avcor.net		**Telephone number:** 918-583-9445	
Agency Information			
Name of agency: Avalon Correctional Services			
Governing authority or parent agency: *(if applicable)* Click here to enter text.			
Physical address: 13401 Railway Drive, Oklahoma City, OK			
Mailing address: *(if different from above)* 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 Contract Compliance and PREA	
Email address: hherndon@avcor.net		**Telephone number:** 405-514-8743	

AUDIT FINDINGS

NARRATIVE

When I arrived I met with the administrative staff and discussed the audit process. I then went on the tour of the facility. The facility was clean and many of the residents were off working or looking for work. I went into every area and checked all rooms, closets, food service and office areas. I spoke to residents and staff throughout the tour and asked them about prea and if they knew what it was and how to report. All staff and residents were very aware of prea and talked about the training they received. Several doors needed windows installed and I would recommend when funds become available that this be accomplished. There was good interaction between residents and staff. There were posters throughout the facility that stated the zero tolerance for sexual abuse or sexual harassment. The posters also gave the ways to report and the 1-800 number to call. The phones all had signs posted with the 1-800 number of the national hotline. I asked them to post the number for the Domestic Violence Interventions Services that they had an mou with and they did so right away. One of the numbers charged the resident 50 cents for the call. I asked them to get that changed so it was a free call, and the facility head fixed that within a few hours. Every staff I encountered were friendly and answered all questions asked and were aware of their responsibilities related to prea. The management team at the facility were all professional and very knowledgeable about facility management and also PREA. I observed an excellent team who all had a great relationship. The facility head was fairly new to that facility, but had several years of experience with the Avalon Company and State Corrections. Through my interviews staff indicated they really liked and respected the facility head. The Assistant Administrator was a prior homicide detective with a lot knowledge in human behavior and was very professional and is respected by the staff. Through my tour, interviews and my observations I observed a good culture and this was further verified by almost all residents were confortable reporting a PREA incident to staff with most of them stating they would report to the Assistant Administrator. Due to their preparation and organization I was able to complete the onsite audit in 8 hours. This size facility would normally take about 12 hours. I interviewed 29 residents and 10 staff. I interviewed client monitors from all shifts.

DESCRIPTION OF FACILITY CHARACTERISTICS

Avalon Correcttional Center is a 390 bed halfway house located in downtown Tulsa. The facility has 18 dorms. They provide employment readiness and placement services, life skills and onsite computer lab, and job kiosk. They also provide AA/NA classes, substance abuse classes, money management, and budgeting, and family reunification. The facility was clean and orderly. The facility has food service on site with a very large dining room. Residents go out in the community to work everyday. The facility will also provide an 100 hour transitional program for those residents needing additional preparation for the community. The facility is all male residents.

SUMMARY OF AUDIT FINDINGS

The Avalon Tulsa facility met or exceeded all standards. They have an excellent training program that staff retain the information. I onberved a great working relationship between staff. The residents and staff appear to have a respectful relationship. The residents seem to trust staff to do the right thing if they need to report abuse.

Number of standards exceeded: 5

Number of standards met: 32

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 company has an excellent policy on zero tolerance of sexual abuse and sexual harassment. The policy describes how it will be implemented and how to prevent, detect, and respond to sexual abuse. The policy clearly outlines prohibited behavior, and sanctions for those who violate. The facility has a staff who is responsible for the implementation and adherence to the policy. The PREA coordinator is the Asst. Administrator who states he has plenty of time to accomplish these duties and by my experience working with him he does a great job of insuring all staff are trained and know their responsilities. This was demonstrated through my tour and interviews.

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 addresses the adequate levels of staff and video monitoring to insure the safety of residents and staff. The facility documents the times it does not meet the staffing plan. The facility has not had a time when the staffing plan was not met. The staffing plan is reviewed at least annually or as needed.

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 exigent circumstances and those times it would be documented. All residents interviewed stated that female staff never search them and have never seen any of them not fully dressed

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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The facility provides PREA training for those who are limited english speaking. They also provide for those residents who may have disabilities or who unable to read. The policy prohibits the use of resident interpreters for any PREA related issues. All staff interviewed stated they never 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)

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Avalon policy prohibits the hiring or promoting of anyone who has engaged in sexual abuse or sexual harrassment in any lockup facility if they have been civilly or administratively adjudicated. Criminal backgrounds are conducted pror to employment and at least every 5 years thereafter or when needed. Staff must agree to report any future violations and any omission will result in termination. I reviewed files with the admisitratice assistant and she has excellent record of all staff hires and backgrounds. She had an excellent system and all documentation

was present. All staff hired signed the duty to disclose form.

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 have upgraded flooring, added a wall to decrease to flow of contraband, new televisions, a window in cental control, PREA shower curtains and cameras. They have also added additional fencing and lighting.

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 Tulsa PD will collect evidence and the Hillcrest Hospital will provide Sane/Safe nurses. All staff interviewed understood their duties fpr crime sceen protection. The assistant administrator was a prior homicide detective and it appears he has trained his staff.

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 requires all allegations be refered to law enforcement and the Oklahoma Department of Correction for conducting investigations. The assistant administrator does all administrative investigations and I read the nine he conducted in the last 12 months. They were well written and all proved unsubstantiated.

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 in PREA. This training contains information on the zero tolerance policy, how to fulfill their responsibilities in prevention, detestion, reporting and response. Training also includes information on the residents and staff right to be free from sexual abuse or harassment, the dynamics and reactions of exual abuse. Also how to comply with the laws of their state. All training files were revewed to verify training. All staff interviewed stated they had received the training. During the interviews the staff were very knowledgeable about prea.

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.

Volunteers and contractors are given the same training as described in the staff training. Everyone entering the facility is also shown the zero tolerance policy and they must sign a form.

