

PREA Facility Audit Report: Final

Name of Facility: Enid Community Corrections Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 12/09/2025

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
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.	<input type="checkbox"/>
Auditor Full Name as Signed: Elaine Brideschge	Date of Signature: 12/09/2025

AUDITOR INFORMATION	
Auditor name:	Brideschge, Elaine
Email:	risingsunauditing@gmail.com
Start Date of On-Site Audit:	12/07/2024
End Date of On-Site Audit:	12/07/2024

FACILITY INFORMATION	
Facility name:	Enid Community Corrections Center
Facility physical address:	2020 East Maine Avenue, Enid, Oklahoma - 73701
Facility mailing address:	

Primary Contact

Name:	Miciah Ahrnsbrak
Email Address:	miciah.ahrnsbrak@doc.ok.gov
Telephone Number:	405-876-1393

Facility Director	
Name:	Kyla Canchola
Email Address:	kyla.canchola@doc.ok.gov
Telephone Number:	405-760-1478

Facility PREA Compliance Manager	
Name:	Kyla Canchola
Email Address:	kyla.canchola@doc.ok.gov
Telephone Number:	405-760-1478

Facility Characteristics	
Designed facility capacity:	98
Current population of facility:	93
Average daily population for the past 12 months:	95
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys
Age range of population:	40-49
Facility security levels/resident custody levels:	Non-Violent Community Corrections
Number of staff currently employed at the	27

facility who may have contact with residents:	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	27
Number of volunteers who have contact with residents, currently authorized to enter the facility:	28

AGENCY INFORMATION	
Name of agency:	Oklahoma Department of Corrections
Governing authority or parent agency (if applicable):	
Physical Address:	4345 North Lincoln Boulevard, Oklahoma City, Oklahoma - 73105
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information			
Name:	Miciah Ahrnsbrak	Email Address:	miciah.ahrnsbrak@doc.ok.gov

Facility AUDIT FINDINGS
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:

24

- 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.212 - Contracting with other entities for the confinement of residents
- 115.213 - Supervision and monitoring
- 115.215 - Limits to cross-gender viewing and searches
- 115.216 - Residents with disabilities and residents who are limited English proficient
- 115.217 - Hiring and promotion decisions
- 115.218 - Upgrades to facilities and technology
- 115.221 - Evidence protocol and forensic medical examinations
- 115.222 - Policies to ensure referrals of allegations for investigations
- 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

	<ul style="list-style-type: none"> • 115.241 - Screening for risk of victimization and abusiveness • 115.251 - Resident reporting • 115.253 - Resident access to outside confidential support services • 115.254 - Third party reporting • 115.264 - Staff first responder duties • 115.265 - Coordinated response • 115.267 - Agency protection against retaliation • 115.271 - Criminal and administrative agency investigations • 115.282 - Access to emergency medical and mental health services • 115.286 - Sexual abuse incident reviews
Number of standards met:	
17	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-12-07
2. End date of the onsite portion of the audit:	2024-12-07

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?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	YWCA Enid

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	98
15. Average daily population for the past 12 months:	95
16. Number of inmate/resident/detainee housing units:	10
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> 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

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	95
25. 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:	0
26. 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:	0
27. 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:	0
28. 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:	0
29. 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
30. 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:	0

31. 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
32. 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
33. 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:	0
34. 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
35. 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):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. 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:	16
37. 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:	0

38. 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:	0
39. 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 text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	16
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Through a review of data collection worksheets, detailed unit rosters and conversations with facility leadership.
43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No

44. 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 text provided.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	0
<p>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".</p>	
47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability 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:	<div data-bbox="818 1469 1469 1630"> <input checked="" type="checkbox"/> 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. </div> <div data-bbox="818 1675 1469 1756"> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>

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).	<p>Through a review of data collection worksheets, detailed unit rosters and conversations with facility leadership.</p>
48. 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:	<p>0</p>
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
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).	<p>Through a review of data collection worksheets, detailed unit rosters and conversations with facility leadership.</p>
49. 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:	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>Through a review of data collection worksheets, detailed unit rosters and conversations with facility leadership.</p>
<p>50. 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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>Through a review of data collection worksheets, detailed unit rosters and conversations with facility leadership.</p>
<p>51. 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:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>Through a review of data collection worksheets, detailed unit rosters and conversations with facility leadership.</p>
<p>52. 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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>Through a review of data collection worksheets, detailed unit rosters and conversations with facility leadership.</p>
<p>53. 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:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>Through a review of data collection worksheets, detailed unit rosters and conversations with facility leadership.</p>
<p>54. 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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>Through a review of data collection worksheets, detailed unit rosters and conversations with facility leadership.</p>
<p>55. 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:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>Through a review of data collection worksheets, detailed unit rosters and conversations with facility leadership.</p>
<p>56. 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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>Through a review of data collection worksheets, detailed unit rosters and conversations with facility leadership.</p>

57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	12
59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
If "Other," describe:	Gender
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
61. 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 text provided.
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.	

62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	14
63. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
65. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
66. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

67. 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

	<input type="checkbox"/> Other
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	3
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input checked="" type="checkbox"/> Other
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	3
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input checked="" type="checkbox"/> Other
70. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

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.

71. Did you have access to all areas of the facility?

☒ Yes

☐ No

Was the site review an active, inquiring process that included the following:

72. 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

73. 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

74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

☒ Yes

☐ No

75. Informal conversations with staff during the site review (encouraged, not required)?

☒ Yes

☐ No

76. 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 text provided.
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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.

77. 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?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.
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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.

79. 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

80. 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.

81. 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

82. 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.

83. 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

84. 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

85. 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:

The facility has not had any allegations of sexual abuse or sexual harassment made in the last 12 months.

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. 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:	The facility has not had any allegations of sexual abuse or sexual harassment made in the last 12 months.
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

102. 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

103. 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

108. 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

Identify the name of the third-party auditing entity

Corrections Consulting Services LLC

Standards
Auditor Overall Determination Definitions
<ul style="list-style-type: none"> 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
<p>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.</p>

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.211 Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> Facility Operations Policy 030601 PREA Reporting Procedure Checklist OP-030601 Field Memorandum: Oklahoma Prison Rape Elimination Act Facility Organizational Chart General Council Organizational Chart Pre-Audit Questionnaire (PAQ) Site review observations – zero tolerance signage

	<p>8. Interviews with the Agency PREA Coordinator (PC) and the PREA Compliance Manager (PCM)</p> <p>Findings:</p> <p>(a) ODOC maintains a zero tolerance for inmate-on-inmate sexual assault, staff sexual misconduct and sexual harassment toward inmates. Every allegation of sexual assault, abuse, misconduct and harassment is thoroughly investigated. PREA posters are displayed throughout each facility and are visible to all staff, inmates, and visitors.</p> <p>(b) A PREA Coordinator is assigned at the agency level. This individual holds an upper-level position with sufficient authority and time to oversee compliance. Exceeding this standard, the Oklahoma Department of Corrections has created a position, Project Manager, to serve as secondary PREA Coordinator. This primary goal of the Secondary Coordinator is to manage the day-to-day operations of the PREA unit, which includes managing PREA background requests from other agencies, responding to third party PREA allegations, monitoring internal agency reporting avenues, monitoring PREA investigations, and researching methods to further the agencies' goal of excellence in PREA compliance. This allows the primary coordinator to spend approximately 70% of the work time within the agency facilities, which allows for better compliance monitoring at an agency level. Exceeding this standard, the facility has designated a primary PCM and a secondary PCM, who are given adequate time and authority to coordinate facility-level PREA compliance activities. A deputy warden is designated by the facility/unit head at each facility to assist the facility/unit head in ensuring elements of the PREA Act are met in a coordinated fashion.</p>
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115.212	Contracting with other entities for the confinement of residents
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p>
	<p>115.212 Contracting with Other Entities for the Confinement of Residents</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. Documentation of contract monitoring 3. Bridgeway Halfway House contract 4. Interview with the contracts administrator (PCM)

