

PREA Facility Audit Report: Final

Name of Facility: Clara Waters Community Corrections Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 04/24/2023

Auditor Certification	
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.	☐
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	☐
Auditor Full Name as Signed: Patrick J. Zirpoli	Date of Signature: 04/24/2023

AUDITOR INFORMATION	
Auditor name:	Zirpoli, Patrick
Email:	pzirpoli@ptd.net
Start Date of On-Site Audit:	03/23/2023
End Date of On-Site Audit:	03/24/2023

FACILITY INFORMATION	
Facility name:	Clara Waters Community Corrections Center
Facility physical address:	9901 North I-35 Service Road , Oklahoma City , Oklahoma - 73131
Facility mailing address:	

Primary Contact

Name:	Carla Braggs
Email Address:	carla.braggs@doc.ok.gov
Telephone Number:	405-254-7160

Facility Director

Name:	Scott Wallis
Email Address:	scott.wallis@doc.ok.gov
Telephone Number:	405-254-3207

Facility PREA Compliance Manager

Name:	James Haun
Email Address:	james.haun@doc.ok.gov
Telephone Number:	

Facility Health Service Administrator On-Site

Name:	Jennifer Blais
Email Address:	jennifer.blais@doc.ok.gov
Telephone Number:	405-254-3222

Facility Characteristics	
Designed facility capacity:	304
Current population of facility:	279
Average daily population for the past 12 months:	238
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	19-70
Facility security levels/resident custody levels:	Community
Number of staff currently employed at the facility who may have contact with residents:	31
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	7
Number of volunteers who have contact with residents, currently authorized to enter the facility:	159

AGENCY INFORMATION	
Name of agency:	Oklahoma Department of Corrections
Governing authority or parent agency (if applicable):	
Physical Address:	3400 Martin Luther King Ave., Oklahoma, Oklahoma - 73111
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Carla Braggs	Email Address:	Carla.Braggs@doc.ok.gov

SUMMARY OF AUDIT FINDINGS

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

10

- 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.231 - Employee training
- 115.232 - Volunteer and contractor training
- 115.233 - Resident education
- 115.234 - Specialized training: Investigations
- 115.235 - Specialized training: Medical and mental health care
- 115.241 - Screening for risk of victimization and abusiveness
- 115.242 - Use of screening information
- 115.251 - Resident reporting
- 115.288 - Data review for corrective action

Number of standards met:

31

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-03-23
2. End date of the onsite portion of the audit:	2023-03-24

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	☒ Yes ☐ No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Contacted YWCA of Oklahoma City and the Oklahoma SANE Coordinator, neither knew of any issues at the facility.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	304
15. Average daily population for the past 12 months:	238
16. Number of inmate/resident/detainee housing units:	6
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☐ No ☒ Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	297
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	2
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	4
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	1
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	1
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0

43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	4
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	3
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	The facility does not collect data on inmates with these characteristics. All inmates are identified on an individual basis and this information is limited to those staff who can provide treatment etc. These inmates were identified through the audit process.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	31

50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	159
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	7
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	15
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☒ Age ☒ Race ☒ Ethnicity (e.g., Hispanic, Non-Hispanic) ☒ Length of time in the facility ☒ Housing assignment ☒ Gender ☐ Other ☐ None

55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Random inmates were geographically diverse, this was accomplished by utilizing the above characteristics.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No additional comments regarding selecting or interviewing random inmates.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	13
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	2

61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	4
62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	1
63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	1
64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	PCM verified no LEP inmates at facility.

65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	2
66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	PCM verified no transgender or intersex inmates housed at time of audit.
67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	PCM verified no inmates who reported sexual abuse in this facility were housed at time of audit.
68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	3
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Facility does not have segregated housing where an inmate could be housed for risk of sexual victimization.

70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No additional comments regarding selecting or interviewing targeted inmates.
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Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

71. Enter the total number of RANDOM STAFF who were interviewed:	16
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☒ Length of tenure in the facility ☒ Shift assignment ☒ Work assignment ☒ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☒ Yes ☐ No
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No additional comments regarding selecting or interviewing random staff.

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	17
76. Were you able to interview the Agency Head?	☒ Yes ☐ No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	☒ Yes ☐ No
78. Were you able to interview the PREA Coordinator?	☒ Yes ☐ No
79. Were you able to interview the PREA Compliance Manager?	☒ Yes ☐ No ☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- ☒ Agency contract administrator
- ☒ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- ☐ Line staff who supervise youthful inmates (if applicable)
- ☐ Education and program staff who work with youthful inmates (if applicable)
- ☒ Medical staff
- ☒ Mental health staff
- ☐ Non-medical staff involved in cross-gender strip or visual searches
- ☒ Administrative (human resources) staff
- ☐ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- ☒ Investigative staff responsible for conducting administrative investigations
- ☒ Investigative staff responsible for conducting criminal investigations
- ☒ Staff who perform screening for risk of victimization and abusiveness
- ☐ Staff who supervise inmates in segregated housing/residents in isolation
- ☒ Staff on the sexual abuse incident review team
- ☒ Designated staff member charged with monitoring retaliation
- ☐ First responders, both security and non-security staff

	☒ Intake staff ☐ Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☐ Yes ☒ No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☐ Yes ☒ No
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No additional comments regarding selecting or interviewing specialized staff.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

84. Did you have access to all areas of the facility?	☒ Yes ☐ No
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Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	☒ Yes ☐ No
86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	☒ Yes ☐ No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	☒ Yes ☐ No
88. Informal conversations with staff during the site review (encouraged, not required)?	☒ Yes ☐ No
89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No additional comments regarding the site review.

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	☒ Yes ☐ No
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91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

All documents selected by the auditor.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

0

a. Explain why you were unable to review any sexual abuse investigation files:

No investigations during auditing period.

99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	No investigations during auditing period.
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No investigations during auditing period.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

☒ The audited facility or its parent agency

☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

☐ A third-party auditing entity (e.g., accreditation body, consulting firm)

☐ Other

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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.

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Documentation Reviewed: a. Pre-Audit Questionnaire b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy c. Memorandum of Appointment of PREA Coordinator d. Memorandum of Appointment of PREA Manager PREA Compliance Manager List e. Organizational Chart – Dept. of Corrections f. Organizational Chart – Facility Interviews: a. PREA Coordinator b. PREA Compliance Manager Subsection (a) The agency has developed a written policy mandating zero tolerance towards all forms of sexual abuse and sexual harassment, this policy also outlines the agencies approach to preventing, detecting, and responding to such conduct. This policy is the Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy. This policy has been in effect since the implementation of PREA in the agency. The policy addresses all aspects of the Prison Rape Elimination Act Standards for Community Confinement. The policy further defines all prohibited acts, the definitions listed in the glossary of terms are consistent with the definitions in the PREA Standards. Subsection (b) The agency has designated an agency wide PREA Coordinator. During the interview she related that she has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards. I found the Agency PREA Coordinator to be well versed in the PREA Standards, and their daily application in the Oklahoma Department of Corrections. Prior to becoming the Agency PREA Coordinator, she was the PREA Manager. The PREA Coordinator works directly with the PREA Manager, the PREA Manager is a second agency level position. This position is also dedicated to the implementation of the

PREA Standards throughout the OKDOC. During the second audit cycle audits of the OKDOC facilities, every Warden and PREA Compliance Manager stated that the PREA Coordinator and the PREA Manager are always available to answer questions and provide advice on the implementation of the PREA policies.

Subsection (c) The agency has also designated a PREA Compliance Manager at each of their facilities. During the interview, the PREA Compliance Manager related that they have enough time to implement the PREA Standards at the facility. During the onsite audit I found that the PREA Compliance Manager is making routine tours of the facility to ensure overall operational safety, which includes sexual safety.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency exceeds the requirements of this standard, and all provisions.

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard Auditor Discussion Documentation Reviewed: a. Executed contracts between ODOC and Private Prisons, or Jails with relevant PREA language Interviews a. Contract Monitor Verification Subsection (a)(b)(c) The Oklahoma Department of Corrections contracts with other agencies to house inmates. I reviewed these contracts in their entirety, the contracts specify that the contractor must adhere to specific Oklahoma Department of Corrections policies, one being OP-030601 the Oklahoma Prison Rape Elimination Act Policy. I further confirmed during interviews that the facilities are monitored for compliance through direct assignment of staff at each facility. All contracted facilities were audited during the previous auditing cycle and will be audited during this auditing cycle. The PREA Audit is a requirement of the contract. Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation Reviewed: a. Pre-Audit Questionnaire b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy c. Staffing Plan (review June 2022) d. Previous staffing plans e. Daily Assignment Post Roster Master Roster Facility Brochure f. Facility diagrams showing camera locations g. Log for all shifts Interviews a. Facility Administrator b. Intermediate or Higher-Level Facility Staff c. Random Staff d. Random Inmates Onsite Review: During the site review the staffing plan was compared against the following observations to determine whether the staffing plan adequately assesses the staffing and electronic monitoring needs of the facility with sexual safety in mind: • The number of staff, contractors, and volunteers present and staffing patterns during every shift, including: - o In the housing units - o In isolated areas like administrative/disciplinary segregation and protective custody - o In the programming, work, education, other areas - o In areas where sexual abuse is known to be more likely to occur according to the

staffing plan.

- Line of sight and blind spots.
- Areas where persons confined in the facility are not allowed to determine whether movement in and out of that space is monitored, to ensure that confined persons never enter those areas.
- Level of supervision and frequency of cell checks in all housing areas.
- Indirect supervision practices, including camera placement and monitoring of the cameras.
- Staffing concerns, including understaffing, overcrowding, poor line of sight, etc.

