

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

Date of report: 9-07-2015

Auditor Information			
Auditor name: Pam Sonnen			
Address: 4 Fitchs Point road			
Email: psonnen@msn.com			
Telephone number: 208-462-2289			
Date of facility visit: 8-11-2015			
Facility Information			
Facility name: Cheyenne Transitional Center			
Facility physical address: 322 W. 17 th Street Cheyenne, WY 82001			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 307-632-9096			
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: Ladeana Ramirez			
Number of staff assigned to the facility in the last 12 months: 24			
Designed facility capacity: 122			
Current population of facility: 122			
Facility security levels/inmate custody levels: minimum			
Age range of the population: 18-72			
Name of PREA Compliance Manager: Jamie Goerner		Title: Case manager supervisor/ PREA coordinator	
Email address: jgoerner@avcor.net		Telephone number: 307-632-9096	
Agency Information			
Name of agency: Avalon Correctional Services, INC.			
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 contract compliance and PREA	
Email address: Click here to enter text.		Telephone number: 405-514-8743	

AUDIT FINDINGS

NARRATIVE

When I arrived at the facility the officer in the control room explained the PREA policy and my responsibilities while being inside the facility and I signed that I understood. He stated that this was the procedure for any visitor. I met with the administrative team and discussed the process for the facility audit. I then went on the tour with the Operations Manager he escorted me to every area of the facility. This center is co-ed and I spoke with several offenders and staff. Signs were posted in the living areas and front entrance detailing the process for making a complaint. Every offender I spoke to understood the PREA policy and knew how to make a complaint. On every offender phone there was a sign on how to make a confidential PREA complaint. I called the number and it directed me to leave a message and the report would be taken seriously and action would be taken. The center was clean and orderly. Offenders and Staff were very friendly and open. It appeared to me that there was good communication between staff and offenders. Prior to going to the facility I worked closely with the agency prea coordinator and the facility prea coordinator in getting all of the documents needed to conduct this audit. They both were very cooperative and I received all of the documents needed. There was one issue with the prea policy and it was fixed immediately. This is the first audit that I have done that the prea policy met all of the standards without a major re-write. Both of these staff should be commended for their work and attention to detail. The Facility Head and Operations were supportive and helpful during the process. I did a phone interview with the Vice President of Oklahoma and Wyoming. He visits the center often and staff know who he is and stated that staff can contact him directly if they want to make a complaint. The facility head reported that she speaks to him often and he is supportive and takes action when needed to address any issues. I interviewed 12 Staff and 10 offenders. At the time of this audit there were 23 staff and 122 offenders. Every staff I spoke with were professional and friendly. I want to thank all of the staff for making this audit a smooth and wonderful experience.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Facility is located downtown in the retail area of the city. It is a very old building and not well designed for housing offenders. It has three floors with the basement being a large area mostly used for storage and maintenance. The staff have done a great job of using this facility in the best possible way. They have restricted the areas that are most vulnerable for prea incidents and installed cameras in areas that could be vulnerable to incidents. They have submitted requests for more cameras. I have recommended adding windows to several doors to insure staff can see into the room more easily. This facility is a 122 bed co-ed facility they offer job placement preparation, case management and a variety of programs for substance abuse, anger management and life skills. The program contracts with the Wyoming Department of Corrections and the United States District Court Probation office.

SUMMARY OF AUDIT FINDINGS

The facility did a great job of preparing for this audit. The management team is very cooperative and helpful. The facility was clean and orderly. All training was completed and staff and offenders were aware of the policy and understood that should be free from sexual harassment and abuse. I could see through my tour and interviews that the facility took this policy very seriously and has been working very hard to comply. I want to thank everyone involved for their hard work and dedication.

Number of standards exceeded: 2

Number of standards met: 34

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 governing the zero tolerance for sexual abuse and sexual harassment outlined everything necessary to insure compliance. After reviewing the policy, interviewing staff and offenders everyone was well educated in the policy. Staff and offenders were trained and signed acknowledgement. Before any visitor enters the facility they are given a checklist to read on the zero tolerance policy and must sign they understand. Signs are posted through out the facility state the policy and methods for reporting. The policy outlines prohibited behaviors and sanctions. The facility has a prea coordinator who has the time to complete her duties.

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 does not contract with other facilities to house offenders

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 provides adequate staffing. They do have video monitoring and are requesting the money for additional cameras. Anytime the staffing plan is not complied with they call the operations manager and he or one of the other managers go into the facility.