	<p>Findings:</p> <p>(a) The Oklahoma Department of Corrections maintains only one contract with a private entity, the Bridgeway Halfway house. The contract requires the contracted facility to adopt and comply with PREA standards.</p> <p>(b) The contract requires the agency to monitor the contractor's compliance with PREA standards. The contract monitor for this facility is the PREA Compliance Manager (PCM), a trained and practicing PCM who has received the same training as all other facility PCMs.</p> <p>(c) The agency has not entered into a contract with an entity that fails to comply with the PREA standards.</p>
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115.213	Supervision and monitoring
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p>
	<p>115.213 Supervision and Monitoring</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. OP-030601 Field Memorandum: Oklahoma Prison Rape Elimination Act 2. Facility Operations Policy 030601 3. Pre-Audit Questionnaire (PAQ) 4. 2025 Staffing Plan Inspections for the Staffing Plan Review 5. Staffing Plans for 2024 and 2025 6. Site review observations - supervision practices 7. Interviews with Facility Administrator, PREA Compliance Manager (PCM), PREA Coordinator (PC) and supervisors who conduct unannounced rounds. <p>Findings:</p> <p>(a) The facility has developed and documented a comprehensive staffing plan designed to ensure adequate staffing levels and video monitoring to protect residents from sexual abuse. In establishing and maintaining this plan, the facility considers the physical layout, resident population, historical data on incidents, and other relevant operational factors. The facility has never had a judiciary finding of inadequacy for staff supervision and monitoring. In addition, at all times, there is at least one captain and one lieutenant on shift. In addition, each officer is equipped with a body camera. During the site review the auditor compared the written</p>

	<p>staffing plan against the observations made and determined the staffing plan adequately assesses the staffing and/or electronic monitoring needs of the facility with sexual safety in mind, and, the facility is staffed according to the plan, as it is written.</p> <p>(b) When deviations from the staffing plan occur, they must be documented and justified. No deviations were reported during the review period.</p> <p>(c) As evidenced by a review of the staffing plans for 2024 and 2025 the facility annually conducts a formal assessment to determine whether adjustments are necessary to staffing plans, patterns, or monitoring technologies. This review ensures that available resources continue to support adequate staffing and effective supervision in all areas of the facility.</p> <p>Exceeding this standard, as evidenced by the staff tour logs, the facility conducts unannounced rounds by supervisory staff on all shifts. These rounds are documented, and staff are not permitted to alert others in advance of these rounds unless operationally necessary.</p>
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115.215	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p>
	<p>115.215 Limits to Cross-Gender Viewing and Searches</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. OP-030601 Field Memorandum: Oklahoma Prison Rape Elimination Act 2. Facility Operations Policy 030601 3. Pre-Audit Questionnaire (PAQ) 4. Staff Search Training Curriculum and Attendance Records 5. OP-0401102 Section-04 Security 6. OP-04011- Section-04 Security Searches of Persons 7. Site review observations – cross-gender searches; cross-gender viewing 8. Interviews with random staff and random inmates. The facility does not hold female inmates. <p>Findings:</p>

	<p>(a) Cross-gender strip and visual body cavity searches are only done in emergencies or by medical staff.</p> <p>(b) (c) The facility does not house female inmates.</p> <p>(d) Facility Operations Policy 030601 requires that an inmate be able 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. Announcements are made on housing units to alert inmates when female staff members will enter or be present on the housing unit. Officers will make one announcement at the beginning of their shift upon his/her arrival on the housing unit. Female officers or female staff not assigned to the specific unit will make an announcement every time they come onto the housing unit. A gender announcement is made on each unit at the beginning of each shift. This is logged on unit logbooks. In addition to this, female staff are required to announce themselves when entering units. In units with Spanish speaking population, the announcements are also made in Spanish or indicated by an amber light on the unit. There is signage on the entrance to each unit, as well as a restroom, to ensure this occurs. SMU's are designated as male only posts. Because of the multiple measures in place to occur that cross gender viewing does not occur, the facility exceeds this standard.</p> <p>(e) (f) This provision is no longer applicable to your compliance finding.</p>
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115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.216 Residents with Disabilities and Residents Who Are Limited English Proficient</p> <p>Evidence Analyzed:</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. OP-030601 Field Memorandum: Oklahoma Prison Rape Elimination Act 2. Facility Operations Policy 030601 3. Pre-Audit Questionnaire (PAQ) 4. Facility Interpreter List 5. Unit Handbook in Spanish

6. PREA Training Attendance Records

7. Instructions to Place a Call to PREA Hotline in English and Spanish

8. Site review observations – Interpretation services

9. Interviews with the General Counsel (General Counsel (agency head)), random staff, and inmates with disabilities and who are limited English proficient

Findings:

(a) The facility has taken comprehensive steps to ensure that residents with disabilities including those who are deaf or hard of hearing, blind or with low vision, or who have intellectual, psychiatric, or speech disabilities have equal opportunity to participate in and benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. As needed, the facility provides qualified interpreters who can interpret effectively, accurately, and impartially, using specialized vocabulary. Written materials are available in accessible formats to ensure effective communication with all residents, including those with intellectual or visual impairments. The facility ensures compliance with the Americans with Disabilities Act and does not engage in actions that would result in undue financial or administrative burdens or a fundamental alteration of services.

(b) The facility provides meaningful access to all aspects of PREA-related programs and responses for residents who are limited English proficient. Qualified interpreters are made available to interpret effectively, accurately, and impartially, using any necessary specialized terminology. In addition, each facility has access to multiple resources to ensure that inmates with limited English abilities are taken care of. The agencies "ICON" internal system tracks inmate who require translators at each facility. Each case manager has access to an agency wide translator list to ensure inmate translators are not utilized. There are written resources regarding PREA compliance available in the 10 most spoken languages besides English to each PCM via the agency shared PREA "I-Drive". Each PCM is also assigned a "Pockettalk", a direct speech-to-speech translator designed for law enforcement. Because of all these measures in place, the facility exceeds this standard. The auditor had informal conversations with staff and inmates regarding accessibility of interpretation services when needed. Tablets are provided to each inmate containing PREA information and the PREA video.

(c) The facility does not rely on resident interpreters, readers, or other resident assistants, except in limited circumstances when obtaining an outside interpreter would result in an extended delay that could compromise resident safety, hinder first-response duties or impede an investigation. Our agency has an agreement with the Disability Law Center. This disability law center has a right to:

1. Ensure access to service providers immediately upon an oral or written request.
2. Be allowed access to individuals with disabilities for the purpose of providing information, training and referral to programs addressing their individual needs;

	<p>information and training on their individual rights; and information about the services our office provides,</p> <p>3. Post a poster with their contact information in locations where individuals with disabilities receive services,</p> <p>4. Monitor compliance with respect to the rights and safety of individuals with disabilities,</p> <p>5. Be given Access, including but not limited to, inspecting, viewing, photographing and video recording all areas of a service provider's premises or under the service provider's supervision or control which are used by individuals with disabilities or are accessible to them, and</p> <p>6. Be given Unaccompanied access to individuals with disabilities, including but not limited to the opportunity to meet and communicate privately.</p>
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115.217	Hiring and promotion decisions
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p>
	<p>115.217 Hiring and Promotion Decisions</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. OP-030601 Field Memorandum: Oklahoma Prison Rape Elimination Act 2. Facility Operations Policy 030601 3. Pre-Audit Questionnaire (PAQ) 4. Operation Procedure 110235 Hiring and Promotional Procedures 5. Operation Procedure 110210 Personnel 6. New Hire Questionnaire asking about Previous Sexual Misconduct 7. Interviews with HR staff <p>Findings:</p> <p>(a) The facility does not hire, promote, or contract with any individual who may have contact with residents and who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. Has been convicted of, or attempted to engage in, sexual activity in the community facilitated by force, coercion, or where the victim did not or could not consent; or has been civilly or administratively adjudicated for such conduct. The auditor</p>

	<p>reviewed files of staff hired or promoted in the past 12 months and determined that proper criminal record background checks have been conducted and questions regarding past conduct were asked and answered.</p> <p>(b) The facility considers all incidents of sexual harassment when making decisions regarding hiring, promotion, or contracting with individuals who may have resident contact.</p> <p>(c) Prior to hiring new employees who may have contact with residents, the facility conducts criminal background checks and, in accordance with applicable law, makes best efforts to contact all prior institutional employers for information related to substantiated allegations of sexual abuse or any resignation during a pending investigation. The auditor confirmed this through review of files of personnel hired in the past 12 months and determined that the agency has completed checks consistent with 115.17(c).</p> <p>(d) The facility also performs criminal background checks before contracting with any service provider who may have contact with residents.</p> <p>(e) Exceeding this standard, the Oklahoma Department of Corrections conducts NCIC criminal background check on each employee upon hire, and also every 5 years. In addition, the agency utilizes the automated criminal infractions system (ACIS) system, which alerts agency authorities when an employee of the agency is arrested.</p> <p>(f) The facility requires all applicants and employees with resident contact to disclose any past sexual misconduct. These questions are incorporated into written applications, interviews, promotion reviews, and self-evaluations. Employees have a continuing duty to disclose any subsequent misconduct of this nature.</p> <p>(g) Material omissions or false information related to such misconduct result in disciplinary action, up to and including termination.</p> <p>(h) Unless prohibited by law, the facility provides information regarding substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer seeking to hire that individual. The auditor reviewed the pre-hire questionnaires asking about the history of sexual misconduct.</p>
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115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion

	<p>115.218 Upgrades to Facilities and Technologies</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. Documentation to support PREA Coordinator site visit inspections 3. Interviews with the Agency Administrator and the Facility Administrator <p>Findings:</p> <p>(a) When designing, acquiring, or substantially modifying any facility, the facility assesses how the design, expansion, or modification affects its ability to protect residents from sexual abuse. Facility planning processes integrate safety considerations into all architectural and operational decisions. The facility has made upgrades to Career Tech Floor Plan. Exceeding the standard, physical site visits are conducted by the Agency PREA Coordinator for PREA compliance to identify areas of deficiencies, potential vulnerabilities, and recommendations.</p> <p>(b) When installing or upgrading video monitoring systems, electronic surveillance, or other monitoring technology, the facility evaluates how the new technology can enhance supervision, reduce blind spots, and strengthen its ability to protect residents from sexual abuse. The Facility has added Wise net Wave Client.</p>
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115.221	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p>
	<p>115.221 Evidence Protocol and Forensic Medical Examinations</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. OP-030601 Field Memorandum: Oklahoma Prison Rape Elimination Act 2. Facility Operations Policy 030601 3. Pre-Audit Questionnaire (PAQ) 4. MOU with WYCA Enid 5. Operations Policy 140118 Health Services 6. Operations Policy 040117 Security

7. Advocacy Service Posting

8. Memo from Agency PREA Coordinator Office of the General Counsel

9. Interviews with random staff and PREA Compliance Manager (PCM). There were no inmates at the time of the audit who reported sexual abuse.

Findings:

A) Investigations are conducted by the Inspector General staff or other designated personnel under the agency director's authority. It examines acts, implications, and circumstances related to allegations made by anyone, grievances filed, or information obtained through routine business operations by staff who, due to their role, became aware of potential criminal activity or departmental violations involving inmates, offenders, visitors, employees, volunteers, contractors, or the public that may impact ODOC. The facility adheres to a consistent evidence protocol for handling sexual abuse cases, ensuring proper evidence collection for investigations or legal proceedings. Staff knew and understood the agency's protocol for obtaining usable physical evidence if an inmate alleges sexual abuse. Staff also identified the Office of Inspector General as the investigative department.

B) The protocol is based on national standards and adapted to be age-appropriate when needed. The facility does not house youth.

C) Residents reporting sexual abuse can access forensic medical exams free of charge when deemed evidentiary or medically necessary. These exams are conducted at an external facility, the YWCA Enid. YWCA Enid provides an offsite room for specially trained Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) to complete the forensic exam.

D) The agency ensures that a victim advocate from YWCA Enid a rape crisis center is available to support any resident victim of sexual abuse. The MOU with YWCA Enid to provide personnel for hospital accompaniment during forensic exams and follow-up crisis counseling. If there's no local rape crisis center, the agency assigns a qualified staff member from a community-based organization or a trained agency staff member to take on this role. They also make sure any rape crisis center used is independent of the criminal justice system and maintains the same level of confidentiality as nongovernmental service providers. The Oklahoma Department of Corrections has in place a 2-tier method of SANE examinations and a 4-tier method of advocacy services. Each facility maintains its own MOU with a SANE Provider and Rape Crisis Center. As a second layer, the agency maintains an agency wide MOU with YWCA Oklahoma City, ensuring that any victim receives timely access to these services if the primary is unavailable.

E) If the victim wants, an advocate or support person stays with them through exams and interviews, offering help and information throughout the process.

F) Investigations are conducted by the Inspector General staff or other designated personnel under the agency director's authority.

	<p>G) The Auditor is not required to audit this provision.</p> <p>H) Anyone serving in a victim advocacy role is screened for suitability and trained in sexual assault response and forensic protocols.</p>
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115.222	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p>
	<p>115.222 Policies to Ensure Referrals of Allegations for Investigations</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. OP-030601 Field Memorandum: Oklahoma Prison Rape Elimination Act 2. Facility Operations Policy 030601 3. Pre-Audit Questionnaire (PAQ) 4. Operations Policy 040117 Security 5. One unfounded sexual assault investigation 6. Agency Website 7. Investigation file review worksheets 8. Interviews with the Agency Administrator and investigators <p>Findings:</p> <p>(a) The facility ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including resident-on-resident sexual abuse or staff sexual misconduct). According to the PAQ the facility has not had any allegations of sexual abuse or harassment in the 12 months. According to the sexual assault incident review there was one unfounded sexual abuse allegation. This was confirmed during interviews. The auditor reviewed documentation of investigations, including full investigative reports with findings and completed a documentation review worksheet for each investigation reviewed.</p> <p>(b) The facility maintains a written policy requiring all allegations of sexual abuse or sexual harassment to be referred to the inspector General. The agency has published this policy on its official website and makes it readily available through other accessible means. All referrals are documented to ensure accountability and transparency.</p> <p>(c) The agency conducts all administrative and criminal investigations. The policy is</p>

	<p>on the agency website.</p> <p>(d) (e) Auditor is not required to audit this provision.</p>
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115.231	Employee training
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p>
	<p>115.231 Employee Training</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. OP-030601 Field Memorandum: Oklahoma Prison Rape Elimination Act 2. Facility Operations Policy 030601 3. Pre-Audit Questionnaire (PAQ) 4. Staff PREA Training Curriculum 5. PREA Staffing Card 6. Staff Training Attendance Records 7. Memo from the Agency PREA Coordinator Office of the General Counsel 8. Interviews with random staff <p>Findings:</p> <p>(a) All facility employees who may have contact with residents receive comprehensive training that covers:</p> <ul style="list-style-type: none"> • The facility's zero-tolerance policy for sexual abuse and sexual harassment. • Staff responsibilities for prevention, detection, reporting, and response procedures. • Residents' rights to be free from sexual abuse and harassment. • Protection against retaliation for reporting or cooperating in investigations. • The dynamics and prevalence of sexual abuse and harassment in confinement. • Typical reactions and trauma responses of victims. • How to detect and respond to signs of threatened or actual sexual abuse. • Professional boundaries and avoidance of inappropriate relationships. • Compliance with laws regarding mandatory reporting to external authorities. <p>(b) Training is tailored to the gender of the resident population. Employees reassigned between facilities housing different populations receive additional, gender-specific training before assuming duties. Employee training records were</p>

	<p>reviewed.</p> <p>(c) All current employees have completed the required training. Exceeding the standard, the Oklahoma Department of Corrections provides new employees PREA training before an employee enters a facility. In addition, each employee receives in-service PREA training yearly. This training is written each year by the PREA Coordinator, who trains all training officers throughout the agency.</p> <p>(d) The auditor reviewed the documentation of training completion through employee signatures.</p>
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115.232	Volunteer and contractor training
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p>
	<p>115.232 Volunteer and Contractor Training</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. OP-030601 Field Memorandum: Oklahoma Prison Rape Elimination Act 2. Facility Operations Policy 030601 3. Pre-Audit Questionnaire (PAQ) 4. Volunteer/ Contractor PREA Training Curriculum and Attendance Records 5. Memo from the Agency PREA Coordinator Office of the General Counsel 6. Interviews with volunteers and contractors who have contact with inmates <p>Findings:</p> <p>(a) All volunteers and contractors who have contact with residents are trained on their responsibilities under the facility's sexual abuse and sexual harassment prevention, detection, and response policies.</p> <p>(b) The level and scope of training are proportionate to the volunteer's or contractor's duties and degree of resident contact; however, all receive instruction on the facility's zero-tolerance policy and procedures for reporting sexual abuse or harassment.</p> <p>(c) The auditor reviewed the documentation verifying that each volunteer and contractor understands the training provided and acknowledges compliance with facility expectations. It is Oklahoma Department of Corrections policy to train all volunteers initially at the same level, regardless of level of contact, which is part of a detailed 2-day training. Each volunteer retains detailed PREA training. In addition, these training courses are required by all volunteers every year. Long-term</p>

	contractors are also trained yearly as employees.
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115.233	Resident education
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.233 Resident Education</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. OP-030601 Field Memorandum: Oklahoma Prison Rape Elimination Act 2. Facility Operations Policy 030601 3. Pre-Audit Questionnaire (PAQ) 4. Roster of Resident Moves 5. 20 Signed Education Acknowledgements for Residents 6. Memo from Mic Ahrnsbrak, Agency PREA Coordinator Office of the General Counsel 7. Site review observation – Intake PREA Information; Interpretation Services; Comprehensive PREA Education 8. 1. Interviews with the intake staff and inmates <p>Findings:</p> <p>(a) During assessment and reception, all new inmates will receive verbal and written information about sexual abuse and harassment. This information addresses the agency and facility zero tolerance standard, prevention/intervention, self-protection, how to report acts or suspicions of sexual abuse, assaults or harassment by residents or staff to include reporting utilizing the inmate PREA Hotline (073). Resident phones shall have instructions for using the PREA Hotline posted in a conspicuous location on or near the phones. Oklahoma Department of Corrections policy is for inmates to be educated in PREA policy within 7 days. In addition, our facilities are regularly visited by the Disability Law Firm to measure compliance for inmates with disabilities, and we address any issues they find. This would provide further assurance that inmates who are cognitive disabled are provided with education. In addition, training is available on the inmate tablets in English, Spanish, closed captioning, and ASL. During the site review observation, the auditor observed the sexual safety information (PREA information/zero-tolerance information) provided at the point of intake or transfer. Written information is clear and provided at an appropriate reading-level and is accessible for all persons confined in the facility, including those who are limited English proficient (LEP). The facility provides</p>