During this site review I found that the number of staff, contractors, and volunteers present and staffing patterns during every shift meet the staffing plan, this was further confirmed during informal conversations during the tour and formal interviews with both random inmates and random staff.

During the site review no blind spots were identified which did not have either a camera or mirror to view the area. No line-of-sight issues were identified. All non-inmate areas were secured and if an inmate needed to enter an area for cleaning etc. they were accompanied by staff and further monitored on camera. The facility has cameras throughout the facility covering all housing units, and common areas such as the corridors, kitchen, etc. All camera monitors were viewed, there were no remote cross gender viewing issues. The camera cells had the view of the toilet area obscured.

During informal conversations during the tour and formal interviews with both random inmates and random staff. I found that they knew of no staffing issues, and staff are making rounds and present on the housing units every day and on every shift. They further indicated that supervisors make regular rounds through the housing areas on every shift. I further confirmed that staffing has no negative impact on safety, accessibility, or limits to out of cell activities such as programming, education, and work.

Subsection (a) Policy addresses supervision and monitoring of the inmates at the facilities. The policy directs the facility to develop, document, and make its best efforts to comply on a regular basis with the staffing plan. The policy provides for adequate levels of staffing, and where applicable, video monitoring, to protect inmates from sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring the agency takes into consideration the following:

- 1) the physical size and layout of the facility;
- 2) number and type of offenders assigned to the facility;

- 3) video monitoring to protect offenders against sexual abuse;
- 4) the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- 5) any other factors.

The auditor reviewed the staffing documents and policy and confirmed that these factors are taken into consideration during the development of the staffing plan. This was further confirmed during interviews.

Subsection (b) The staffing plan has not been deviated from during the auditing period. The facility staff confirmed they would document any deviations to the staffing plan.

Subsection (c) The agency conducts an annual review of the staffing patterns at the facility and update the staffing plan if needed. The staffing plan was completed and reviewed by the Facility Administrator on November 29, 2022 and the Agency PREA Coordinator on February 21, 2023. This was confirmed through interviews and viewing the signature on the staffing plan. I also reviewed prior staffing plans to ensure the yearly review is consistent.

The administration meets on a regular basis to review incidents that have occurred at the facility, as well as discussing normal facility operation. During these meetings, they discuss any adjustments that may need to be made to the staffing plan, deployment of video monitoring and other technologies, and any resources available. This was confirmed during the staff interviews.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard Auditor Discussion Documentation Reviewed: a. Pre-Audit Questionnaire b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy c. Oklahoma Department of Corrections Policy OP-040110 Search and Seizure d. Pat Search Lesson Plan e. Training rosters f. Transgender Pat Search power point Interviews a. Random Staff b. Random Inmates Site Review During the site review the area in intake being utilized for strip searches was viewed, this was a separate room with no windows and a closable door. During both informal conversations and formal interviews with inmates and staff, I confirmed that this is the area where the strip search is conducted and is always performed by two same sex officers. I also confirmed that once the door is closed you cannot see into the room. During the site review all areas where confined persons may be in a state of undress, such as showering, performing bodily functions, and changing their clothes were toured. These included all areas inside and outside the housing units. During these observations it was confirmed that nonmedical staff of the opposite gender are not able to view confined persons in a state of undress, including from different angles and via mirror placement, this included electronic surveillance monitoring areas. I found that opposite-gender staff are assigned to monitor video surveillance, but the system does not allow for point, tilt, zoom (PTZ) capabilities which position the camera to where they could see a confined person in a state of undress. During the informal conversations with staff, they knew of no cross-gender viewing issues. This was also confirmed with the inmates during the informal conversations.

Inside housing units, cross-gender announcements were heard. The staff at the facility verbally announce upon entering the housing units. The housing units are small enough that you can hear the announcement in the furthest area from the entryway. The housing unit configuration allows the confined person enough time to cover up before the staff enter the area.

Subsection (a)(b)(c): The facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches unless in exigent circumstances or when performed by a medical practitioner. I confirmed this procedure during staff and inmate interviews, as well as a review of the policy. I also confirmed with the staff that the facility had not conducted a search under these circumstances, but if one was conducted under exigent circumstances the search would be documented in an incident report.

The facility is an all-male facility.

Subsection (d): The above policies outline procedures and practices that enable inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine housing unit checks. The policies further dictate that staff of the opposite gender announce their presence when entering an inmate housing unit. These practices were confirmed during the staff and inmate interviews as well as during the facility tour when I heard the announcements taking place.

Subsection (e): Policy prohibits searches or physical examinations of transgender or intersex inmates for the sole purpose of determining the inmate's genital status. I confirmed through interviews if the genital status is unknown, it would be determined during conversations with the inmate, by reviewing medical records, or, if necessary, by learning the information through a broader medical examination conducted in private by a medical practitioner. It should be noted that all inmates are coming into the facility from another correctional setting. The staff confirmed they normally receive notice of the inmate's arrival date, and all pertinent information pertaining to the inmate. The genital status would be known prior to the inmate's arrival. All interviewed staff confirmed they are not allowed to search or physically examine any inmate to determine genital status. A search of this nature has not taken place at the facility.

Subsection (f): The agency has trained security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. This was confirmed by reviewing the provided training materials. I further verified this training during staff interviews.

It should be noted that all inmate bathrooms throughout the facility are single occupancy with a door for privacy. All inmates interviewed confirmed that they have privacy while showering, changing clothes or performing bodily functions.

	Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.
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115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation Reviewed: a. Pre-Audit Questionnaire b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy c. Translated materials (regarding PREA) d. Translated materials (regarding PREA) e. Interpreter's List (employees) f. Offender Orientation materials g. Video Transcript for Deaf or Hearing Impaired Interviews: a. Targeted Inmates b. Random Staff c. Agency Head Site Review: During the site review, the auditor tested the facility's process for securing interpretation services on-demand. The interpretation is through OKDOC staff. The auditor was able to review the interpreters list and set up on demand translation for Spanish speaking inmates and a deaf inmate while at MBCC. Subsection (a) The agency has taken appropriate steps to ensure that inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. These steps include, when necessary to ensure effective communication with inmates who are deaf or hard of hearing, providing access to

interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency ensures that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, including inmates who have intellectual disabilities, limited reading skills, or who are blind or have low vision. The facility outlines the response to inmates in these categories in the above directives as well as the Limited English Proficiency (LEP) Plan. This plan outlines procedures for inmates who are not only non-English speaking, but all who are enumerated in this standard. I confirmed the use of this plan during the staff and inmate interviews.

Subsection (b): Policy outlines the steps the agency takes to ensure meaningful access to all aspects of the agencies efforts to prevent, detect, and respond to sexual abuse and sexual harassment to individuals who are limited English proficient. This includes written materials and interpretation services either through an outside contractor or approved staff. The facility provided copies of the Spanish PREA notices; these were also viewed at the facility during the facility tour. The interviewed inmates confirmed that the notices had been posted in both English and Spanish since their arrival at the facility.

The facility would either utilize a staff member who is fluent in the inmate's native language or access language service if needed.

Subsection (c) Policy prohibits the use of inmates to interpret, read, or provide other types of assistance except in limited circumstances where an extended delay in obtaining an effective interpreter would compromise the inmate's safety, the performance of the first responder duties or the investigation of the inmate's allegations. All staff interviewed stated they would not allow an inmate to interpret for another inmate in reporting sexual abuse or sexual harassment, and they felt that they could not control the information once another inmate knew about alleged sexual abuse or sexual harassment. They indicated they would utilize the translation services outlined in the policy or contact a supervisor for further guidance. During the past 12 months, the facility has not relied on inmates to provide interpretation services for any PREA related matter.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency is not compliant with the requirements of this standard, and all provisions.

115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed: - Pre-Audit Questionnaire - OP-110105 Employee Personnel Records - OP-110210 Background Investigations - OP-110215 Individual Conduct of Employees - OP-110235 Hiring and Promotional Procedures - OP-110237 Separation Process State of Oklahoma – Terms and Conditions - Applicant Questionnaire Contractor/Employee Request for Record Contractor/Employee - Documentation of 5 year Criminal Background Record Checks for Staff - Documentation of 5 year Criminal Background Record Checks for Contractors - Personal Data Summary Sheet (4B) - Verification of the Rap Back System through OLETS Interviews: - Human Resource Staff - PREA Coordinator Subsection (a)(f) Policy dictates that the agency will not hire or promote anyone who: - has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution as defined in (42 U.S.C. 1997); - has been convicted or civilly or administratively adjudicated for engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; and/or

Background investigations are conducted for all candidates for positions in the agency. All candidates are asked the following questions:

- Have you ever been employed in a prison, jail, lockup, community confinement facility, juvenile facility or other institution (as defined in 42 U.S.C. 1997)?
- Have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?
- Have you had substantiated allegations of sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution, or have you ever resigned during a pending investigation of an allegation of sexual abuse of a confined individual?

Subsection (b) According to policy and procedures, in addition to incidents of sexual abuse, the agency also considers any incidents of sexual harassment in determining whether to hire or promote anyone. I also confirmed that the agency considers any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with inmates.

Subsection (c) Agency policy requires that before it hires any new employees who may have contact with inmates, they conduct a criminal background record check, and consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. This is conducted during the background investigation of the prospective employee; the Criminal History Check is through the National Crime Information Center (NCIC). The facility has not hired any new employees in the past 12 months.

Subsection (d) No contractors have been hired at the facility during the past twelve months. According to policy every volunteer, or contractor, who provides recurring on-site services and has individual/group contact with inmates at the facility, are not allowed contact with inmates until they have completed a background check, which includes a Criminal History Check through the National Crime Information Center (NCIC).