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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There is no cross gender viewing. I interviewed 10 offenders who state they have never been witnessed by the opposite gender naked. Opposite gender staff announce themselves when entering the unit and prior to opening any door in the living area. All pat searches are conducted by the same gender for both male and female offenders. This facility has never had a transgender offender but if they do they have a policy that outlines the procedures for searching and showering. I asked staff what they would do if a female staff was not at the facility and they needed to search a female offender they all stated they would call someone in to do the search. All staff have been trained in conducting searches.

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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At the time of the audit there were no residents with disabilities. The policy outlines all procedures for the ability for them to participate in all aspects of the zero tolerance policy. They use the AT&T services for those offenders who need help if they are unable to read or understand english. As of this date they have not had any offenders who cannot understand english. They do not or will not utilize offender interpreters. While interviewing staff they were aware of this policy and knew they were to contact AT&T if they needed interpretive services.

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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corrective actions taken by the facility.

The Facilities prohibits the hiring or promoting of anyone who has ever engaged in any inappropriate sexual misconduct. All prospective hires sign a full disclosure statement. Backgrounds are conducted on all new hires. I reviewed staff files and all documentation of backgrounds, applications and disclosures were 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)

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The facility has installed many new cameras and want to install additional cameras when it is approved. There is a lot of blind areas to cover, my recommendation would be to place cameras in the basement area or have a key checkout system. This process would notify the control center who entered the area and for how long. They do have a camera on the door going in the basement but, at night staff have access for fire checks.

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)

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The facility does not have medical staff they utilize the local hospital and nurses that have all been trained in Sanes or Safes protocols. They have an MOU outlining these protocols. All investigations are conducted by local law enforcement with a followup investigations by the WY Department Of Corrections. The facility does have a MOU for victim services and postings around the facility identify the number and address. They have not had any sexual assault incidents at the facility in the 2 years. They have had one staff investigation that law enforcement determined was not criminal but administrative and that staff was terminated.

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)

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Any allegations of sexual misconduct is referred to law enforcement and the WY Department of Correction. The policy clearly outlines the procedures for contacting law enforcement. All referrals are documented and followed up with law enforcement.

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, their responsibilities for prevention, detection, reporting, and response. The right that residents and employees have the right to be free from abuse or harassment. The dynamics of sexual abuse, and how to detect the signs, respond and report and how to communicate with non conforming residents, and how to comply with laws. This was evident in the interviews the employee training files and the resident housing files. While conducting the interviews of employees and residents they all understood the training and responsibilities.

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 are trained and sign an acknowledgment. They also are reminded of this policy upon arrival at the facility and sign that they understand the policy. Volunteers are instructed on the methods of reporting any incident. There are also signs explaining the reporting procedures and the responsibilities.

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.

Within 48 hours of arrival the residents are given training on the zero tolerance policy. The training includes what is prohibited. How to report, their rights to be free from sexual harassment and abuse and policy for the prohibitions against retaliation. All residents sign a statement indicating they understand the policy. I reviewed resident files and the documentation was present in all random files selected. During the interviews all residents stated that they understood the policy and requirements.

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.

N/A The facility does not do investigations. All investigations are conducted by law enforcement and the WY Department of Corrections. I do recommend that a couple of staff get the training to familiarize themselves with the process.

Standard 115.235 Specialized training: Medical and mental health care

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

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

N/A all medical and mental health issues and referred out to the local hospital and private providers. They do have an MOU with the local hospital and victim services.

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 policy outlines the procedure for screening for risk of victimization and abusiveness. All offenders are screened within 48 hours of arrival. The tool is an objective instrument and follow up reviews are ongoing as long as the resident is at the facility. No one is disciplined for refusing to answer any of the questions. Upon reviewing the files all documentation was present. When I conducted the interviews with the residents they confirmed being asked those questions.

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)

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The facility uses the information from the screening tool to determine appropriate housing. The Case manager supervisor conducts the prescreening and also decides housing assignments. Offenders all work in the community and receive treatment programs from local providers. They do have rooms and bathrooms to accommodate transgender or intersex residents.

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)

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The policy, posters and training outline the procedures for reporting sexual harassment, sexual abuse and retaliation. Residents have to option of calling an outside source to report abuse. I called the number posted by the phones and it directed me to leave a detailed message and immediate action would be taken. All offenders interviewed stated they would report to staff if they or someone else was being abused.