	<p>written information in the languages most commonly spoken in the facility and/or provides translation services on-demand. The facility provides interpreters, when needed, to assist Deaf and non-English speaking persons confined in the facility. Staff are prepared to read written information out loud, if applicable, to make accommodation for inmates when necessary (e.g., Blind or have low vision, limited reading skills).</p> <p>(b) Upon transfer to a different facility, the inmate will receive orientation in regard to PREA policies and procedures which may differ from a previous facility. Community center provides refresher information to transferred inmates.</p> <p>(c) The facility makes sure PREA education is accessible for those who:</p> <ol style="list-style-type: none"> 1. Are deaf, hard of hearing, or visually impaired 2. Have limited English skills 3. Have disabilities or low literacy <p>(d) The facility keeps records of who attends each PREA education session.</p> <p>(e) Information is always available through posters, handbooks, and other materials in housing units and shared spaces. Samples of Zero Tolerance Acknowledgements for residents were reviewed. During the site review, the auditor observed posted or printed signage throughout the facility. Signage included audit notices, how to report sexual abuse and sexual harassment, access to outside victim emotional support services, and other relevant PREA information. The auditor reviewed the information provided on signage and determined that it is readable and accessible, consistent, and placed throughout the facility to convey vital sexual safety information specific to the facility. Other PREA signage is posted in areas where staff and residents can read and retain the information being provided.</p>
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115.234	Specialized training: Investigations
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.234 Specialized Training: Investigations</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. OP-030601 Field Memorandum: Oklahoma Prison Rape Elimination Act 2. Facility Operations Policy 030601 3. Pre-Audit Questionnaire (PAQ) 4. Investigator Training Curriculum through the Department of Justice

	<p>5. Investigator Certificates of Completed Training.</p> <p>6. Memo from Mic Ahrnsbrak, Agency PREA Coordinator Office of the General Counsel</p> <p>7. Interviews with Investigators</p> <p>Findings:</p> <p>(a) In addition to the general PREA training provided to all employees, the facility ensures that all investigators assigned to sexual abuse investigations have completed specialized training specific to confinement settings. Oklahoma Department of Corrections trains its investigators yearly. In addition, Each PREA Compliance Manager is also trained as a PREA investigator. This ensures proper treatment of victims and perpetrators during initial information gathering processes.</p> <p>(b) This specialized instruction includes interview techniques for victims of sexual abuse, appropriate use of Miranda and Garrity warnings, proper collection and preservation of sexual abuse evidence, and the standards of proof and documentation required to substantiate allegations for administrative or prosecutorial action. All of the Investigation agents have received specialized training.</p> <p>(c) The facility maintains detailed documentation confirming that all investigators have successfully completed the specialized training.</p> <p>(d) Auditor is not required to audit this provision.</p>
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115.235	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p>
	<p>115.235 Specialized Training: Medical and Mental Health Care</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. OP-030601 Field Memorandum: Oklahoma Prison Rape Elimination Act 2. Facility Operations Policy 030601 3. Pre-Audit Questionnaire (PAQ) 4. Interviews with medical/mental health staff <p>Findings:</p> <p>(a) The facility does not have medical staff at the facility. The agency trains all</p>

	<p>medical staff throughout the department on:</p> <ul style="list-style-type: none"> • Detection and assessment of sexual abuse and harassment indicators. • Preservation of physical evidence. • Professional, trauma-informed responses to victims; and • Proper reporting procedures for allegations or suspicions of sexual abuse or harassment. <p>(b) The facility does not employ medical staff who perform forensic medical examinations. The facility has a MOU with YMCA Enid to provide forensic examinations.</p> <p>(c) The facility does not have medical staff working onsite. If needed the ODOC provides medical services from medical staff from another facility. The agency maintains documentation verifying that all medical and mental health practitioners have completed the required training, whether provided directly by the facility or another qualified source. The auditor reviewed the training acknowledgements for PREA training. Exceeding this standard, the Oklahoma Department of Corrections medical staff are trained yearly. The standard requires medical staff to be only trained once.</p> <p>(d) Medical and mental health staff also receive the same general PREA training required for employees or for contractors and volunteers at the facility they are assigned to work. Training logs of medical and mental health staff were reviewed to ensure they received the training for employees and contractors/volunteers (depending on their status) in the referenced standard.</p>
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115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.241 Screening for Risk of Victimization and Abusiveness</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. Facility Operations Policy 030601 2. Pre-Audit Questionnaire (PAQ) 3. OP-030601 Field Memorandum: Oklahoma Prison Rape Elimination Act 4. Operations Policy 030102 Facility Operations 5. Samples of Initial Assessments using the form Cell Assessments

	<p>6. One completed Self Report Form</p> <p>7. Samples of Resident PREA Assessments and Re-Assessments</p> <p>8. Memo from Mic Ahrnsbrak, Agency PREA Coordinator Office of the General Counsel</p> <p>9. Site review observations – PREA Risk Screening; Records Storage</p> <p>10. Interviews with staff responsible for risk screening, inmates, PREA Coordinator (PC), and the PREA Compliance Manager (PCM)</p> <p>Findings:</p> <p>(a) The resident’s behavioral history must be reviewed, within 72 hours of arrival at the facility, as part of orientation to determine the resident’s potential risk of sexual vulnerability. Oklahoma Department of Corrections completes PREA screenings of all inmates within 72 hours of arriving at new facilities, within 30 days after this, and again annually. The standard does not require annual screenings.</p> <p>(b) The assessments provided were conducted using an objective screening instrument.</p> <p>(c) The resident must be evaluated as part of orientation to determine if the resident is prone to victimize other resident, especially in regard to sexual behavior, based on the following risk factors:</p> <ol style="list-style-type: none"> 1. Age 2. Physical stature 3. Developmental disability 4. Mental illness 5. Sex offender status (per offense history) 6. First-time offender status 7. Past history of victimization 8. Physical disabilities and the resident’s own perception of vulnerabilities. <p>(d) This information is gathered through conversations with the resident during intake, medical and mental health screenings, classification assessments, as well as by reviewing court records, case files, facility behavioral records, and other relevant documents from the resident’s file. The auditor has reviewed the PREA assessments and 30-day reassessments.</p> <p>(e) The agency has implemented procedures regarding the distribution of responses to questions asked under this standard within the facility, ensuring that staff or other residents do not access sensitive information inappropriately.</p>
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115.242	Use of screening information
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.242 Use of Screening Information</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. OP-030601 Field Memorandum: Oklahoma Prison Rape Elimination Act 2. Facility Operations Policy 030601 3. Pre-Audit Questionnaire (PAQ) 4. Operations Policy 030102 Facility Operations 5. Interviews with PREA Compliance Manager (PCM), staff responsible for risk screening, transgender/intersex inmates, and PREA Coordinator (PC) <p>Findings:</p> <p>(a) The facility uses information obtained during risk screenings to guide housing, bed, work, education, and program assignments. These decisions are made with the goal of separating residents at high risk of sexual victimization from those at high risk of being sexually abusive.</p> <p>(b) All placement decisions are made individually, ensuring that each resident's unique safety and security needs are considered.</p> <p>(c) (d) (e) (f) This provision is no longer applicable to your compliance finding.</p>

115.251	Resident reporting
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.251 Inmate Reporting</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. OP-030601 Field Memorandum: Oklahoma Prison Rape Elimination Act 2. Facility Operations Policy 030601 3. Pre-Audit Questionnaire (PAQ) 4. The Agency Website 5. MOU with Oklahoma State Bureau of Investigation