Subsection (e) Criminal History checks are being conducted on the staff every five years at the facility level. The results are maintained at the facility level. These were reviewed during the onsite audit, and it was confirmed that the criminal history checks are taking place every 5 yrs. The agency further utilizes the Rap Back System through the Oklahoma Law Enforcement Telecommunications System. The Rap Back System notifies the agency if any changes occur in any Staff, Volunteer, or Contractors Criminal History, this system runs constantly and negates the five-year Criminal History Check.

Subsection (g) Applicants for employment are required to affirm and sign the application for employment, indicating the information contained in the application and any attachments contain no misrepresentation or falsification, omission or

concealment of material fact and is true and complete to the best of the applicant's knowledge and belief. The applicant must also acknowledge that any material omission or false information is grounds for non-selection or discipline, or termination of employment.

Subsection (h) Staff interviewed stated that the agency would provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee when the information is requested from an institutional employer for whom the employee has applied to work.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard Auditor Discussion Documentation Reviewed: a. Pre-Audit Questionnaire b. Oklahoma Department of Corrections Policy: OP-150101 Physical Plant Development c. Diagrams of Buildings with Camera Locations Interviews: a. Facility Administrator b. PCM Subsection (a)(b) The agency has made no substantial expansion to this facility nor is any planned. During the interviews I confirmed that if any expansion or acquisition of facilities takes place, the overall security and safety is taken into consideration, including the sexual safety of the inmates. The facility has not installed cameras since the last PREA Audit. During the interviews I confirmed that if any camera installation takes place, the overall security and safety is taken into consideration, including the sexual safety of the inmates. The Agency utilizes Attachment A and B of OP-150101 for any proposed new construction or new renovation. Both forms direct that the agency's ability to protect inmates from sexual abuse must be taken into consideration. This new construction or renovations must be approved by the Regional Director and Chief of Operations. Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard Auditor Discussion Documentation Reviewed: a. Pre-Audit Questionnaire b. Oklahoma Department of Corrections Policies: OP-030601 Prison Rape Elimination Act with Attachment C OP-040117 Investigations c. MOU with YWCA Oklahoma City Staff Interviews: a. PCM b. YWCA Oklahoma City Staff Subsection (a)(f)(g) The agency is responsible for both the administrative and criminal investigations of all sexual abuse and sexual harassment incidents. These investigations are initially responded to at the facility level utilizing a team approach, where the administration, medical and mental health will initially be notified. The investigation is further conducted by the investigators in the Office of Inspector General. These investigators are sworn law enforcement officers and are highly trained in evidence collection and identification. I reviewed the training materials utilized and interviewed investigators from this division. I found that they follow the evidence protocols outlined in the policy and are well versed in evidence identification and collection. Subsection (b) The protocol was developed from the National Protocol for Sexual Assault Medical Forensic Examinations Second Edition dated April 2013. The alleged victim of sexual abuse would be transported to Project Safe. I verified with the Statewide SANE Coordinator that the protocol utilized meets the National Protocol for Sexual Assault Medical Forensic Examinations Second Edition dated April 2013. Anyone under the age of 18 would be transported to a Oklahoma Child Advocacy Center. Subsection (c) Policy dictates that an alleged sexual abuse victim is provided access to a forensic medical examination, the policy further describes the procedure to obtain the services of a hospital to provide these examinations. The alleged victim of sexual abuse would be transported to OU Medical for an examination. I verified with the Statewide SANE Coordinator that these services are provided at no cost to the victim.

Subsection (d)(e)(h) The facility utilizes a victim advocate from YWCA of Oklahoma City. This was confirmed during the interview with a YWCA of Oklahoma City Supervisor. I confirmed the utilization of this program through interviews and review of the MOU. I contacted YWCA of Oklahoma City and spoke with a supervisor, they confirmed the services would be provided as outlined in the MOU. The aforementioned victim advocates are available to the victim during the forensic medical examination process, and investigatory interviews, and they provide emotional support, crisis intervention, information, and referrals. Although these services have not been utilized at this facility, I verified their availability through interviews and review of the memorandum of understanding.

The current MOU is dated for January 2022, it should be noted that the previous MOU was dated for August 2020. I confirmed with the supervisor at YWCA of Oklahoma City this was a renewal of the MOU, no services have ever lapsed.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.

115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard Auditor Discussion Documentation Reviewed: a. Pre-Audit Questionnaire b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy with Attachment A c. Oklahoma Department of Corrections Policy : OP-040117 Investigations d. Documentation of completed Agency investigations Section 3 - Policy and Procedures e. Agency Website f. Agency Investigative Reports of Sexual Abuse and Sexual Harassment Interviews: a. Investigators b. PREA Coordinator c. PCM Subsection (a)(b)(c)(d) The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. This was confirmed through review of policies which outline the procedures for investigating sexual abuse and sexual harassment. I further verified all allegations are investigated during investigator interviews, staff interviews, and review of the agency investigative reports. The agency investigates all allegations. I verified that the investigative procedure is published on the agency's website. The agency has policies in place that govern the investigative process. This was confirmed during policy review and investigator interviews. It should be noted that the audited facility has not had any allegations reported over the past 12 months. Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency is

	compliant with the requirements of this standard, and all provisions.
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115.231	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Documentation Reviewed: a. Pre-Audit Questionnaire b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy c. PREA Training PowerPoint 2022 & 2023 d. PREA Training Rosters 2022 & 2023 e. Training Records and Acknowledgement Forms for Staff Interviews: a. Random Staff Subsection (a)(b)(c)(d) Policy outlines the agencies employee training. The policy states that every employee who may have contact with inmates shall be trained on his/ her responsibilities related to sexual abuse and sexual harassment prevention, detection, and response as well as all policies and procedures. Training is tailored to the gender of the inmates. The employees receive yearly training, the subjects include: (1) the zero-tolerance policy against sexual abuse and sexual harassment within the Department; (2) how staff are to fulfill their responsibilities under the Department's sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures as defined in this policy; (3) inmates' right to be free from sexual abuse and sexual harassment; (4) the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) the dynamics of sexual abuse and sexual harassment in confinement; (6) the common reactions of sexual abuse and sexual harassment victims; (7) how to detect and respond to signs of threatened and actual sexual abuse; (8) how to avoid inappropriate relationships with inmates;

	(9) how to communicate effectively and professionally with inmates, including Lesbian, Gay, Bisexual, Transgender, and Intersex (LGBTI) or gender-nonconforming inmates; and (10) how to comply with relevant laws of Oklahoma related to mandatory reporting of sexual abuse to outside authorities. This training is provided on a yearly basis to the employees. The training is tailored to the gender of the inmates at the facility. All staff members acknowledge that they have received and understand the training. I confirmed through interviews with the staff at the facility that they have received the training as outlined above, and all staff was able to explain the training and policy. The training materials utilized were reviewed. The agency is providing yearly training which exceeds the provisions of the standard. Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.
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115.232	Volunteer and contractor training
	Auditor Overall Determination: Exceeds Standard Auditor Discussion Documentation Reviewed: a. Pre-Audit Questionnaire b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy c. Oklahoma Department of Corrections Policy: OP-100101 Employee Development d. Course Roster for volunteers/contractors reflecting PREA Lesson Plan for Volunteer Training "Documentation of Volunteer Training" (Attachment C - OP-090211) e. "Volunteer Contractor Training Acknowledgement" (Attachment G - OP-030601) f. Completed Acknowledgement Forms Interviews: a. PCM Subsection (a)(b)(c) The agency has trained all volunteers and contractors who have contact with inmates on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. At a minimum they are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. I also confirmed this practice with the facilities Chaplin, who is the volunteer coordinator. The volunteers are trained at the agency level and receive recertification training every two years. This training consists of a one-day training, this training includes the agencies zero tolerance policy and PREA. All contractors are trained at the facility level by the PREA Compliance Manager. This was confirmed with the contractors and volunteers who have been interviewed throughout the agency. They all confirmed they received the training and signed an acknowledgement form. The agency maintains all documentation confirming that volunteers and contractors

understand the training they have received. This documentation is maintained at the facility level, this was confirmed during review of the volunteer and contractor acknowledgment forms.

The agency is far exceeding the expectations of the standard. They are training the volunteers every two years and ensuring they are aware of the zero-tolerance policy and PREA.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency exceeds the requirements of this standard, and all provisions.

115.233	Resident education
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Documentation Reviewed: a. Pre-Audit Questionnaire b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy c. In-Depth Orientation Roster w/ arrival date and move sheet d. Zero Tolerance Acknowledgment Signed e. Inmate Handbook, relevant pages, (English and Spanish) f. Posters Posted on Units (regarding PREA and zero tolerance) g. Activity Housing Summary (IHAP) Intake Records for Inmates h. Inmate Files and Case Manager Notes i. PREA Posters Interviews a. Random Inmates b. Intake Staff Onsite review: As part of the site review, the auditor observed a mock intake process to ensure the sexual safety information was being provided at the point of intake or transfer. During the demonstration, the auditor: Identified the personnel responsible for conducting the intake Tested how the facility provides the necessary PREA information to all inmates, regardless of ability and language, including whether: Written information is clear and is provided at an appropriate reading-level and is accessible for all inmates in the facility, including those who are limited English proficient, the facility provides written information in Spanish and English the most commonly languages spoken in the facility, the facility provides on-demand

telephonic translation services for all other languages.

The facility will provide written materials to assist inmates through the intake process, they will also read written information out loud to accommodate inmates who identify as blind, have low vision, or have limited reading skills.

Mental health staff or treatment staff are involved in the intake process for inmates with cognitive or functional disabilities.

During the onsite review the auditor conducted informal and formal conversations with staff and inmates, including inmates who identified as limited English proficient (LEP), non-English speaking, and inmates with limited ability to read, write, speak, or understand English.