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 interviewed had received training and I verified this by reviewing resident files. All those interviewed understood what prea was and had received training at all prior facilities. There are posters throughout the facility on PREA and the hotline number to call in case of any abuse.

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 Oklahoma Department of Corrections investigators have all been trained in conducting investigations in a correctional setting. The PREA Coordinator is trained to conduct investigations but only does the 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 in 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.

All residents will be screened using an objective tool to determine risk for victimization or abusiveness. The policy dictates this process be completed within 72 hours of arrival. They will be reassess the resident after the first 30 days and anytime new information is received. The policy does not require the resident answer any questions and will not discipline offenders from refusing to answer. All resident were assessed during intake by the case managers and the Administrator of Programs.

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 information received from the screening tool will be used to determine housing, work and program assignments. The facility will make housing assignments on a case by case basis for transgender or intersex residents. This was verified through my interview with the Administrator of Programs. They will set up a separate dorm to house high risk residents who my be vulnerable for abuse if the need arisis.

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 has multiple ways for residents to report sexual abuse or harassment. The may do so in person to any staff person, in writing, calling the 1-800 hotline number and 3rd party reporting. Staff will accept all reports no matter how they received the information. All staff and residents are informed of these methods during orientation and training. There are also signs posted throughout the facility describing these methods. Almost all residents would notify the Assistant Administrator if they needed to report. During the interview some residents stated that had observed sexual harassment but not abuse in their prior incarcerations.

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.

a. Avalon will not impose a time limit on when a Client may submit a grievance regarding an allegation of sexual abuse.
    i. Avalon may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse.
    ii. Avalon will not require a Client to use any informal grievance process, or to otherwise attempt to resolve with staff an incident of sexual abuse.
    iii. Nothing in this section will restrict Avalon's ability to defend against a lawsuit filed by a Client on the ground that the applicable statute of limitations has expired.
b. Avalon will ensure that:
    i. A Client who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint; and
c. Such grievance is not referred to a staff member who is the subject of the complaint. Avalon will issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance.
    i. Computation of the 90-day time period shall not include time consumed by Clients in preparing any administrative appeal.
    ii. Avalon may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the Client in writing of any such extension and provide a date by which a decision will be made.

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 Domestic Violence Interventions Services to provide access to out victim advocates for victim support services.

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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All staff are aware of the policy that they are to reseive 3rd party reports. Signs posted throughout the facility describe how to report any sexual abuse or sexual harassment. All staff and residents interviewed and talked to on the tour understood that anyone could report an incident.

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 all staff to report immediately any report of of sexual abuse, or harassment. All information will be kept confidential except to those who need to know to conduct investigations. All staff interviewed understood their responsibility 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.

The facility will take immediate action if information is received of a imminent threat of sexual abuse. All staff interviewed would isolate and separate any possible victim from a potential abuser. They would then report to a supervisor who would report it to the duty officer for a possible transfer of the abuser.

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 will immediately notify another facility if its discovered that a sexual abuse or harassment occurred at that facility. The facility head stated he would immediately report the information to the facility identified.

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.

All custody staff are considered first responders the duties are to separate the alledged abuser from victims, preserve the crime scene, and insure the victim does not do anything that might compromise the evidence and call law enforcement. All custody staff who were inteviwed identified all the steps in the first responder duties.This is some of the best trained staff that I have interviewed.

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 staff coordinate all actions using local law enforcement, victim services, the local hospital and the Oklahoma Department of Correction and Avalon head quarters. The Administrator would be the point of contact for all agencies to work together to insure a successful investigation. He would also insure the resident received all the treatment that is needed and requested.

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 stated he will insure along with his administrative staff that no one is retailiated against for reporting or cooperating in a sexual abuse or harassment investigation. He would meet often with the witness or victim to insure they were being treated fairly.

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 will conduct a preliminary administrative investigation to gather facts and evidence to make a determination if there was a possible criminal act. If it is determined there was it is immediately turned over to law enforcement and the Oklahoma Department of Correction. I reviewed the 9 reported incidents and the Assistant Administrator did an excellent job of fact finding to reach a determination. He conducted interviews and looked at video footage to determine his findings. None of the allegations were reported by a victim of abuse. The were all from other residents who did not see any sexual act but thought something was happening.

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 evidence required for an admistrative investigation to determine quilt is a preponderance of evidence.

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.

After the completion of an investigation the offender will be notified of the following information:

If t he staff member is no longer posted within the Client's unit;
If the staff member is no longer employed at the facility;
When the facility learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
When the facility learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The facility has had no substantiated incidents in the last 12 months.

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 are subject to disciplinary action up to and including termination for a finding of guilty for sexual harassment or abuse. There have been no discipline taken against staff for sexual abuse or harassment in the last 12 months.

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.

All contractors and volunteers will be restricted from the facility and refered to law enforcement when an allegation of sexual harassment or abuse occurs.

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 will be disciplined for any act of sexual harassment or abuse. Residents will only be disciplined if they knowingly make a false allegation against a staff or another resident.

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.

Residents are offered emergency medical and mental health services by the local hospital and a signed mou with Domestic Violence Services. The will be provided with all information on sexually transmitted infections and pregnancy related options. There is no cost for these services.

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 offers ongoing treatment for residents. This will include pregnancy tests and mental health services. They have a signed mou with Domestic Violence Services to provide these services.

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.

Policy outlines the requirements for completeing incident reviews. They look at where the incident took place, presence or absent video footage, staffing and policys. All incident reviewes were conducted and 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 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:

iii. 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:

iv. Reports;
v. Investigation files; and
vi. 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:

vii. Identifying problem areas;
viii. Taking corrective action on an ongoing basis; and
ix. 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 _ 11-2-15

Auditor Signature Date