6. PREA Brochure (Are you in Trouble)

7. Staff PREA Poster on Reporting

8. Memo from Mic Ahrnsbrak, Agency PREA Coordinator Office of the General Counsel

9. Site review observation – Signage; Internal and External Reporting Methods; Sending and Receiving Mail; Record Storage; Staff Reporting

10. Interviews with random staff and inmates, and PREA Compliance Manager (PCM)

Findings:

(a) The facility demonstrates excellence in ensuring accessibility and transparency in its reporting procedures. The agency's website clearly and prominently outlines how to report allegations or knowledge of sexual abuse. ODOC consistently accepts and thoroughly investigates reports from any third party, including family members, friends, clergy, vendors, contractors, or any other individuals with relevant information. The facility also empowers all inmates to report incidents of sexual assault, abuse, or harassment directly to any employee, contract employee, or volunteer through multiple communication channels verbal reports, written statements, or the "Inmate Grievance Process Request to Staff" form. This proactive and inclusive approach reflects the facility's strong commitment to maintaining a safe, accountable, and transparent environment. During the site review, the auditor observed posted or printed signage throughout the facility. Signage includes audit notices, how to report sexual abuse and sexual harassment, access to outside victim emotional support services, and other relevant PREA information. The auditor reviewed the information provided on signage and determined that it is readable and accessible, consistent, and placed throughout the facility to convey vital sexual safety information specific to the facility. The auditor was able to test the methods provided to inmates for internal reporting and determined that inmates have regular and timely access to reporting methods, and the facility receives these reports in writing using secured drop/mailboxes. The facility has a system by which inmates can report sexual abuse and/or sexual harassment electronically via tablet. Inmates confirmed that they can report verbally to a staff member they can trust. Inmates can call, email and message from their tablets.

Inmates have several private ways to report sexual abuse or harassment, retaliation for reporting, staff neglect or misconduct that contributes to abuse:

1. Send an email to preareport@doc.ok.gov.

2. Call the PREA Reporting line at 1-855-871-4139.

3. Call the ODOC Fugitive Apprehension and Investigations at 405-425-2571.

4. Verbally report to a ODOC facility administrator or staff member ODOC Facility Information.

(b) Inmates also have access to at least one outside agency (The Oklahoma State Bureau of Investigations) that can receive reports, even anonymously, and forward

	<p>them to the facility. During the site review, the auditor observed posted or printed signage throughout the facility. Signage includes audit notices, how to report sexual abuse and sexual harassment, access to outside victim emotional support services, and other relevant PREA information. The auditor reviewed the information provided on signage and determined that 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 was able to test access to the external reporting entity.</p> <p>(c) Staff must accept reports in any form verbal, written, anonymous, or third-party and must document all verbal reports right away.</p> <p>(d) Staff may privately report allegations or incidents of sexual abuse/assault or harassment of an inmate to the OIG, PREA reporting line at 855-871-4139 or 405 425-2493, as well as preareport@doc.ok.gov. Staff are informed of these procedures through policy, posters, employee handbook, training, PCM training and meetings.</p>
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115.252	Exhaustion of administrative remedies
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.252 Exhaustion of administrative remedies</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. OP-030601 Field Memorandum: Oklahoma Prison Rape Elimination Act 2. Facility Operations Policy 030601 3. Pre-Audit Questionnaire (PAQ) 4. Programs Operations Policy 090124 Inmate Grievances 5. There were no inmates who reported sexual abuse held at the facility during the audit to interview <p>Findings:</p> <p>(a) The agency has a grievance policy.</p> <p>(b) There is no time limit to report sexual abuse through a grievance. Reports can be made at any time. Time limits may apply to other grievance content not involving sexual abuse. Inmates are not required to use informal resolution steps before submitting grievance. According to the PAQ the facility has had no grievances on sexual abuse or harassment in the last 12 months.</p>

	<p>(c) Inmates are not required to submit grievances to the staff member referenced in the complaint, and grievances are not directed to that individual.</p> <p>(d) The facility responds to grievances within 90 days. If more time is needed, the timeline can be extended up to 70 days with written notice. No response by the deadline counts as a denial.</p> <p>(e) Third parties like other inmates, staff, family, or advocates can help file or submit grievances on behalf of an inmate. The facility requires the inmate's consent to move forward and documents that consent.</p> <p>(f) Emergency grievances alleging immediate risk must be addressed within 48 hours, with a final decision made within 5 days. Responses must include what was done to address the risk.</p> <p>(g) Inmates can only be disciplined for filing a grievance in bad faith.</p>
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115.253	Resident access to outside confidential support services
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p>
	<p>115.253 Inmate Access to Outside Confidential Support Services</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. OP-030601 Field Memorandum: Oklahoma Prison Rape Elimination Act 2. Facility Operations Policy 030601 3. Pre-Audit Questionnaire (PAQ) 4. PREA Brochure 5. Victim Services Poster 6. MOU with WYCA Enid 7. Medical/Mental Health Screening Form 8. Memo from Mic Ahrnsbrak, Agency PREA Coordinator Office of the General Counsel 9. Site review observations – Signage; Outside Emotional Support Services; Sending and Receiving Mail 10. Interviews with random inmates. There were no inmates who reported sexual abuse.

	<p>Findings:</p> <p>(a) The facility exceeds expectations in providing inmates with clear and accessible contact information for victim advocacy and support services. Information about available resources is prominently displayed on posters throughout the facility and included in inmate handbooks and other educational materials. In addition, the facility maintains a formal Memorandum of Understanding (MOU) with Northwest Domestic Crisis Services, ensuring inmates have direct access to confidential, outside support for emotional assistance and crisis intervention. This partnership reflects the facility's strong commitment to comprehensive victim care and reinforces its dedication to exceeding PREA standards for inmate safety and support. The Oklahoma Department of Corrections has a 4-tier method of advocacy services. Each facility maintains its own MOU with a SANE Provider and Rape Crisis Center. As a second layer, the agency maintains an agency wide MOU with YWCA Oklahoma City, ensuring that any victim receives timely access to these services if the primary is unavailable. Each facility also has a designated Qualified Staff Member who was chosen based on DOJ criteria and trained by the PREA Unit. The Agency also retains an agency-wide qualified staff member, based on experience and demeanor. Currently, this is the Project Manager, who also serves as secondary PREA Coordinator. These individuals will serve as advocates during the PREA investigation process for inmates if other avenues are not available.</p> <p>(b) Inmates are told how much of their communication with these outside groups is confidential and whether staff are required to report what is shared.</p> <p>(c) The agency maintains a formal agreement with WYCA Enid to provide confidential advocacy services. During the site review, the auditor observed posted signage throughout the facility. Signage includes audit notices, how to report sexual abuse and sexual harassment, access to outside victim emotional support services, and other relevant PREA information. Mental Health reviews all inmates at intake, regardless of their disclosure of sexual abuse history.</p>
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115.254	Third party reporting
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.254 Third-Party Reporting</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. OP-030601 Field Memorandum: Oklahoma Prison Rape Elimination Act 2. Facility Operations Policy 030601

	<p>3. Pre-Audit Questionnaire (PAQ)</p> <p>4. Agency Website</p> <p>5. Site review observations – Signage; Third-party Reporting</p> <p>Findings:</p> <p>(a) The facility excels in ensuring that anyone inside or outside the facility can easily report concerns of sexual abuse or harassment. A clear and well-defined process is in place for friends, family members, clergy, vendors, contractors, or any other individuals to report incidents or suspicions on behalf of an inmate. Reporting information is prominently displayed on the department’s website, in inmate handbooks, and on facility posters, ensuring it is visible and accessible to all. The posted materials include clear definitions, detailed instructions on how to submit a report, and a description of what occurs during an investigation. ODOC promptly accepts and thoroughly investigates all reports of alleged sexual abuse or harassment, regardless of the source, demonstrating the agency’s unwavering commitment to transparency, accountability, and the safety of every inmate. This approach exemplifies the facility’s excellence in meeting and exceeding PREA reporting standards.</p> <p>1. Send an email to preareport@doc.ok.gov. A test email was made and confirmation received.</p> <p>2. Call the PREA Reporting line at 1-855-871-4139. A test report was made and confirmation received.</p> <p>3. Call the ODOC Fugitive Apprehension and Investigations at 405-425-2571.</p> <p>4. Verbally report to a ODOC facility administrator or staff member ODOC Facility Information.</p>
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115.261	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.261 Staff and Agency Reporting Duties</p> <p>Evidence Analyzed:</p> <p>1. OP-030601 Field Memorandum: Oklahoma Prison Rape Elimination Act</p> <p>2. Facility Operations Policy 030601</p> <p>3. Pre-Audit Questionnaire (PAQ)</p> <p>4. Site review observations – Staff Reporting</p>