During the onsite process the auditor confirmed that the on-demand interpretation services are obtained through an on-demand staff list.

It was confirmed that the inmates do not need to self-identify to access interpretation services. These services are accessed through either treatment or medical staff.

During the onsite review the auditor conducted informal and formal conversations with staff and inmates, including inmates who identified as limited English proficient (LEP), non-English speaking, and inmates with limited ability to read, write, speak, or understand English regarding accessibility of interpretation services when needed.

During the onsite review the auditor observed a mock comprehensive education process and viewed the PREA education session.

During the site review, the auditor:

Confirmed that the comprehensive education is provided via video, with a follow up in person, question, and answer session.

Confirmed the education included the required information as outlined in the Standards.

Determined how the facility makes the comprehensive education accessible to all inmates including inmates who are Deaf or hard-of-hearing, blind or have low vision, cognitively or functionally disabled, limited English proficient, non-English speaking, and/or have limited reading skills.

During the onsite review the auditor conducted informal and formal conversations with staff and inmates regarding comprehensive PREA education.

During the site review, the auditor observed all posted signage throughout the facility. The signage included the PREA audit notices, information on how report sexual abuse and sexual harassment, and access to outside victim emotional support services. The auditor reviewed the information provided on signage and determined it is readable and accessible, consistent, and placed throughout the

facility to convey vital sexual safety information specific to the facility.

During the site review, the auditor determined that the:

Signage throughout the facility can be easily read and accessed by persons in the facility, specifically:

The signage language is clear and easy to understand.

The signage specific to emotional support services, and external reporting, included language that clearly details what services are available and for what purposes.

The signage is provided in English and Spanish (the second language most spoken in the facility).

The signage text size, formatting, and physical placement accommodates most readers, including those of average height, low vision/visually impaired, or those physically disabled/in a wheelchair, etc.

The information provided by the signage is not obscured, unreadable by graffiti, or missing due to damage.

The signage is accurate and consistent throughout the facility all information was confirmed to be up to date.

The signage is placed in the facility to where it is accessible to staff, inmates, and other persons who may need the information or services provided.

During the onsite review the auditor conducted informal and formal conversations with staff and inmates regarding signage throughout the facility, to confirm readability and accessibility of information, consistency and accuracy of information, and length of time signage has been posted.

Subsection (a)(b)(c)(d)(e) During the intake process inmates receive information explaining the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment, this information is outlined in the inmate handbook and in the Inmates Guide to Sexual Misconduct Pamphlet. The pamphlet also provides the reporting avenues for inmates. The inmates receive an in-depth orientation at the time of arrival, at this time the facility provides education on the Prison Rape Elimination Act. The education is provided by a staff member who shows a video on PREA, reviews the materials with the inmates, and answers any questions the inmates may have. This was confirmed during the staff and inmate interviews. I further confirmed this by reviewing twenty-five random inmate files and ensuring that the Zero Tolerance Acknowledgment for Offenders Forms were in the files and signed by the inmates. This was confirmed during the inmate and staff interviews.

The facility provides inmate education in formats accessible to all inmates, this includes inmates who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. The

facility provides materials to inmates in Spanish, they also have designated staff who can provide interpretation of other languages. The Case Managers confirmed they would provide education to these individuals if needed.

The facility has all key information on the zero-tolerance policy and reporting avenues provided through signage placed throughout the facility. I viewed this signage during the facility tour. I further confirmed that the signage has been in place during the inmate and staff interviews. The information is further posted in the window of every cell door for the inmates in the segregated housing units.

I conducted several interviews with inmates who have been in custody at several OKDOC facilities. They confirmed that they received training and education at every facility they were transferred to. I further confirmed this by reviewing the inmate files, several inmates had the Zero Tolerance Acknowledgment for Offenders Forms from other facilities in their file.

It should be noted that all signed documentation by inmates is retained at the facility. This information is only available to specific staff at the facility, during the onsite audit the auditor was allowed to review this documentation in the inmate's field files. These documents contain highly sensitive and personally identifiable information. This practice ensures that individuals have the proper clearance, authorization, and need to know before allowing them access to this sensitive PREA information.

The agency is not only providing the information to the inmates but also providing an in-person overview and video which far exceeds the requirements of the standard.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency exceeds the requirements of this standard, and all provisions.

115.234	Specialized training: Investigations
	Auditor Overall Determination: Exceeds Standard Auditor Discussion Documentation Reviewed: a. Pre-Audit Questionnaire b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy c. Oklahoma Department of Corrections Policy: OP-040117 Investigations d. Specialized PREA Investigation Training PowerPoint – relevant pages e. Letter to PREA Auditors regarding specialized training f. Training Records for Investigators Interviews: a. Investigator Subsection (a)(b)(c) The agency is responsible for both the administrative and criminal investigations of all sexual abuse and sexual harassment incidents. These investigations are conducted by the Office of Inspector General. These investigators are sworn law enforcement officers and are trained in conducting criminal investigations. The training they have received includes the use of Miranda and Garrity warnings, techniques for interviewing sexual abuse victims, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. This was confirmed during the investigator interviews, investigation review, and policy review. The agency documents all training attended by the investigators. This was confirmed during the interviews with the investigators, as well as review of the training records. All agency investigators are certified through the Oklahoma Council on Law Enforcement Education and Training and have received extensive training in criminal investigation. The investigators have also attended specific training courses on sexual abuse investigation. The training the investigators have had far exceeds any expectation of the standards. All investigators have been trained in all aspects of criminal investigation, as well as sexual abuse investigation in confinement settings.

	Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency exceeds the requirements of this standard, and all provisions.
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115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Exceeds Standard Auditor Discussion Documentation Reviewed: a. Pre-Audit Questionnaire b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy c. PowerPoint "Medical/Dental/Mental Health PREA Training d. Training Rosters Interviews a. Medical Staff Subsection(a)(c)(d) The agency trains all full and part-time medical and mental health care practitioners on the following: • How to detect and assess signs of sexual abuse and sexual harassment; • How to preserve physical evidence of sexual abuse; • How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and • How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. This was confirmed by reviewing the training materials utilized by the Oklahoma Department of Corrections, and during the review of the PREA Training for Medical & Mental Health Course Rosters. I also confirmed this training with the medical and mental health staff during interviews. The agency medical staff do not conduct sexual assault examinations. The medical and mental health care practitioners also receive the training mandated for employees under § 115.31 or for contractors and volunteers under § 115.32, depending upon the practitioner's status at the agency. This was confirmed during the review of training rosters at the facility. I also confirmed this training with the medical and mental health staff during interviews. The Agency is providing this training on a yearly basis to all medical and mental

health care practitioners. This practice far exceeds the requirement of the standard. They have also created a Medical PREA binder with all training materials, policy, and a flow chart to utilize during incidents. This is utilized by staff as a refresher and as a quick reference during an incident.

Subsection (b): Forensic Examinations are provided at OU Medical. I verified with a Supervisor at OU Medical that they perform examinations and the YWCA Oklahoma City provides victim advocacy.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency exceeds the requirements of this standard, and all provisions.

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Exceeds Standard Auditor Discussion Documentation reviewed: a. Pre-Audit Questionnaire b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy c. Inmate Handbook w/relevant language (English and Spanish) d. Cell Assessment Form (Attachment A – OP-030102) e. Self-Report Form (Attachment B – OP-030102) f. Zero Tolerance Acknowledgements (shows ways to report) g. Signed Copies Viewed in Inmate Files Interviews: a. Random Inmates b. Staff Onsite Review: During the site review, the auditor observed a mock intake process which included a screening for risk of being sexually abused or sexually abusive. During the mock intake process, the auditor confirmed that the screenings are conducted by the intake staff, this was later confirmed during their interviews. The screening would take place in an office one on one with the inmate for privacy, and I found that the questions are asked in a manner that fosters comfort and elicits responses. The method for assessing confined persons for risk of being sexually abused by other persons confined in the facility or sexually abusive toward other persons confined in the facility is conducted utilizing a paper-based system where a score which helps the staff to decide the risk of abusiveness or vulnerability is calculated. During the completion of these the staff affirmatively ask inmates about their sexual orientation and gender identity by directly inquiring if they identify as LGBTI (in addition to making a subjective determination about perceived status). The screening staff utilize any other information available to them to make these determinations.

During the audit informal and formal conversations were conducted with both staff and inmates, they all confirmed this process.

Subsection (a)(b)(c)(d)(e)(f) All inmates are assessed during the intake process, which is completed upon arrival at the facility. This screening is conducted utilizing the Self Report Form and the Cell Assessment Form. These instruments identify all areas of victimization and abusiveness enumerated in this standard, except for the question related to being detained solely for civil immigration. The facility houses inmates who have been convicted in the State of Oklahoma and sentenced into the OKDOC custody. This was verified through interviews with staff and inmates, as well as review of twenty-five completed instruments. The screening is being conducted by a specific trained staff. I verified through staff interviews that if an inmate is transferred to another facility, they would receive a screening again.

The Initial Intake Screening considers at a minimum:

- whether the inmate has a mental, physical, or developmental disability;
- the age of the inmate;
- the physical build of the inmate;
- whether the inmate has previously been incarcerated;
- whether the inmate's criminal history is exclusively nonviolent;
- whether the inmate has prior convictions for sex offenses against a child or an adult;
- whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- whether the inmate has previously experienced sexual victimization;
- the inmate's own perception of vulnerability; and

The screening also considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, to assist assessing inmates. The initial screening at the facility is conducted at intake and in private.

The facility is reassessing all inmates within 30 days of arrival, this reassessment is being conducted by the case managers, and they are taking into considerations all information available to them at the time of reassessment. The case manager makes case notes on the reassessment in the Offender Management System (OMS). The Case Managers meet with every inmate in their caseload every 30 days and notate this meeting in the OMS. This was confirmed by reviewing the reassessment documentation and staff and inmate interviews. Several of the inmates confirmed they meet with their case manager more than once a month.