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 policy is that residents may file a grievance or may by pass the grievance system when there is an incident of sexual harassment or abuse. There is no time limit on sexual abuse complaints. The policy states that the complaint does not go to the staff member involved. They have received no grievances in the last 12 months. The policy does outline the procedure and timelines for responding to the complaint. The policy permits accepting grievances from 3rd parties. The policy outlines all requirements as outlined in this standard. No offender will be disciplined for filing a grievance unless the grievance was filed in bad faith.

Standard 115.253 Resident access to outside confidential support services

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

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The facility has an MOU for victim services. Residents understand the the confidentiality agreements. The training includes information on access to treatment and what is not confidential.

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 agency provides information on how to report any allegation of sexual misconduct. This is outlined on the posters throughout the facility. Offenders are out in the public daily and have the opportunity to tell anyone that they are being abused.

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)

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The policy requires staff report immediately all information related to sexual misconduct claims if they occurred inside the facility or from a different facility. All staff interviewed were aware of the directive and understood that the information is confidential.

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.

All staff interviewed understood their duty to take immediate action if they get information on anyone in iminate danger. They stated they would remove the resident and move them to a safe and secure area until a supervisor could be located.

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)

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The facility head understands the requirement to immediately notify the facility in question when they receive information that an incident occurred. When interviewing the offenders they stated they were asked if they had ever been abused in any other facility. No claims were made in the last 12 months.

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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The policy clearly outlines the duties of first responders. The staff interviewed stated they are to separate the victim from the abuser, preserve the scene for law enforcement for the collection of evidence and insure the offenders do not destroy any evidence by washing or showering. There were no incidents in the last 12 months. All staff received training in these procedures. All security staff are considered 1st responders. All other staff are trained in preserving the area and call for back up.

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 has a coordinated response to coordinate the actions of staff, law enforcement medical and mental health to insure the proper procedures are followed.

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 there is no collective bargaining

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)

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The Facility head is responsible to insure that there is no retaliation against anyone who reports an allegation of sexual harassment or abuse. The facility head assigned the Assistant Operations Director to follow up with the staff member to insure he had not been retaliated against and he plans on continued monitoring. They have had only one incident 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)

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The facility has a policy describing the procedures for criminal and administrative investigations. All investigations are referred to the Wyoming Department of Correction and local law enforcement. At the time of this audit both agencies had not sent their reports but law enforcement verbally stated that they believed no crime had been committed. The employee was terminated for admitting to receiving contraband from the offender.

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 policy states that a preponderance of evidence is used to determine if allegations were or were not substantiated.

Standard 115.273 Reporting to residents

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

The facilities policy outlines the process for reporting to residents the outcome of the allegations of abuse. There was only one incident and the offender stated nothing had happened. The facility did follow up with him until he left the facility. The facility has requested the investigative reports from the Wyoming Department of Correction and law enforcement but as of this date have not received the reports. When this allegation was brought forward the staff was immediately placed on administrative leave and was later terminated. I reviewed all documentation that were available.

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 who have violated the zero tolerance policy are subject to disciplinary action up to and including termination. They have had no substantiated violations of this 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)

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The policy states that if any volunteer or contractor violates the zero tolerance policy will be referred to law enforcement and the Wyoming Department of Correction and appropriate action will be taken.

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.

The policy outlines the resident disciplinary sanctions for resident on resident sexual abuse. There have been no incidents in the last 12 months. If the situation arises then counseling services will be offered. There is no sanctions for offenders if they make allegations unless it is proved that it was done in bad faith. The facility prohibits sexual contact between residents.

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.

If there is an incident of alleged sexual abuse then the offender is immediately taken to the hospital for treatment. At that time they are given information on sexually transmitted infections. Treatment services are provided to the resident 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 facility will provide ongoing medical and mental health care for sexual abuse. Females will be offered pregnancy tests and all lawful medically related options on pregnancy.

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. The review looks into how incidents can be prevented. The committee consists of the administrative team to include the facility head. There has been no substantiated incidents in the last 12 months.

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 and agency collects data on all incidents annually.

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 review includes identifying any problem areas. Taking corrective action for a facility or the agency as a whole.

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)

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 stored safely and securely as described in the standard.

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

8-28-2015

Auditor Signature

Date