	<p>5. Interviews with random staff, medical/mental health staff, Facility Administrator and PREA Coordinator (PC)</p> <p>Findings:</p> <p>A) All staff, volunteers, and contractors must promptly report to their supervisor or higher authority any knowledge, suspicion, or information about incidents of sexual abuse, assault, harassment, retaliation against someone who reported or cooperated, or staff negligence that may have contributed to such incidents. These incidents may occur in a facility, unit, or any other location, whether or not it is part of the agency. Reports should be made to a supervisor or higher authority immediately. The auditor observed the staff reporting method and determined that it is available to all staff, on-demand.</p> <p>B) Reports are kept confidential and only shared as needed for treatment, investigation, or safety.</p> <p>C) Medical/mental health staff are mandated reporters. They inform inmates of this duty at the beginning of services.</p> <p>D) This facility does not hold inmates under the age of 18.</p> <p>E) All documents related to sexual assault claims, such as incident reports, investigative reports, inmate details, case outcomes, medical and mental health evaluations, and recommendations for post-release treatment or counseling, are confidential and kept by ODOC. Investigative files are classified as confidential information, and the OIG will securely retain copies of these files.</p>
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115.262	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.262 Agency Protection Duties</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. OP-030601 Field Memorandum: Oklahoma Prison Rape Elimination Act 2. Facility Operations Policy 030601 3. Pre-Audit Questionnaire (PAQ) 4. Interviews with the Agency Administrator, Facility Administrator and random staff <p>Findings:</p>

	A) When the facility learns an inmate may be at imminent risk of sexual abuse, staff act quickly to protect the inmate. According to the PAQ, there were no cases of allegations of an inmate being in imminent risk of sexual abuse during the review period.
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115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.263 Reporting to Other Confinement Facilities</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. OP-030601 Field Memorandum: Oklahoma Prison Rape Elimination Act 2. Facility Operations Policy 030601 3. Pre-Audit Questionnaire (PAQ) 4. Interviews with the Agency Administrator and Facility Administrator <p>Findings:</p> <p>(a) Upon receiving an allegation of an inmate being sexually abused while confined at another facility/unit or contract facility, the head of the facility/unit who received the allegation notifies the head of the facility/unit or appropriate office of the agency where the alleged abuse occurred. According to the information in the PAQ there have been two notifications in the last 12 months, and both were referred to the OIG for investigation.</p> <p>(b) Such notifications shall occur by the facility/unit head as soon as received and no later than 72 hours after receiving the allegation.</p> <p>(c) The facility documents the reporting of the allegation notification.</p> <p>(d) The facility/unit head or office receiving such notification ensures the allegation is reported to the OIG for investigation.</p>

115.264	Staff first responder duties
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion

	<p>115.264 Staff First Responder Duties</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. OP-030601 Field Memorandum: Oklahoma Prison Rape Elimination Act 2. Facility Operations Policy 030601 3. Pre-Audit Questionnaire (PAQ) 4. Memo from Mic Ahrnsbrak, Agency PREA Coordinator Office of the General Counsel 5. Interviews with random staff, and security and non-security staff first responders. There were no inmates who reported sexual abuse. <p>Findings:</p> <p>(a) Upon learning of an allegation that an inmate was sexually abused: If the first staff member to respond is a correctional officer the following actions are required:</p> <ol style="list-style-type: none"> 1. Separate the alleged victim and abuser. 2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. 3. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. <p>(b) In situations where the first responder is not a security staff member, the responder is required to instruct the alleged victim not to take any actions that could destroy evidence and immediately notify security staff to assume control of the response. Each ODOC staff member is trained on First-Responder duties. In addition, each staff member carries a "PREA Card" on their person while on duty. This card provides a detailed, step by step guide to how to respond to a PREA allegation. This serves as a backup if a staff member is unable to recall the information.</p>
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115.265	Coordinated response
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.265 Coordinated Response</p> <p>Evidence Analyzed:</p>

	<ol style="list-style-type: none"> 1. OP-030601 Field Memorandum: Oklahoma Prison Rape Elimination Act 2. Facility Operations Policy 030601 3. Pre-Audit Questionnaire (PAQ) 4. Enid Correctional Center PREA Coordinated Response Plan 5. Medical Flow Chart 6. Interview with Facility Administrator <p>Findings:</p> <p>(a) The facility demonstrates exceptional preparedness through a comprehensive written plan that clearly defines how all key roles first responders, medical and mental health staff, investigators, and facility leadership coordinate in response to any allegation of sexual abuse. This plan outlines each position's responsibilities, ensuring a seamless, timely, and effective response should an incident occur. Although the facility has not experienced any incidents requiring a first responder response, the readiness and clarity of the established procedures reflect the facility's proactive commitment to safety, prevention, and full compliance with PREA standards. This high level of organization and preparedness exemplifies the facility's excellence in maintaining a safe and responsive environment. Exceeding this standard, the agency PREA Coordinator reviews and approves the facility's coordinated response plan annually.</p>
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115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.266 Preservation of Ability to Protect Inmates</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. Interview with the Agency Administrator <p>Findings:</p> <p>A) The agency does not enter into or renew agreements (such as collective bargaining contracts).</p> <p>B) Auditor is not required to audit this provision.</p>

115.267	Agency protection against retaliation
	<p data-bbox="279 185 1013 219">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="279 264 564 297">Auditor Discussion</p> <p data-bbox="279 342 919 376">115.67 Agency Protection Against Retaliation</p> <p data-bbox="279 409 557 443">Evidence Analyzed:</p> <ol data-bbox="279 477 1313 667" style="list-style-type: none"> 1. OP-030601 Field Memorandum: Oklahoma Prison Rape Elimination Act 2. Facility Operations Policy 030601 3. Pre-Audit Questionnaire (PAQ) <p data-bbox="279 701 1474 857">4. Interviews with Agency Administrator, Facility Administrator, and designated staff charged with monitoring retaliation. There were no inmates who reported sexual abuse or held in segregated housing for risk of sexual victimization or who alleged to have suffered sexual abuse.</p> <p data-bbox="279 902 405 936">Findings:</p> <p data-bbox="279 969 1453 1171">(a) The facility ensures 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 has designated the PREA Compliance Manager to monitor retaliation and take appropriate action.</p> <p data-bbox="279 1205 1474 1451">(b) The facility has implemented protective measures, including housing changes or transfers for inmate victims or abusers, removing alleged staff or inmate abusers from contact with victims, and providing emotional support services like mental health care for inmates. Additionally, the Employee Assistance Program will support staff who fear retaliation for reporting sexual abuse or harassment or for cooperating with investigations.</p> <p data-bbox="279 1485 1469 1776">(c) For at least 90 days after a report of sexual abuse or harassment, a designated retaliation monitor at the facility reviews the behavior and treatment of inmates or staff who reported the incident, as well as those who were reported to have been victims, for any signs of possible retaliation. Any findings are reported to the facility or unit head, who must take swift action to address and prevent such retaliation. Exceeding the standard, the facility also monitors the retaliation of the abuser for the same time periods. The facility monitoring includes:</p> <ol data-bbox="279 1809 675 1933" style="list-style-type: none"> 1. Disciplinary actions 2. Housing and job changes 3. Performance reviews <p data-bbox="279 1966 1046 2000">D) Periodic status checks are conducted with inmates.</p> <p data-bbox="279 2033 1129 2067">E) Anyone expressing fear of retaliation receives protection.</p>

	F) Auditor is not required to audit this provision.
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115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.271 Criminal and Administrative Agency Investigations</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. OP-040117 Investigations 2. OP-030601 Field Memorandum: Oklahoma Prison Rape Elimination Act 3. Facility Operations Policy 030601 4. Pre-Audit Questionnaire (PAQ) 5. Site review observations – Record Storage 6. Interviews with investigators, Facility Administrator, PREA Coordinator (PC), and PREA Compliance Manager (PCM). There were no inmates who reported sexual abuse. <p>Findings:</p> <p>(a) The facility demonstrates exemplary commitment to accountability and transparency by ensuring that all allegations of sexual abuse and sexual harassment including those received through third-party and anonymous reports are immediately reviewed and assessed. Each report is carefully evaluated to determine whether sufficient information exists to initiate a formal investigation, which is then conducted promptly, thoroughly, and objectively in accordance with ODOC and PREA standards. This approach ensures that every allegation is taken seriously, that no report is disregarded, and that the facility maintains the highest level of professionalism and integrity in protecting the safety and rights of all individuals in its care. The review confirmed that all investigations were handled in accordance with ODOC policy and demonstrated a consistent commitment to transparency, thoroughness, and accountability.</p> <p>(b) The agency uses specially trained investigators for sexual abuse cases.</p> <p>(c) Investigators are required to:</p> <ol style="list-style-type: none"> 1. Collect physical, DNA, and electronic evidence. 2. Interview all relevant parties. 3. Review prior similar allegations against the accused.