Subsection (g) The facility would reassess an inmate's risk level when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that may change the inmate's risk of sexual victimization or abusiveness. This was confirmed during the staff interviews.

Subsection (h) Inmates are informed during the screening process that they will not be disciplined for refusing to answer, or for not disclosing complete information. This was confirmed during review of the screening tools, and during the staff and inmate interviews.

Subsection (i) The agency implements control on the dissemination of screening information at the facility level. The information from the screening tools is only available to case managers, medical if needed, and administration. The screening information is stored in the inmate field files, which are kept in a locked filing cabinet inside the case managers office.

During the inmate interviews I confirmed they were screened during the intake process, and within 30 days of being at the facility.

The inmates are constantly being reassessed by their assigned Case Managers. The Case Managers are located on the housing units and are accessible to the inmates, or the case managers will tour the housing unit to interact with the inmates. This gives the Case Managers the opportunity to observe the inmates and ensure there is no change in their behavior or status. The Case Managers meet with each inmate on their caseload once a month and make case notes in the Offender Management System. This was confirmed through interviews and watching the interaction between inmates and the Case Managers. This practice far exceeds the requirement of the standard. The facility is reassessing every inmate once a month, not just twice as required by the standard or under any other special circumstances.

It should be noted that all signed documentation by inmates is retained at the facility. This information is only available to specific staff at the facility, during the onsite audit the auditor was allowed to review this documentation in the inmate's field files. These documents contain highly sensitive and personally identifiable information. This practice ensures that individuals have the proper clearance, authorization, and need to know before allowing them access to this sensitive PREA information. After this review of all documentation, and the information received during the facility interviews, I found that the agency exceeds the requirements of this standard, and all provisions.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency exceeds the requirements of this standard, and all provisions.

115.242	Use of screening information
	Auditor Overall Determination: Exceeds Standard Auditor Discussion Documentation Reviewed: a. Pre-Audit Questionnaire b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy c. Oklahoma Department of Corrections Policy: OP-030103 d. inmate Job and Program Assignments e. Housing Unit Rosters f. Cell Assessment Form (Attachment A – OP-030102) g. Self-Report Form (Attachment B – OP-030102) Interviews: a. Random Inmates b. Staff Subsection (a)(b) The agency utilizes the information from the screening and reassessment to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. This was confirmed during review of the policy, and during staff and inmate interviews. The agency makes all these determinations on an individualized basis, this ensures the safety of each inmate. This was confirmed during policy review, and staff and inmate interviews. Subsections (c)(d)(e)(f) I confirmed during policy review and interviews that when deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the agency considers on a case-by-case basis whether a placement would ensure the inmate’s health and safety, and whether the placement would present management or security problems. I also confirmed that the inmate’s own views would be taken into consideration during these decisions. Through policy and interviews I confirmed that a transgender inmate would be given the opportunity to shower separately from other inmates.

I confirmed during interviews with the Case Manager Supervisor and Case Managers that placement and programming assignments for each transgender or intersex inmate would be reassessed at least twice each year. This is also addressed in policy. The facility was housing one transgender inmate, the inmate had not been at the facility for 6 months.

Neither the agency nor facility place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely based on such identification or status. This was confirmed during agency level interviews.

The inmates are constantly being reassessed by their assigned Case Managers. The Case Managers are located on the housing units and are accessible to the inmates, or the case managers will tour the housing unit to interact with the inmates. This gives the Case Managers the opportunity to observe the inmates and ensure there is no change in their behavior or status. The Case Managers meet with each inmate on their caseload once a month and make case notes in the Offender Management System. This was confirmed through interviews and watching the interaction between inmates and the Case Managers. This practice far exceeds the requirement of the standard. The facility is reassessing every inmate once a month, not just twice as required by the standard or under any other special circumstances.

It should be noted that all signed documentation by inmates is retained at the facility. This information is only available to specific staff at the facility, during the onsite audit the auditor was allowed to review this documentation in the inmate's field files. These documents contain highly sensitive and personally identifiable information. This practice ensures that individuals have the proper clearance, authorization, and need to know before allowing them access to this sensitive PREA information.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency exceeds the requirements of this standard, and all provisions.

115.251	Resident reporting
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Documentation Reviewed: a. Pre-Audit Questionnaire b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy c. Inmate Handbook w/relevant language (English and Spanish) d. Memorandum of Understanding between Oklahoma Department of Corrections and Oklahoma State Bureau of Investigations (External Reporting Source) e. Zero Tolerance Acknowledgements (shows ways to report) f. Signed Copies Viewed in Inmate Files g. Inmates Guide to Sexual Misconduct Pamphlet Interviews a. Random Staff b. Random Inmates Onsite Review: During the site review, the auditor observed posted signage throughout the facility, the signage included the audit notices, how to report sexual abuse and sexual harassment, and access to outside victim emotional support service. All signage was readable and accessible, consistent, and placed throughout the facility to convey vital sexual safety information specific to the facility. During the site review, the auditor: • Determined the signage throughout the facility is easily read and accessed by inmates in the facility, specifically: - o The signage language is clear and easy to understand. - o The signage specific to emotional support services, and external reporting, included language that clearly details what services are available and for what purposes.

- o The signage was provided in English and translated into Spanish, the most commonly second language spoken in the facility.
- o The signage text size and physical placement accommodates most readers, including those of average height, low vision/visually impaired, or those physically disabled such as in a wheelchair, etc.
- o The information provided by the signage was not obscured, unreadable by graffiti, or missing due to damage.
- o All information on the signage is accurate and consistent throughout the facility.

The signage is accessible to staff and inmates and other persons who may need the information or services provided. The signage indicated how to report sexual abuse and sexual harassment which included external and internal reporting methods. These signs were posted in all areas frequented by inmates, including housing units, programming areas, work areas, education areas, and all common areas. The signage was also located near all inmate phones.

During the facility tour the auditor had informal conversations with staff and inmates in the facility regarding signage they confirmed that the signs have been consistent, are easily read and accessible to inmates with disabilities.

The facility provides multiple internal methods for inmates to privately report sexual abuse or sexual harassment, retaliation by other persons confined in the facility or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. During the site review the auditor tested the methods provided for the purpose of assessing whether inmates have regular and timely access to reporting methods and how the facility receives these reports.

The facility internal reporting avenues consist of submitting a written report into a drop box. The auditor ensured the inmates had access to writing materials and the drop box. I confirmed that all materials were accessible to all inmates and did not have to be requested from staff.

During the onsite review the auditor had informal conversations with staff and inmates regarding internal reporting methods, all were familiar with the method. The auditor also confirmed with the inmates that they are aware that they are allowed to report verbally and that they can report not only to an officer in their housing unit, but to other staff in the facility. I further confirmed with staff that they are aware of the process for receiving and documenting verbal reports.

During the site review, the auditor confirmed that the main external reporting avenue for the inmates was through mail to the Oklahoma State Bureau of Investigations. All letters are collected on the units and mailed through the USPS.

Subsection (a) and (b) The facility provides the inmates the information on reporting in the inmate handbook, and Inmates Guide to Sexual Misconduct, which are provided at intake. Signage is also located throughout the facility. The inmates can report directly to any staff, through the PREA reporting hotline at 073 on the phone, or to the Oklahoma State Bureau of Investigations, which is the agencies external reporting avenue. The instructions for the usage of these reporting avenues are extremely comprehensive and the step-by-step usage of the reporting avenues is provided in written materials both posted and given to the inmates. The agencies website further instructs third parties on how to report. This was confirmed by viewing the agencies website. During the staff and inmate interviews, I confirmed that they are familiar with the reporting avenues and understood how to report. They further understood that the reports could be made anonymously and through a third party.

Subsection (c): Policy requires all staff to accept and document reports made verbally, in writing, anonymously, and from uninvolved parties. The procedure further requires staff to promptly forward the information to the supervisor and designated investigators. All reports are immediately documented and retained. The staff understood the requirements under the policy, and all stated that they would notify the Shift Supervisor.

Subsection (d): Staff are trained during the PREA Training and the update training, that they have the option to privately report an allegation of sexual abuse, sexual harassment, or retaliation. The policy allows the staff to report directly to the Inspector Generals through a telephone number or email. All interviewed staff was aware of these reporting avenues. All staff indicated that they would report to the Facility PREA Compliance Manager.

I found during the inmate interviews that the inmates who were interviewed felt that if something were happening, they would feel comfortable telling a staff member at the facility. This confidence in utilizing this reporting avenue shows the overall culture at the facility. Although this statement may not be true for all inmates, the agency has provided so many different reporting avenues that an inmate should feel comfortable with one of them. It should be noted that after reviewing hundreds of agency investigations I found that most of the incidents were initially reported to a staff member.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency exceeds the requirements of this standard, and all provisions.

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation Reviewed: a. Pre-Audit Questionnaire b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy c. Oklahoma Department of Corrections Policy: OP-090124 Inmate/Offender Grievance Process The agency does not have a grievance process to deal with sexual abuse or sexual harassment. I verified with the Agency PREA Coordinator that if a grievance was filed it would immediately be assigned for investigation. It should be noted that reports of sexual abuse would be considered a criminal act under Oklahoma Law, and legally cannot be handled within a grievance system. The audited facility did not have any grievances filed within the last 12 months relating to sexual abuse. This was confirmed through interviews. Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed: a. Pre-Audit Questionnaire b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy c. Mandatory Report Maps/Laws State of Oklahoma d. SANE Coordinator Website and Information on examination and victim Advocacy e. Memorandum of Understanding with YWCA of Oklahoma City Interviews: a. Random Inmates b. Staff Site Review: During the site review, the auditor observed posted signage throughout the facility, the signage included the audit notices, how to report sexual abuse and sexual harassment, and access to outside victim emotional support service. All signage was readable and accessible, consistent, and placed throughout the facility to convey vital sexual safety information specific to the facility. During the site review, the auditor: • Determined the signage throughout the facility is easily read and accessed by inmates in the facility, specifically: - o The signage language is clear and easy to understand. - o The signage specific to emotional support services, and external reporting, included language that clearly details what services are available and for what purposes. - o The signage was provided in English and translated into Spanish, the most commonly second language spoken in the facility. - o The signage text size and physical placement accommodates most

readers, including those of average height, low vision/visually impaired, or those physically disabled such as in a wheelchair, etc.

- o The information provided by the signage was not obscured, unreadable by graffiti, or missing due to damage.

- o All information on the signage is accurate and consistent throughout the facility.

The signage is accessible to staff and inmates and other persons who may need the information or services provided. The signage indicated how to report sexual abuse and sexual harassment which included external and internal reporting methods. These signs were posted in all areas frequented by inmates, including housing units, programming areas, work areas, education areas, and all common areas. The signage was also located near all inmate phones.

During the facility tour the auditor had informal conversations with staff and inmates in the facility regarding signage they confirmed that the signs have been consistent, are easily read and accessible to inmates with disabilities.

Subsection (a)(b)(c) Access to outside confidential support services is outlined in the agencies policies and procedures. The inmate would have the ability to utilize the services provided through YWCA of Oklahoma City, or the National Sexual Assault Hotline. The services that the inmates would receive are the same as the level received in the community and are free of charge. This was confirmed with the supervisor at YWCA of Oklahoma City. Through interviews I further established that follow up mental health care would be provided by the facility for any inmate victim or abuser who was involved in an incident. The PREA Compliance Manager would inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The inmates are provided with an address and phone number for YWCA of Oklahoma City, or the National Sexual Assault Hotline. The inmates have the ability to write letters to these organizations, the housing units have mailboxes, and the facility has a mailroom where all mail is processed and sent through the USPS. The inmates also have access to the telephones on the housing units. This was confirmed during interviews.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation Reviewed: a. Pre-Audit Questionnaire b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy c. Memorandum of Understanding between Oklahoma Department of Corrections and Oklahoma State Bureau of Investigations (External Reporting Source) d. Zero Tolerance Acknowledgement Signed Copies e. Posted Reporting Instructions ODOC Website – PREA Resources Interviews: a. Inmates b. Staff c. PCM d. PREA Coordinator Onsite Review: During the site review, the auditor observed posted signage throughout the facility, the signage included the audit notices, how to report sexual abuse and sexual harassment, and access to outside victim emotional support service. All signage was readable and accessible, consistent, and placed throughout the facility to convey vital sexual safety information specific to the facility. During the site review, the auditor: • Determined the signage throughout the facility is easily read and accessed by inmates in the facility, specifically: The signage language is clear and easy to understand. The signage specific to emotional support services, and external reporting, included language that clearly details what services are available and for what purposes.

The signage was provided in English and translated into Spanish, the most commonly second language spoken in the facility.

The signage text size and physical placement accommodates most readers, including those of average height, low vision/visually impaired, or those physically disabled such as in a wheelchair, etc.

The information provided by the signage was not obscured, unreadable by graffiti, or missing due to damage.

All information on the signage is accurate and consistent throughout the facility.

The signage is accessible to staff and inmates and other people who may need the information or services provided. The signage indicated how to report sexual abuse and sexual harassment which included external and internal reporting methods.

These signs were posted in all areas frequented by inmates, including housing units, programming areas, work areas, education areas, and all common areas. The signage was also located near all inmate phones.

During the facility tour the auditor had informal conversations with staff and inmates in the facility regarding signage they confirmed that the signs have been consistent, are easily read and accessible to inmates with disabilities.

During the facility tour the auditor confirmed the third-party reporting signage was posted in public areas of the facility that can be accessed by family members, friends, advocates, and attorneys. These included visitation areas, the main entrance to the facility and public-facing websites.

The auditor tested these reporting avenues by calling the

PREA Reporting line at 1(855) 871-4139

ODOC Fugitive Apprehension and Investigations at (405) 425-2571

All calls were completed with no issues, and I confirmed that they would accept my third-party report and forward it to the facility for investigation. I confirmed with the PREA Coordinator that she would receive reports from these avenues.

Subsection (a) The agency has established third party reporting methods in policy, these methods allow inmates to report for other inmates and outside individuals to report. The agencies website outlines the third-party reporting avenues, this was confirmed through review of the agency website. The website has the following posted:

ODOC accepts and investigates reports regarding allegations or knowledge of sexual abuse of offenders from third parties (family, friends, clergy, vendors, contractors, or any other person having knowledge of an incident).

- | | |
|--|--|
| | <ol style="list-style-type: none">1. Send an email to preareport@doc.ok.gov2. Call the PREA Reporting line at 1(855) 871-41393. Call the ODOC Fugitive Apprehension and Investigations at (405) 425-25714. Verbally report to a DOC facility administrator or staff member ODOC Facility Information |
|--|--|

The facility has third party reporting avenues posted in areas in the facility where they can be viewed by visitors.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard Auditor Discussion Documentation Reviewed: a. Pre-Audit Questionnaire b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy c. Mandatory Reporting Laws for Oklahoma d. PREA Report with mental health and third-party involvement e. Agency Investigative Reports f. Mandatory Reporting Law States g. Oklahoma State Statutes Regarding Mandatory Reporting O.S. § 43A-10-104 h. Sexual Assault Report (OP-030601, Attachment C) i. PREA Response Checklist (OP-030601, Attachment H) j. Notification of Investigation Status (OP-030601, Attachment D) Interviews: a. Staff b. PREA Coordinator c. PCM d. Targeted inmates e. Investigator f. Medical Subsection (a)(b) The agency policy states that any staff, volunteer, and contractors shall immediately report to their supervisors or higher authority: 1. Any knowledge, suspicion, or other information regarding an incident of sexual abuse, assault, or harassment that occurred in a facility/unit or other location, whether or not it is part of the agency;

2. Retaliation against inmates or staff who reported such incidents; and
3. Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

The staff interviewed understood their responsibilities under this policy.

The policy further states that staff is prohibited from revealing any information related to sexual abuse to anyone other than the extent necessary. All staff interviewed understood this requirement.

Subsection (c) During medical and mental health staff interviews I confirmed that they would report sexual abuse pursuant to paragraph (a) of this section and to inform inmates of their duty to report, and the limitations of confidentiality, at the initiation of services.

Subsection (d) If the alleged victim is under the age of 18 or considered a vulnerable adult the agency would report to the Oklahoma Department of Human Services. This was confirmed with the PREA Coordinator and medical staff.

Subsection (e) I confirmed through interviews that when learning of an allegation of sexual abuse, sexual harassment, including third party and anonymous reports, the facility staff would report the incident to a supervisor. The administration at the facility confirmed that all allegations are immediately reported to agency investigators. During investigator interviews I confirmed that all allegations of sexual abuse and sexual harassment are forwarded for investigation.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation Reviewed: a. Pre-Audit Questionnaire b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy c. Agency Investigations Interviews: a. Facility Administrator b. Staff Subsection (a) The agencies policies dictate that when staff learns that an inmate is subject to a substantial risk of imminent sexual abuse, they shall take immediate action to protect the inmate. The staff interviewed understood their responsibility and all responded that they would immediately take appropriate steps to protect the inmate and ensure they are moved to a safe place. This was further confirmed during the review of agency and facility investigations. Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation Reviewed: a. Pre-Audit Questionnaire b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy Interviews: a. Facility Administrator b. PCM c. PREA Coordinator d. Investigator Subsection (a)(b)(c)(d) Through policy the agency has established procedures and practices that meet all the requirements of the standard and provision. These include notification by the facility head to the head of the facility where the allegation allegedly took place within 72 hours, as well as documentation of the information received and notification. The policy further states that if an allegation is received in such a manner the facility needs to notify the Office of Inspector General for investigation. I confirmed these policies and practices through documentation review of forwarded investigations throughout the agency, as well as through staff interviews. Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard Auditor Discussion Documentation Reviewed: a. Pre-Audit Questionnaire b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy c. Oklahoma Department of Corrections Policy: OP-040117 Investigations d. Incident Notification Checklist (Attachment H - OP-050108) PREA e. Response Checklist (OP-030601, Attachment H) f. Sexual Assault Report (OP-030601, Attachment C) g. Agency Investigations of Sexual Abuse and Sexual Harassment Interviews: a. Staff b. PCM c. Investigator Subsection (a)(b) The agency policies outline the initial response by staff. This response includes stopping the alleged incident, safeguarding the victim, arrange for medical services, detaining the alleged perpetrator, and preserving evidence. The staff interviewed understood their responsibilities if they were the first responder to an allegation. I verified compliance during the interview process, as well as policy and agency investigation review. During the interviews, all staff indicated that they would make the inmates safety their priority and follow the policy. The contractor interviewed related that if they were a first responder, they would request that the victim not take any actions that could destroy physical evidence, and then notify security staff. Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the