	<p>(d) Agencies consult with prosecutors before conducting compelled interviews in potential criminal cases. Investigation reports were reviewed by the auditor.</p> <p>(e) Polygraphs or truth-telling devices are not used as a condition for proceeding with investigations.</p> <p>(f) Administrative investigations must:</p> <ol style="list-style-type: none"> 1. Examine whether staff actions or omissions contributed to the abuse. 2. Be documented with clear findings, credibility assessments, and evidence. <p>(g) Criminal investigations will be documented with supporting evidence attached where feasible.</p> <p>(h) Substantiated criminal allegations are referred for prosecution.</p> <p>(I) Reports are retained for the duration of the alleged abuser's employment or incarceration, plus five years.</p> <p>(J) Investigations continues even if the alleged abuser or victim leaves the agency's control.</p> <p>(k) The Auditor is not required to audit this provision.</p> <p>(L) Confirmed through interviews, when outside agency investigators investigate sexual abuse, they must adhere to these standards, and facilities must cooperate and stay informed about those investigations.</p>
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115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.72 Evidentiary Standard for Administrative Investigations</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. OP-030601 Field Memorandum: Oklahoma Prison Rape Elimination Act 2. Facility Operations Policy 030601 3. Pre-Audit Questionnaire (PAQ) 4. Interviews with investigators <p>Findings:</p> <p>(a) The facility follows the standard outlined in the PREA policy, using a</p>

	preponderance of the evidence as the threshold for determining whether allegations of sexual abuse or harassment are substantiated. No higher evidentiary standard is applied in administrative investigations.
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115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.273 Reporting to Inmates</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. OP-030601 Field Memorandum: Oklahoma Prison Rape Elimination Act 2. Facility Operations Policy 030601 3. Pre-Audit Questionnaire (PAQ) 4. Notification to the Inmate at the completion of the investigation Form 5. Interviews with the Facility Administrator and investigators. There were no inmates who reported sexual abuse. <p>Findings:</p> <p>A) Inmates are informed of the outcome (substantiated, unsubstantiated, or unfounded) of any sexual abuse investigation they initiate.</p> <p>B) If an outside agency conducted the investigation, the facility requests the outcome to inform the inmate.</p> <p>C) If the allegation involves staff misconduct and is not determined to be unfounded, the agency notifies the resident of the following, as applicable:</p> <ol style="list-style-type: none"> 1. The staff member is no longer assigned to the resident's unit. 2. The staff member is no longer employed at the agency. 3. The staff member has been indicted on a charge related to the sexual abuse; or 4. The staff member has been convicted of a charge related to the sexual abuse. <p>D) If another inmate is the subject of a substantiated allegation, the victim is notified of any related charges or convictions.</p> <p>E) All notifications and attempts are documented.</p> <p>F) Auditor is not required to audit this provision.</p>

115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.276 Disciplinary Sanctions for Staff</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. OP-030601 Field Memorandum: Oklahoma Prison Rape Elimination Act 2. Facility Operations Policy 030601 3. Pre-Audit Questionnaire (PAQ) <p>Findings:</p> <p>(a) Staff are subject to disciplinary action, up to and including termination, for violating sexual abuse or harassment policies. According to the information in the PAQ no staff have been disciplined for sexual misconduct in the last 12 months.</p> <p>(b) Termination is the presumptive sanction for substantiated sexual abuse.</p> <p>(c) Sanctions are based on the seriousness of the offense, past disciplinary history, and consistency with other cases.</p> <p>(d) All terminations or resignations related to sexual misconduct are reported to law enforcement and licensing bodies, unless clearly non-criminal. According to the information in the PAQ no staff have been terminated or disciplined for violation the zero- tolerance policy.</p>

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.277 Corrective Action for Contractors and Volunteers</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. OP-030601 Field Memorandum: Oklahoma Prison Rape Elimination Act 2. Facility Operations Policy 030601 3. Pre-Audit Questionnaire (PAQ) 4. Interview with the Facility Administrator

	<p>Findings:</p> <p>(a) Contractors or volunteers who engage in sexual abuse are banned from inmate contact and reported to law enforcement and licensing agencies. According to the information in the PAQ no volunteer/contractors have been banned from the facility in the last 12 months.</p> <p>(b) Other violations are addressed with appropriate corrective action, including possible termination of access.</p>
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115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.278 Disciplinary Sanctions for Inmates</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. OP-030601 Field Memorandum: Oklahoma Prison Rape Elimination Act 2. Facility Operations Policy 030601 3. Pre-Audit Questionnaire (PAQ) 4. Interviews with the Facility Administrator and medical/mental health staff <p>Findings:</p> <p>(a) Inmates may be disciplined after a substantiated administrative or criminal finding of inmate-on-inmate sexual abuse. According to the information in the PAQ no inmates have been disciplined for sexual misconduct in the last 12 months.</p> <p>(b) Sanctions reflect the severity of the offense and the inmate's disciplinary history.</p> <p>(c) Mental illness or disability is considered in the disciplinary process.</p> <p>(d) Inmates may be required to participate in counseling or treatment programs.</p> <p>(e) Inmates are only disciplined for sexual contact with staff if the staff member did not consent.</p> <p>(f) Inmates are not punished for making good faith reports, even if unsubstantiated.</p> <p>(g) Non-coercive sexual activity is not considered sexual abuse.</p>

115.282	Access to emergency medical and mental health services
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Auditor Overall Determination: Exceeds Standard

Auditor Discussion

115.282 Access to Emergency Medical and Mental Health Services

Evidence Analyzed:

1. OP-030601 Field Memorandum: Oklahoma Prison Rape Elimination Act
2. Facility Operations Policy 030601
3. Pre-Audit Questionnaire (PAQ)
4. OP-14013 Health Services
5. Interviews with medical and mental health staff, and security and non-security staff first responders. There were no inmates who reported sexual abuse.

Findings:

(a) Resident victims of sexual abuse receive immediate and unimpeded access to emergency medical treatment and crisis intervention. The nature and scope of services are determined by qualified medical and mental health professionals. The Oklahoma Department of Corrections has in place a 2-tier method of SANE examinations and a 4-tier method of advocacy services. Each facility maintains its own MOU with a SANE Provider and Rape Crisis Center. As a second layer, the agency maintains an agency wide MOU with YWCA Oklahoma City, ensuring that any victim receives timely access to these services if the primary is unavailable. Each facility also has a designated Qualified Staff Member who was chosen based on DOJ criteria and trained by the PREA Unit. The Agency also retains an agency-wide qualified staff member, based on experience and demeanor. Currently, this is Aspen Sutherland, Project Manager, who also serves as secondary PREA Coordinator. These individuals will serve as advocates during the PREA investigation process for inmates if other avenues are not available. Due to the multiple layers ensuring that inmates receive unimpeded access to medical and crisis intervention services, the facility exceeds this standard.

(b) If medical or mental health staff are not on duty at the time of the report, security staff first responders provide protection consistent with §115.264 and immediately notify qualified medical and mental health practitioners.

(c) Victims are offered emergency contraception and prophylaxis for sexually transmitted infections in accordance with recognized medical standards and as medically appropriate.

(d) All treatment and crisis intervention services are provided at no financial cost to the resident and regardless of whether the victim cooperates with any investigation or identifies the abuser.

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.283 Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. OP-030601 Field Memorandum: Oklahoma Prison Rape Elimination Act 2. Facility Operations Policy 030601 3. Pre-Audit Questionnaire (PAQ) 4. Interviews with medical/mental health staff. There were no inmates who reported sexual abuse. <p>Findings:</p> <p>(a) The facility provides timely medical and mental health evaluations and, when appropriate, treatment to all residents who have been victimized by sexual abuse while confined in any correctional or juvenile facility.</p> <p>(b) Each victim's evaluation and treatment plan includes necessary follow-up services, individualized treatment, and, when appropriate, referrals for continued care following transfer, release, or placement in another facility.</p> <p>(c) All victims receive medical and mental health care equivalent to the community standard of care, ensuring consistent and professional treatment.</p> <p>(d) (e) These provisions do not apply as this is an all-male facility.</p> <p>(f) Victims of sexual abuse are offered testing and treatment for sexually transmitted infections as clinically indicated.</p> <p>(g) All medical and mental health treatment services are provided at no financial cost to the resident, regardless of whether the victim identifies the abuser or participates in an investigation.</p> <p>(h) The facility conducts mental health evaluations for all known resident-on-resident abusers within 60 days of learning of such behavior and offers treatment as determined appropriate by qualified mental health professionals.</p>

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Exceeds Standard

Auditor Discussion

115.286 Sexual Abuse Incident Reviews

Evidence Analyzed:

1. OP-030601 Field Memorandum: Oklahoma Prison Rape Elimination Act
2. Facility Operations Policy 030601
3. Pre-Audit Questionnaire (PAQ)
4. Incident Review Form
5. One unfounded sexual assault review
6. Interviews with the Facility Administrator, PREA Compliance Manager and incident review team members

Findings:

(a) The facility conducted one incident review in the last 12 months. It is Oklahoma Department of Corrections Policy to conduct "Incident Reviews" on every PREA allegation, including unfounded. This is to look for vulnerabilities that inmates are able to exploit, as well as stopping any weakness resulting in a future PREA allegation. Because the standard only requires Substantiated and Unsubstantiated allegation incident reviews to be conducted, exceeding this standard.

(b) Reviews are ordinarily completed within 30 days of the conclusion of the investigation.

(c) The review team includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners to ensure a multidisciplinary evaluation.

(d) The review team:

- Evaluates whether the incident indicates a need for changes in policy, training, or practice to prevent future occurrences.
- Reviews the physical area where the incident occurred to identify any contributing environmental factors or blind spots.
- Evaluates staffing levels and supervision adequacy during the time of the incident.
- Considers whether additional or enhanced monitoring technology would improve resident safety; and
- Prepares a written report summarizing findings and recommendations for improvement, which is submitted to the Facility Head and the PREA Compliance Manager.

(e) The facility implements recommended corrective actions or documents a clear rationale for any recommendation not adopted. The auditor examined incident reviews, and the committee assessed policies, potential motivations, incident locations, and staffing, making recommendations for changes if necessary.

115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.287 Data Collection</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. OP-030601 Field Memorandum: Oklahoma Prison Rape Elimination Act 2. Facility Operations Policy 030601 3. Pre-Audit Questionnaire (PAQ) 4. Agency Website 5. Sexual Abuse Data <p>Findings:</p> <p>(a) The facility collects accurate and uniform data on all allegations of sexual abuse using a standardized collection instrument and consistent definitions aligned with PREA requirements.</p> <p>(b) Incident-based data are aggregated annually to facilitate trend analysis and oversight.</p> <p>(c) Data collected include all elements necessary to complete the Department of Justice’s most recent Survey of Sexual Violence.</p> <p>(d) The facility maintains, reviews, and compiles data from all available incident-based sources, including reports, investigative files, and incident review documentation.</p> <p>(e) The facility collects and reviews sexual abuse data from all private entities with which it contracts for the confinement of residents to ensure uniform reporting and compliance.</p> <p>(f) Upon request, the facility provides all sexual abuse data from the preceding calendar year to the Department of Justice no later than June 30. The auditor reviewed 5 years of PREA annual reports located on the agency’s website.</p>

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>115.88 Data Review for Corrective Action</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. OP-030601 Field Memorandum: Oklahoma Prison Rape Elimination Act 2. Facility Operations Policy 030601 3. Pre-Audit Questionnaire (PAQ) 4. Agency Website https://oklahoma.gov/doc/prison-rape-elimination-act.html 5. Sample of 2020 and 2021 Corrective Action Plan 6. 2020 Annual Report of Sexual Violence 7. Three Memos from Mic Ahrnsbrak, Agency PREA Coordinator Office of the General Counsel 8. Interviews with Agency Administrator, PREA Coordinator (PC) and the PREA Compliance Manager (PCM) <p>Findings:</p> <p>A) The agency aggregates the incident-based sexual abuse data at annually. PREA Annual Reports and Correction Action Plans were reviewed.</p> <p>B) An annual report is prepared, comparing data across years and assessing progress.</p> <p>C) The report is approved by leadership.</p> <p>D) The agency makes its reports available on the agency website. The auditor checked the department's website, which posts all PREA reports.</p>
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115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.89 Data Storage, Publication, and Destruction</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. OP-030601 Field Memorandum: Oklahoma Prison Rape Elimination Act 2. Facility Operations Policy 030601 3. Pre-Audit Questionnaire (PAQ)

	<p>4. Agency Website</p> <p>5. 2012 through 2023 Agency PREA Annual Reports</p> <p>6. Site review observation – Record Storage</p> <p>7. Interview with the PREA Coordinator</p> <p>Findings:</p> <p>(a) All collected data is securely retained.</p> <p>(b) Aggregated data from all facilities is published annually.</p> <p>(c) Personal identifiers are removed before publication to protect resident privacy. As evidenced by reviewing the department website it contains all information as required by this standard. The website was reviewed to verify that sexual abuse data is publicly made available and does not include any personally identifiable information.</p> <p>(d) Data is retained for at least 10 years unless required longer by law. The department website contains all information as required by this standard. The website was reviewed to verify that sexual abuse data is publicly made available and does not include any personally identifiable information. The Auditor reviewed five (5) years of PREA annual reports located on the agency’s website.</p>
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115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.401 Frequency and Scope of Audits</p> <p>Evidence Analyzed:</p> <p>1. Agency Website</p> <p>2. Site Review Observation</p> <p>3. Notice of Audit Postings</p> <p>Findings:</p> <p>(a) 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, or by a private organization on behalf of the agency, is audited at least once. The agency met this standard during the prior three-year audit cycle. Audit reports can be found on the agency website.</p>

	<p>(b) During each one-year period starting on August 20, 2013, the agency has ensured that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited. The agency met this standard during the prior three-year audit cycle. Audit reports can be found on the agency website.</p> <p>(h) The auditor had full access to all areas of the facility and completed a thorough site review observation.</p> <p>(i) The facility provided the auditor with copies of all requested documentation, including electronically stored information.</p> <p>(m) The auditor conducted private interviews with inmates.</p> <p>(n) A Notice of Audit was posted in all housing units. Photos of postings were provided to the Auditor six weeks prior to the site visit. The information provided to the inmates included accurate information regarding the confidential nature of any correspondence and communication with the auditor. The agency/facility have provided inmates with a method of sending confidential information or correspondence to the auditor. Such method provided the same level of confidentiality as if the inmates were communicating with legal counsel. The auditor did not receive any written correspondence.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.403 Audit Contents and Findings</p> <p>Evidenced Analyzed:</p> <p>1. Agency Website</p> <p>Findings:</p> <p>(a) The agency has published on its agency website all Final Audit Reports for all its facilities during the past three years.</p>

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.)	na
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.)	na
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	na

	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.)	
	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.)	na
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	yes

	staffing patterns?	
	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,	yes

	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?	
	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	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.215 (f)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
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	yes

	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?	
	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 with residents with disabilities including residents who: Have intellectual disabilities?	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: 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	yes

	expressively, using any necessary specialized vocabulary?	
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	yes

	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?	
	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.)	yes
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.)	yes
115.221	Evidence protocol and forensic medical examinations	

(a)		
	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	yes

	advocate from a rape crisis center?	
	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	yes

	investigation is completed for all allegations of sexual harassment?	
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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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	yes

	resident is transferred to a different facility?	
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	yes

	sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	
	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.)	na
	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.)	na
	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	na

	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.)	
	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.)	na
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.)	na
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.)	na
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.)	na
	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.)	na
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	yes

	toward other residents?	
	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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na

	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	Screening for risk of victimization and abusiveness	

(h)		
	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	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242 (d)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242 (e)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242 (f)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
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.	no
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.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
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.)	yes
	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.)	yes
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.)	yes
	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.)	yes
	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.)	yes
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.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	yes

	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.)	
	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.)	yes
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.)	yes
	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.)	yes
	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.)	yes
	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.)	yes
	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.)	yes
	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.)	yes
	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.)	yes
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to	yes

	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.)	
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	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	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,	yes

	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?	
	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?	no
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	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	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	Criminal and administrative agency investigations	

(h)		
	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).)	yes
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	na

	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.)	
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	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
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	yes

	condition of access to programming and other benefits?	
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	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
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	na

	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.)	
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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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	yes

	necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	
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.)	na
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	Audit contents and findings	

(f)	
	<div data-bbox="320 185 1273 555"> <p>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.)</p> </div> <div data-bbox="1302 185 1353 219">yes</div>