	information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.
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115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation Reviewed: a. Pre-Audit Questionnaire b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy c. Oklahoma Department of Corrections Policy: OP-040117 Investigations d. Incident Notification Checklist (Attachment H - OP-050108) e. Request for Investigation Comprehensive Report (Attachment A) f. CWCCC PREA Coordinated Response Plan g. Medical Flow Chart h. Agency Investigations of Sexual Abuse and Sexual Harassment Interviews: a. Facility Administrator b. PREA Coordinator c. PCM Subsection (a) The facility has adopted the Oklahoma Prison Rape Elimination Act Policy OP-030601 and the CWCCC PREA Coordinated Response Plan as the overall institutional plan to respond to sexual abuse incidents. This plan dictates the actions and coordination between first responders, supervisors, administration, medical, mental health and the Office of Inspector General. I confirmed the institutional plan through review of the plan, as well as during staff interviews. During the review of the agency investigations, I found that the policy was followed, and all parties responded appropriately. Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the

	information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.
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115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed: Pre-Audit Questionnaire Oklahoma is a right to work state and does not enter into any collective bargaining agreement. This is established under state statute in the Oklahoma Personnel Act. Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation Reviewed: a. Pre-Audit Questionnaire b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy Agency Investigations of Sexual Abuse and Sexual Harassment c. Agency Monitoring form Interviews: a. PCM Subsection (a)(b)(c)(d)(e)(f) The policy dictates that the facility shall ensure any inmate or staff reporting allegations of sexual abuse or sexual harassment or cooperate in an investigation involving such allegations are protected from retaliation by other inmates or staff. The facility/unit head shall designate staff to monitor retaliation and take appropriate action(s) to include: 1. Employing protective measures, such as housing changes or transfers for inmate victims or abusers; 2. Removal of alleged staff or inmate abusers from contact with victims; 3. Engaging emotional support services such as mental health services for inmates and the Employee Assistance Program for staff who fear retaliation for reporting sexual abuse or harassment or for cooperating with investigations; and 4. For at least 90 days following a report of sexual abuse or sexual harassment, a facility designated monitor(s) shall assess the conduct and treatment of the inmates or staff who reported the abuse and of inmates who were reported to have suffered sexual abuse for changes that may suggest possible retaliation by inmates or staff. Findings shall be reported to the facility/unit head who shall act promptly to remedy any such retaliation. The facility monitoring will include: a. Inmate discipline or misconducts;

	b. Housing, program or classification changes; c. Negative job/performance reviews; d. Reassignment of staff; e. If the inmate or staff is transferred during this 90-day period, the facility head of the current facility shall notify the receiving facility head of the continued need for monitoring; f. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need: and g. In the case of inmates, such monitoring shall also include periodic status checks. 5. Monitoring of staff and inmates shall be documented utilizing the "Inmate Protection Against Retaliation" form or the "Staff Protection Against Retaliation" form. The agency has established through past incidents that they utilize housing transfers, as well as facility transfers of perpetrators to protect the victim in an incident. This was confirmed during staff interviews. The Case Managers interact with the inmates daily, they would be assigned to help monitor the inmate to ensure that no issues were occurring. The facility has not had any investigations during the auditing period, the PREA Compliance Manager understood their obligation under this policy. Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.
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115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation Reviewed: a. Pre-Audit Questionnaire b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy c. Oklahoma Department of Corrections Policy: OP-040117 Investigations d. Incident Notification Checklist (Attachment H - OP-050108) Request for Investigation Comprehensive Report (Attachment A) e. Agency Investigations of Sexual Abuse and Sexual Harassment f. Specialized Training Power Point g. Specialized Training Rosters h. List of PREA-Trained Investigators i. Documentation of Evidence Gathered Interviews a. Investigators b. Staff Subsection (a) Policy dictates that every report, complaint, or allegation of sexual abuse and sexual harassment, including uninvolved parties and anonymous reports, shall be investigated promptly, thoroughly, and objectively. During the staff interviews, I confirmed that all allegations are reported and investigated. The allegations are reported to the Office of Inspector General. These investigators are highly trained in evidence collection and identification. During the staff interviews, I confirmed that anonymous and third-party reports are investigated in the same thorough manner. Subsection (b)(c) The agency uses investigators who have received specialized training in sexual abuse investigations where an incident of sexual abuse is alleged. The interviewed investigators confirmed they had received the PREA training, as well as the investigator's training as outlined in standard 115.34. They further confirmed that as per policy they would gather and preserve direct and

circumstantial evidence such as DNA and electronic monitoring data, interview alleged victims, suspected abusers, and witnesses, and review prior complaints of sexual harassment and report of sexual abuse involving the suspected abuser.

Subsection (d) Policy states that if the evidence appears to support a criminal prosecution, compelled interviews will be conducted. These interviews would be conducted by the agency investigators.

Subsection (e) The policy confirms that the credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as a inmate or staff. The policy further stated that the agency does not require a inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition of proceeding with the investigation. This was further confirmed during staff interviews.

Subsection (f) Policy requires investigators to make an effort to determine whether staff actions or failures to act contributed to the abuse. At the conclusion of the investigation, a report is completed and includes a description of the allegation, a detailed description of the reviewed video or other electronic monitoring data which articulates how the allegation was supported or not supported, and a conclusion that articulates how the victim's allegation was determined to be credible or not credible and how the evidence supports this determination. This includes descriptions of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and finding are included. The report includes statements of the victim, witnesses, and abuser, video evidence, and police reports, if available, and how the evidence supports the findings.

Subsection (g) The Criminal Investigations are documented in a report which includes a thorough description of the physical, testimonial, legal documents, and copies of all documentary evidence where feasible. These reports are created by the agency investigators.

Subsection (h) Allegations of sexual abuse are referred for prosecution by the agency investigators. No investigation from this facility have been referred for prosecution during the auditing period.

Subsection (i) Policy indicates that the agency will securely maintain PREA investigation files, including criminal and administrative agency investigative reports for as long as the alleged abuser is incarcerated or employed plus five additional years. This was further verified through interviews.

Subsection (j) Policy states that if the alleged abuser or victim departs from employment or control of the facility or agency, the investigation will not be terminated. Interviews confirmed if an alleged abuser submits resignation from employment, the investigation will continue. If the victim leaves the facility, the investigator will make every effort to interview the alleged victim prior to departure or will make efforts to contact the alleged victim wherever the victim is.

Subsection (l) The agency conducts all investigations.

	Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.
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115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard Auditor Discussion Documentation Reviewed: a. Pre-Audit Questionnaire b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy c. Agency Investigations of Sexual Abuse and Sexual Harassment Interviews a. Investigator Subsection (a) Policy states that no standard higher than a preponderance of the evidence shall be imposed in determining whether allegations of sexual abuse or sexual harassment are substantiated. This is outlined in the training that all investigators receive. This was confirmed during the review of the policies, investigator interviews, and agency investigative report review. Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation Reviewed: a. Pre-Audit Questionnaire b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy c. Oklahoma Department of Corrections Policy: OP-040117 Investigations d. Notification of Investigation Status (Attachment D – OP-030601) Interviews a. PCM b. Investigator Subsection (a)(b)(c)(d)(e)(f) Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy dictates that: a. Following the investigation, the Facility Head shall inform the inmate as to whether the allegation was determined to be substantiated, unsubstantiated, or unfounded. b. Following an inmate's allegation of staff-on-offender sexual abuse, the Facility Head shall subsequently inform the inmate (unless the investigation determined that the allegation was unfounded) whenever: the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at the facility; the staff member was indicted or convicted on a charge related to the sexual abuse. c. Following an inmate's allegation of offender-on-offender sexual abuse, the Facility Head shall subsequently inform the alleged victim if the abuser is indicted or convicted of the sexual abuse d. The Facility Head will ensure that the notification is documented on the Notification of Investigation Status DOC OP-030601 Attachment D. e. The reporting to inmates requirements terminates if the inmate is released from OKDOC custody and supervision. During the review of the agency investigations and investigator interviews, I found

that the above procedures are being followed. I confirmed with the PCM that it is their responsibility to notify the inmate of the outcome of the investigation. This is being completed by utilizing the Notification of Investigation Status. The facility has not had any investigations during the audit period.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.

115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation Reviewed: a. Pre-Audit Questionnaire b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy c. Oklahoma Department of Corrections Policy: OP-110215 Individual Conduct of Employees d. Agency Investigation reports Interviews a. Facility Administrator b. PREA Coordinator c. PCM Subsection (a)(b)(c)(d) The agency has policy in place that address staff discipline for a violation of any provision of their Prison Rape Elimination Act policy, as well as any other policy that governs staff conduct. I confirmed the utilization of the discipline through review of the agency investigations, and staff interviews. Through policy the staff are subject to disciplinary sanctions up to and including termination, which is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. During the review of investigations throughout the agency I have determined the disciplinary sanctions for violations of policy commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Through investigation review and interviews I confirmed that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, were investigated criminally and referred for a prosecutorial determination and if applicable were reported to licensing bodies. The audited facility has not disciplined staff within the last 12 months for a violation of these policies. Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic

	evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.
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115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard Auditor Discussion Documentation Reviewed: a. Pre-Audit Questionnaire b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy c. Oklahoma Department of Corrections Policy: OP-090211 Volunteer Services d. Volunteer Alert form (Attachment F – OP-090211) e. Volunteer Code of Conduct (Attachment K – OP-090211), relevant pages Interviews a. Facility Administrator b. PREA Coordinator c. PCM Subsection (a)(b) The agency has policy in place that addresses corrective action for volunteers and contractors who violate of any provision of their Prison Rape Elimination Act policy, as well as any other policy that governs conduct. I confirmed the utilization of the discipline through review of the agency investigations and staff interviews. Through investigation review and interviews I confirmed that any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and reported for a criminal investigation as well as a prosecutorial decision. If the contractor or volunteer is licensed in anyway, the licensing body will be notified. I confirmed with the PREA Coordinator that any contractor or volunteer who violated the policies would have their security clearance immediately revoked. The audited facility has not disciplined any volunteers and contractors within the last 12 months for a violation of these policies. Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information

	received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.
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115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation Reviewed: a. Pre-Audit Questionnaire b. Oklahoma Department of Corrections Policy: OP-060125 Disciplinary Procedures Acts Constituting Rule Violations (Attachment A – OP-060125) c. Acts Constituting Rule Violations (OP-060125, Attachment A) Mental Health Recommendations (DOC-060125-R) d. Zero Tolerance Acknowledgment Interviews a. Facility Administrator b. PREA Coordinator c. PCM d. Medical Subsection (a)(b)(c)(d)(e)(f)(g) Policy dictates that: 1. Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative and/or criminal finding that the inmate engaged in inmate-on-inmate sexual abuse or inmate-on-inmate sexual harassment. 2. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate’s disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. 3. The disciplinary process shall consider whether a inmate’s mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed. 4. The agency may refer the inmate to various levels of counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse and shall consider whether to require the offending inmate to participate in such interventions as a condition of continued access to programming, residence, or other benefits.

5. The agency would discipline a inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. 6. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. 7. The agency prohibits all consensual sexual activity between inmates and will discipline inmates for such activity. However, according to policy, the agency may not deem such activity to constitute sexual abuse if it determines that the activity was not coerced. The facility has not disciplined any inmates within the last 12 months for a violation of these policies. Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.
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115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard Auditor Discussion Documentation Reviewed: a. Pre-Audit Questionnaire b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy c. Intra-Facility Health Screening Form (DOC 140113B) d. Medical/Mental Health Screening Intake Form Consent Form Inmate Records e. Authorization for Release of Protected Health Information (DOC 140108A) Interviews a. Medical Staff b. Targeted inmates Subsection (a) Policy dictates that alleged victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. The policy further requires staff to ensure the alleged sexual abuse victim is provided access to a forensic medical examination and mental health evaluation. The alleged victim of sexual abuse would be transported to OU Medical. I verified with OU Medical that a SANE nurse would be notified and meet the victim there. Subsection (b) Policy directs staff first responders to take preliminary steps to protect the alleged victim. The facility utilizes OU Medical for forensic examinations; the Supervisor indicated that a Sexual Assault Nurse Examiner would be notified. They further confirmed that they provide onsite victim advocacy through YWCA of Oklahoma City. Subsection (c) Policy dictates that all alleged victims of sexual abuse are offered timely information and access to emergency contraception and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care. The supervisors at OU Medical confirmed that this is provided to all victims of sexual assault. Subsection (d) The State also does not require a victim of sexual assault to

	cooperate with law enforcement or prosecution for the examination to be paid for. The supervisor at OU Medical confirmed that victims of sexual assault receive services without cost to the victim. They also confirmed that victims are not required to cooperate with an investigation to receive an examination and treatment. During staff interviews I confirmed that the services would be offered as per the policy. Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.
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115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard Auditor Discussion Documentation Reviewed: a. Pre-Audit Questionnaire b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy c. Intra-Facility Health Screening Form (DOC 140113B) d. Medical/Mental Health Screening Intake Form Consent Form Inmate Records e. Authorization for Release of Protected Health Information (DOC 140108A) Interviews a. Medical Staff b. Targeted inmates Subsection (a) Policy requires the facility to offer medical and mental health evaluation and if appropriate, treatment to all inmates who have allegedly been victimized by sexual abuse at the facility. I confirmed during staff interviews that these services are offered through agency medical and mental health providers. Subsection (b) Ongoing medical and mental health treatment is available for inmates who have been allegedly victimized by sexual abuse. This includes appropriate follow-up services, treatment plans, and as necessary referrals for continued care following the inmates transfer to another facility or released. Subsection (c) Policy states that the facility is required to provide alleged victims with medical and mental health services consistent with the community level of care. Subsection (d) (e) The facility is all male. Subsection (f) Policy dictates that all alleged victims of sexual abuse are offered testing for sexually transmitted infections. This was further confirmed with medical staff. Subsection (g) Treatment services are provided to alleged victims without financial

cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Victims are provided services at no cost and are not required to file a report or consent to the rape kit being tested.

Subsection (h) The policy requires an attempt to provide a mental health evaluation to be conducted on abusers within 60 days of learning of the abuse history and offer treatment when deemed appropriate.

During staff interviews I confirmed that the services would be offered as per the policy.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation Reviewed: a. Pre-Audit Questionnaire b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy c. Agency Incident reviews and associated documentation Interviews a. Facility Administrator b. PREA Coordinator Subsection (a)(b) Policy dictates that at the conclusion of every sexual abuse investigation, whether substantiated or unsubstantiated, the facility will conduct a Sexual Abuse Incident Review. This review will take place within 30 working days of the completion of the investigation. During the auditing period no allegations of sexual abuse or sexual harassment have occurred at the facility. Subsection (c) Policy dictates the review team will include administrative staff, with input from line supervisors, investigators, medical/mental health professional and facility PREA compliance manager. Subsection (d) the review team: a) Considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; b) Considers whether the incident or allegation was motivated by race, ethnicity, gender identity, sexual orientation, or by other group dynamics at the facility; c) Examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; d) Assesses the adequacy off staffing levels in the area during different shifts; e) Assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff and current camera systems; and

f) Prepares a report of its findings and documents on the Sexual Abuse Incident Review Form.

Subsection (e) Policy states that the facility shall implement the recommendations for improvement or shall document reasons for not doing so.

The interviewed staff understood their obligations under the policy. There were no reviews conducted during the auditing period.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.

115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation Reviewed: a. Pre-Audit Questionnaire b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy DOC Website – PREA Resources c. Data reports from 2012 through 2021 Interviews a. Facility Administrator b. PREA Coordinator Subsection (a) Policy directs the agency to collect accurate, uniform data for every allegation of sexual abuse at facilities under the direct control of the agency, using a standardized instrument and set of definitions. Subsection (b) Policy dictates that the agency is responsible for reviewing data collected and to aggregate the data annually in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. Subsection (c) The incident-based data collected includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The information included in the Survey would be included in the PREA reports submitted by the investigator. The facility has not had any PREA related investigations. Subsection (d) Policy indicates that all data be maintained, reviewed, and collected as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. All data is stored electronically. Subsection (e) The agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. Subsection (f) The Department of Justice has not requested the data from the agency. Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the

	Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.
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115.288	Data review for corrective action
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Documentation Reviewed: a. Pre-Audit Questionnaire b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy DOC Website – PREA Resources c. Data reports from 2012 through 2021 Interviews a. Facility Administrator b. PREA Coordinator Subsection (a) The agency is responsible for reviewing data collected and annually aggregating the data in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training by: • identifying problem areas • taking corrective action on an ongoing basis • preparing an annual report of its findings and corrective actions for each facility, as well as the Department as a whole. The staff confirmed that incident-based data would be collected and used to identify a trend and areas of concern to address specific problems or address issues through training. An annual report would be prepared and include corrective action. Subsection (b) As per policy, the annual report includes comparison data and corrective actions for the current year with those from previous years, and an assessment of the agencies progress in addressing sexual abuse. Subsection (c) As per policy the agency’s report shall be approved by the agency director and is made readily available on the agency website. This was confirmed by viewing the report on the website, as well as previous years reports. Subsection (D) Policy states that specific identifying information shall be redacted so that no individual is identifiable. The agency also redacts specific material from the reports when publication would present a clear and specific danger to a facility and would indicate the nature of the material redacted.

	The PREA Coordinator continuously evaluates the data collected from every facility to better prevent sexual abuse and sexual harassment within the facilities and contracted facilities of the OKDOC. During my tenure as a PREA Auditor I found the OKDOC PREA Coordinator one of the most dedicated to the prevention of sexual abuse and sexual harassment. The data collected is used in identifying problem areas and in the development of the following years PREA training. Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency exceeds the requirements of this standard, and all provisions.
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115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard Auditor Discussion Documentation Reviewed: a. Pre-Audit Questionnaire b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy DOC Website – PREA Resources c. Data reports from 2012 through 2021 Interviews a. Facility Administrator b. PREA Coordinator Subsection (a) Policy requires PREA data collected to be securely retained, I confirmed that all data is retained electronically, and password protected. Subsection (b) (c) The policy indicates that the agency shall make all aggregated sexual abuse data information available to the public. Specific identifying information collected for reporting purposes shall be redacted so no individual is identifiable or if publication would present a clear and specific danger to the facility. The nature of the redaction must be indicated. The staff confirmed that incident-based data is collected and compiled in an annual report, this annual report is on the agency website. Subsection (d) As per policy collected PREA data is retained for a period of no less than ten years after the date of the initial collection unless federal, state, or local law requires otherwise. As an agency they collect data from every facility as well as all contracted facilities. Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	401 Subsection (a)(b) During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency has ensured that each facility operated by the agency is audited at least once. The agency is auditing one third of each facility type per auditing year. Subsection (h) During the audit process I had access to all areas of the audited facility. Subsection (i) I received copies of all relevant documents associated with the audit process. Subsection (m) During the onsite audit I conducted private interviews with inmates. Subsection (n) Inmates and Staff were permitted to send me confidential information and correspondence.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Subsection (f) All final audit reports are available to the public on the agencies website at oklahoma.gov/doc/offender-info/prison-rape-elimination-act

Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes

115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	yes
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	yes
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na

115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes

115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with residents with disabilities including residents who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.216 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes

115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes

115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na
115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	na

115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes

115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes

115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes

115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes

115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	yes
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes

115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes

115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes

115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.242 (f)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.251 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes

115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency 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? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na

115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	na

115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na

115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes

115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes

115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	na
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na

115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes

115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

115.277 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes

115.278 (d)	Disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	yes
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes

115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes

115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes

115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na

115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na

115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes