

PREA Facility Audit Report: Final

Name of Facility: Union City Community Corrections Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 07/11/2025

Auditor Certification

The contents of this report are accurate to the best of my knowledge.



No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.



I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.



Auditor Full Name as Signed: Elaine Bridschge

Date of Signature: 07/11/2025

AUDITOR INFORMATION

Auditor name: Bridschge, Elaine

Email: risingsunauditing@gmail.com

Start Date of On-Site Audit: 06/11/2025

End Date of On-Site Audit: 06/11/2025

FACILITY INFORMATION

Facility name: Union City Community Corrections Center

Facility physical address: 700 U.S. 81, Union City , Oklahoma - 73090

Facility mailing address:

Primary Contact

Name:	Miciah Ahrnsbrak
Email Address:	miciah.ahrnsbrak@doc.ok.gov
Telephone Number:	(405) 425-2733

Facility Director	
Name:	Scott Wallis
Email Address:	scott.wallis@doc.ok.gov
Telephone Number:	405-212-6763

Facility PREA Compliance Manager	
Name:	Crystal Lilly
Email Address:	Crystal.Lilly@doc.ok.gov
Telephone Number:	405-627-1535

Facility Characteristics	
Designed facility capacity:	224
Current population of facility:	206
Average daily population for the past 12 months:	206
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys
In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For	

definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	21-75
Facility security levels/resident custody levels:	Community
Number of staff currently employed at the facility who may have contact with residents:	42
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	1
Number of volunteers who have contact with residents, currently authorized to enter the facility:	45

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
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Name:	Miciah Ahrnsbrak	Email Address:	miciah.ahrnsbrak@doc.ok.gov
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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:

16

- 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.213 - Supervision and monitoring
- 115.215 - Limits to cross-gender viewing and searches
- 115.217 - Hiring and promotion decisions
- 115.218 - Upgrades to facilities and technology
- 115.231 - Employee training
- 115.232 - Volunteer and contractor training
- 115.233 - Resident education
- 115.234 - Specialized training: Investigations
- 115.235 - Specialized training: Medical and mental health care
- 115.241 - Screening for risk of victimization and abusiveness

	<ul style="list-style-type: none">• 115.251 - Resident reporting• 115.254 - Third party reporting• 115.264 - Staff first responder duties• 115.265 - Coordinated response• 115.267 - Agency protection against retaliation
Number of standards met:	
25	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-06-11
2. End date of the onsite portion of the audit:	2025-06-11

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:	Crisis Advocacy Network

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	225
15. Average daily population for the past 12 months:	206
16. Number of inmate/resident/detainee housing units:	7
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input 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

18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	210
19. 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:	1
20. 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:	2
21. 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
22. 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:	2
23. 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
24. 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:	2

25. 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:	2
26. 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:	1
27. 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:	1
28. 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
29. 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	
30. 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:	42
31. 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:	45

32. 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:	1
33. 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	
34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	14
35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<div> <input checked="" type="checkbox"/> Age </div> <div> <input checked="" type="checkbox"/> Race </div> <div> <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) </div> <div> <input checked="" type="checkbox"/> Length of time in the facility </div> <div> <input checked="" type="checkbox"/> Housing assignment </div> <div> <input type="checkbox"/> Gender </div> <div> <input type="checkbox"/> Other </div> <div> <input type="checkbox"/> None </div>
36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	<div> 1. The auditor reviewed detailed rosters provided by the facility. </div> <div> 2. Discussions were held with staff regarding the population of the facility. </div> <div> 3. Observations made during the site review. </div>

37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
38. 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	
39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	6
<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>	
40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
41. 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:	1

42. 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:	0
42. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <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> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
42. 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).	<ol style="list-style-type: none"> 1. The auditor reviewed detailed rosters provided by the facility. 2. Discussions were held with staff regarding the population of the facility. 3. Observations made during the site review.
43. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	1
44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0
44. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <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> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>

44. 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).	<ol style="list-style-type: none"> 1. The auditor reviewed detailed rosters provided by the facility. 2. Discussions were held with staff regarding the population of the facility. 3. Observations made during the site review.
45. 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>1</p>
46. 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>1</p>
47. 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>0</p>
47. 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>
47. 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).	<ol style="list-style-type: none"> 1. The auditor reviewed detailed rosters provided by the facility. 2. Discussions were held with staff regarding the population of the facility.

48. 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:	0
48. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <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> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
48. 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).	<div> 1. The auditor reviewed detailed rosters provided by the facility. </div> <div> 2. Discussions were held with staff regarding the population of the facility. </div>
49. 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:	1
50. 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	
51. Enter the total number of RANDOM STAFF who were interviewed:	12

52. 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 type="checkbox"/> Shift assignment <input type="checkbox"/> Work assignment <input type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
If "Other," describe:	Gender
53. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
54. 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.	
55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	13
56. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No

57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
58. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
59. 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)

60. 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
61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
61. Enter the total number of VOLUNTEERS who were interviewed:	1
61. 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 checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
62. Enter the total number of CONTRACTORS who were interviewed:	1
62. 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 checked="" type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
63. 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.

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

☒ Yes

☐ No

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

65. 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

66. 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

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

☒ Yes

☐ No

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

☒ Yes

☐ No

69. 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.

70. 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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71. 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.

72. 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	3	3	2	2
Staff-on-inmate sexual abuse	1	1	0	0
Total	4	4	2	2

73. 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.

74. 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	2	1	0	0	0
Staff-on-inmate sexual abuse	0	1	1	0	0
Total	2	2	1	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	2
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	2

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.

76. 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

77. 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

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

2

79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input 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	
83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input 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	
86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
86. Explain why you were unable to review any sexual harassment investigation files:	The facility has not had an allegation of sexual harassment.
87. 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	
88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
89. 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)

90. 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	
91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
92. 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)
93. 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)
94. 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

95. 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

96. 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

97. 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"> Organizational Chart Facility Operations OP-030601 (PREA Policy) Site review observations – zero tolerance signage Interviews with the Agency PREA Coordinator (PC) and the PREA Compliance Manager (PCM) <p>Findings:</p> <p>A) The agency has a written policy that mandates zero tolerance toward all forms of sexual abuse and sexual harassment. Victims of forced and/or pressured sexual acts may suffer severe physical and psychological harm and could possibly be infected</p>

	<p>with a life-threatening disease. Consequently, each facility has implemented a Sexual Assault Prevention Program that includes prevention, detection, response, and prosecution/discipline of assailants.</p> <p>Oklahoma Department of Corrections (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 the facility and are visible to all staff, inmates, and visitors. It is the policy of the Oklahoma Department of Corrections (ODOC) to provide a safe, humane, and secure environment for all inmates. The agency supports and administers a program of education, prevention, detection, response, investigation and tracking of all reported acts of sexual assault, abuse and harassment. Punishment for the perpetrator is enforced.</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. Also, exceeding this standard, the facility has designated a PCM, who is 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
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.212 Contracting with Other Entities for the Confinement of Inmates</p> <p>Evidence Analyzed:</p> <p>1. PAQ (Pre Audit Questionnaire)</p> <p>Findings:</p> <p>A) B) As evidenced by the PAQ, the standard is not applicable as the facility has not entered into a contract for the housing of inmates, therefore this standard is compliant.</p>

115.213	Supervision and monitoring
	<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="279 342 794 376">115.213 Supervision and Monitoring</p> <p data-bbox="279 409 574 443">Evidenced Analyzed:</p> <ol data-bbox="279 488 1444 1059" style="list-style-type: none"> 1. Facility Operations OP-030601 (PREA Policy) 2. Staffing tour logs 3. Staffing Plans (multiple years) 4. Interviews with Warden, PREA Compliance Manager (PCM), PREA Coordinator (PC) and supervisors who conduct unannounced rounds. 5. Site review observations - supervision practices 6. Memo from the Agency PREA Coordinator 7. Camera layout 8. Master Staff Roster <p data-bbox="279 1104 406 1137">Findings:</p> <p data-bbox="279 1171 1460 1294">A) As evidenced by the staffing plan submitted the facility has developed a staffing plan designed to ensure adequate staffing levels and video monitoring to protect individuals from sexual abuse. The development of this plan takes into account:</p> <ul data-bbox="279 1305 1332 1630" style="list-style-type: none"> • Accepted correctional practices • Relevant findings from oversight bodies • Facility layout and physical plant, including areas of isolation • Population characteristics • Number and placement of supervisory staff • Program schedules and work assignments • Applicable laws, regulations, and standards • Trends in substantiated and unsubstantiated allegations of sexual abuse <p data-bbox="279 1664 1476 2078">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. During the site review the auditor compared the written 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. Additionally, exceeding the standard, every officer at Union City is assigned an AXON body camera at the beginning of each shift. ODOC policy prohibits the officers from removing the cameras for any reason with the exception of restroom breaks. The body cameras are reviewed regularly to ensure compliance with policy and</p>

	<p>procedure. Any issues noted during these reviews are addressed at the facility level or referred to the Inspector General's Office for investigation.</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) Staffing plans are reviewed annually, and any updates needed are documented. Reviews are conducted collaboratively to maintain PREA compliance. 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
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.215 Limits to Cross-Gender Viewing and Searches</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. Security Procedures OP-040110 2. Security Procedures OP-040102 3. Facility Operations OP-030601 (PREA Policy) 4. Training curriculum for Searches 5. Staff PREA training Records 6. PAQ (Pre audit questionnaire) 7. Site review observations – cross-gender searches; cross-gender viewing 8. Interviews with random staff, transgender/intersex inmate and random inmates. The facility does not hold female inmates. <p>Findings:</p> <p>A) Cross-gender strip searches and visual body cavity searches are prohibited except in exigent circumstances or when performed by medical practitioners. During the site review, the auditor observed areas used to conduct strip searches, visual body cavity searches, and pat-down searches and assessed that opposite-gender staff (i.e., non-medical personnel) cannot watch or partake in the conduct of a strip search (absent exigent circumstances). Central control posts are male (gender specific) posts and strip searches are conducted by male staff. Additionally, informal conversations with staff and inmates regarding search procedures</p>

confirmed that there are limits to cross-gender viewing.

B) According to the PAQ and site review observations, the facility does not hold female inmates.

C) The facility has not had any instances of cross-gender searches in the last 12 months. The facility does not have female inmates. The facility will document, as needed, all:

1. Cross-gender strip searches
2. Cross-gender visual body cavity searches
3. Cross-gender pat-down searches of female inmates

D) Policies ensure inmates can shower, use the toilet, and change clothing without being viewed by staff of the opposite gender, except in exigent circumstances or when such viewing is incidental during routine cell checks. Staff of the opposite gender are required to announce their presence before entering housing areas. Interviews, informal conversations with staff and inmates, and site review observations confirmed that the opposite gender staff announce themselves when entering housing units. Exceeding this standard, facility staff makes announcements with 100% of the inmates acknowledging this, and staff make these announcements on each shift, despite being a community center.

E) Interviews confirmed there are no cross-gender strip-or-cavity searches conducted at the facility. The facility does not conduct searches or examinations of transgender or intersex inmates solely to determine genital status. When necessary, status is determined through:

1. Private conversations
2. Medical records review
3. Private examination by a medical professional

F) According to the PAQ and staff training records, all security staff are trained in how to conduct:

1. Cross-gender pat-down searches
2. Searches of transgender and intersex inmates

Training emphasizes professionalism, respect, and the least intrusive method consistent with security needs. The auditor reviewed the training curriculum and staff training records. The training met all the requirements of the standard.

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.216 Inmates with Disabilities and Inmates Who Are Limited English Proficient</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Facility Operations OP-030601 (PREA Policy) 2. Interpreter list 3. Inmate Handbook in Spanish 4. Staff PREA training records 5. Site review observations – Interpretation services 6. Interviews with the General Counsel (agency head), random staff, and inmates with disabilities. There were no inmates that were limited English proficient 7. Inmate PREA training acknowledgment forms <p>Findings:</p> <p>A) As confirmed through interviews and review of policy, the agency has implemented procedures to ensure that individuals with disabilities—including those who are deaf, hard of hearing, blind, have low vision, or have intellectual, psychiatric, or speech-related disabilities—have equal access to all aspects of sexual abuse prevention, detection, and response. This includes:</p> <ul style="list-style-type: none"> · Qualified interpreters for effective communication with deaf or hard-of-hearing individuals · Accessible written materials or alternate formats for individuals with limited reading skills or visual impairments · Compliance with the Americans with Disabilities Act (ADA), including exceptions only in cases of undue burden or fundamental alteration as defined under 28 CFR 35.164 <p>Every inmate will receive a written copy of the agency’s orientation material in formats or through methods to ensure effective communication. Inmates whose primary language is not English will normally be provided a copy or translation of the orientation material in their own language. If literacy problems, intellectual disabilities/disabilities (visual/hearing impairments) exist, the inmate will be assisted in understanding the material.</p> <p>The auditor was able to test the facility’s access to interpretation services by</p>

	<p>securing an interpreter in real-time. The facility utilizes an agency-wide comprehensive list of staff interpreters for translation and can use a language line service when necessary. 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. Tablets are available in the following languages:</p> <ul style="list-style-type: none"> · Deutsch (Dutch) · Espanol (Spanish) · Francais (French) · Italiano (Italian) · Portugues (Portuguese) · English <p>B) Reasonable steps are taken to ensure that individuals who are LEP have meaningful access to all aspects of PREA compliance efforts. This includes the use of professional interpretation services capable of interpreting both effectively and impartially, using any necessary specialized vocabulary. According to interviews, every inmate receives a written copy of the agency's orientation material in formats or through methods to ensure effective communication. Inmates whose primary language is not English will normally be provided a copy or translation of the orientation material in their own language. If literacy problems, intellectual disabilities/disabilities (visual/hearing impairments) exist, the inmate will be assisted in understanding the material.</p> <p>C) As confirmed through policy and interviews, the facility does not rely on inmate interpreters, readers, or assistants, except in limited and exigent circumstances where delays could compromise safety, first-response duties, or the integrity of an investigation. All inmate PREA education is provided to inmates by staff. No inmate interpreters are utilized except in exigent circumstances. However, approved community or facility volunteers may be utilized. The agency maintains a staff interpreter list. In addition, on-demand language line services can be utilized.</p>
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115.217	Hiring and promotion decisions
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.217 Hiring and Promotion Decisions</p> <p>Evidenced Analyzed:</p>

1. Human Resources OP-110235
2. Personnel OP-110210
3. Memo from the PREA Coordinator
4. Staff Pre-Hire Questionnaires
5. Interviews with HR staff
6. Review of background records

Findings:

A) The agency policy prohibits the hiring, promotion, or contracting of any individual who may have contact with inmates and who:

1. Has engaged in sexual abuse in any custodial or institutional setting
2. Has been convicted of engaging in non-consensual sexual activity involving force, coercion, or incapacitation
3. Has been civilly or administratively adjudicated for the conduct described above

The auditor 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.

B) Incidents of sexual harassment are considered when evaluating individuals for hiring, promotion, or contracting positions involving inmate contact.

C) Before hiring any new employee who may have contact with inmates, the agency conducts criminal background checks and makes best efforts to contact prior institutional employers regarding any substantiated allegations or resignations during ongoing sexual abuse investigations. The auditor confirmed this through a review of files of personnel hired in the past 12 months, and determined that the agency has completed checks consistent with this standard.

D) A criminal background check is also required for any contractor who may have inmate contact. Review of records of background checks of contractors who might have contact with inmates and interviews confirmed this practice.

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.

F) As evidenced by the pre-hire questionnaire, applicants, employees, and contractors are asked directly about any past misconduct, as outlined in section (a),

	<p>through written applications, interviews, and evaluations. Employees have an ongoing affirmative duty to report such misconduct.</p> <p>G) Material omissions or false statements regarding past misconduct are grounds for termination. Pursuant to 21 O.S. § 358.B, it is unlawful for any person applying for employment with the State of Oklahoma to make a materially false, fictitious or fraudulent statement or representation on an employment application, knowing such statement or representation to be materially false, fictitious or fraudulent. Any person found guilty of violating this title will be guilty of a misdemeanor punishable by a fine not exceeding \$1,000.00, or by imprisonment in the county jail for a term not exceeding one year, or by both such fine and imprisonment.</p> <p>H) HR staff stated that unless prohibited by law, the agency provides information on substantiated allegations of sexual abuse or harassment to institutional employers upon request when a former employee applies to work with that employer. 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
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p>
	<p>115.218 Upgrades to Facilities and Technologies</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. PAQ (Pre Audit Questionnaire) 2. Interviews with the General Counsel (agency head) and the Warden 3. Camera layout <p>Findings:</p> <p>A) Interviews confirm that when planning new construction, facility acquisition, or substantial expansion/modification of existing structures, the agency considers the impact of the design on its ability to protect individuals from sexual abuse. This includes the housing layout and movement flow.</p> <p>B) Surveillance tools like cameras and electronic monitoring are also considered during upgrades to help prevent abuse. The facility has added a new building and has upgraded the camera system. Exceeding this standard, the facility requires each officer to utilize body-worn cameras while on shift. The Warden also has access to every camera in the facility from his desktop and state cell phone.</p>

115.221	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.221 Evidence Protocol and Forensic Medical Examinations</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. OP-040117 Security Procedures 2. OP-140118 Health Services Procedures 3. OP-030601 Facility Operations (PREA Policy) 4. MOU with Crisis Advocacy Network for support services 5. The National Protocol for Sexual Assault Medical Forensic Examinations 6. Interviews with random staff and PREA Compliance Manager (PCM). There were no inmates who reported sexual abuse. 7. PAQ (pre audit questionnaire) 8. Victim advocacy services offered tracking sheet 9. MOU with YWCA Oklahoma City for SANE Services for conducting forensic exams <p>Findings:</p> <p>A) The agency uses a standardized, professional evidence protocol for sexual abuse investigations to make sure physical evidence is collected properly and can be used in administrative or criminal 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.</p> <p>B) The protocol follows federal guidelines and is appropriate for youthful inmates when needed. However, the facility does not house inmates under the age of 18.</p> <p>C) As evidenced by the MOU, the facility has ensured victims of sexual abuse are provided access to forensic medical examinations, either on-site or at an external facility, at no financial cost to them. These examinations are performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) when available. If a SAFE or SANE is not available, another qualified medical professional conducts the exam. The medical facility used by the facility has trained Safe/Sane examiners available. The PAQ states that two forensic medical exams were conducted during the past 12 months by SANE nurses. Documentation was reviewed onsite to corroborate that all inmate victims of sexual abuse had access to forensic medical examinations.</p> <p>D) As evidenced by the MOUs the facility makes a rape crisis center advocate available to support the victim. The documentation that this service was offered was</p>

	<p>reviewed onsite.</p> <p>E) Confirmed through the MOU's, interviews and policy, if requested by the victim, an advocate or qualified support person accompanies them through the medical forensic exam and any investigative interviews, offering emotional support, crisis intervention, information, and referrals throughout the process.</p> <p>F) The agency is the investigative body.</p> <p>G) This provision is not required to be audited.</p> <p>H) The agency always makes a victim advocate from a rape crisis center available to victims as documented in the MOU. Supporting documentation was reviewed.</p>
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115.222	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets 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. Security OP-040117 2. Facility Operations OP-030601 (PREA Policy) 3. Protocol for the investigative process 4. Interviews with the General Counsel (agency head) and investigators 5. Website review 6. Investigation file review worksheets 7. Staff PREA Training Acknowledgement forms <p>Findings:</p> <p>A) The agency ensures that every allegation of sexual abuse or sexual harassment results in a completed administrative or criminal investigation, regardless of how the report is received (e.g., staff report, third-party report, or anonymous). According to the PAQ, 6 allegations of sexual abuse and sexual harassment were received. Of those, two resulted in an administrative investigation while four were referred for criminal investigation. This was confirmed during interviews. While onsite, 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) A written policy is in place requiring the referral of all allegations of sexual abuse</p>

	<p>or harassment to an appropriate investigative authority with legal jurisdiction to conduct criminal investigations. The auditor verified that this policy is published publicly on the agency website. Documentation of referrals of allegations were reviewed onsite and documented on a documentation review worksheet. The protocol is outlined in policy for the investigation process.</p> <p>C) The agency is responsible for criminal investigations. The policy is on the agency website.</p> <p>D) Auditor is not required to audit this provision.</p> <p>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>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Facility Operations OP-030601 (PREA Policy) 2. PREA training curriculum for new employees 3. Staff PREA training acknowledgement forms 4. Interviews with random staff <p>Findings:</p> <p>A) Exceeding this standard, as evidenced by the staff training curriculum and attendance records submitted and through staff interviews, all new employees who have contact with inmates are trained annually in:</p> <ul style="list-style-type: none"> · The agency's zero-tolerance policy · Their responsibilities in prevention, detection, reporting, and response · Inmates' rights to be free from sexual abuse and harassment · Protection from retaliation for reporting or cooperating with investigations · The dynamics of abuse and harassment in confinement · Common reactions of victims · How to detect and respond to signs of abuse

	<ul style="list-style-type: none"> · How to avoid inappropriate relationships · How to communicate professionally, including with LGBTI individuals · Mandatory reporting requirements to outside authorities <p>B) Training is gender-specific to the population served. Staff reassigned between facilities with different populations (e.g., male to female) receive additional, population-specific training. Employee training records were reviewed.</p> <p>C) All employees with inmate contact will receive annual training on PREA, exceeding this standard. Additionally, refreshers are available online. Employee training records were reviewed. The Oklahoma Department of Corrections provides new employee training 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) Training is documented through electronic verification to confirm understanding.</p>
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115.232	Volunteer and contractor training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.232 Volunteer and Contractor Training</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1 Contractor/Volunteer PREA Training Curriculum 2. Contractor/Volunteer Training Records 3. Memos from the PREA Coordinator 4. Facility Operations OP-030601 (PREA Policy) 5. Interviews with volunteers and contractors who have contact with inmates <p>Findings:</p> <p>A) All volunteers and contractors with inmate contact are trained in their PREA responsibilities, including prevention, detection, reporting, and response protocols. The auditor reviewed the training curriculum to ensure compliance with the PREA Standard. Exceeding this standard, it is the 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 two-day training session. Each volunteer retains detailed PREA training. In addition, these training courses are required by all volunteers every two years. Long-term contractors are also trained yearly as employees. The auditor verified this by reviewing the training curriculum.</p>

	<p>B) The level and content of training are appropriate to the volunteer or contractor's role and level of inmate contact. According to interviews, all are notified of the zero-tolerance policy and are informed on how to report incidents. Training records were reviewed.</p> <p>C) As evidenced by the review of training records the agency maintains documentation confirming that volunteers and contractors understand the training provided.</p>
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115.233	Resident education
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.233 Inmate Education</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. Facility Operations OP-030601 2. Samples of Zero Tolerance Acknowledgements for Inmates 3. Inmate education materials, posters, etc. 4. Interviews with the intake staff and inmates 5. Site review observation – Intake PREA Information; Interpretation Services; Comprehensive PREA Education 6. PAQ (pre audit questionnaire) 7. PREA posters 8. Inmate handbook (English and Spanish) <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 inmates or staff to include reporting utilizing the inmate PREA Hotline (073). Inmate phones have instructions for using the PREA Hotline posted in a conspicuous location on or near the phones. According to the PAQ, 378 inmates admitted during the past 12 months were given this information at intake.</p> <p>During the site review observation, the auditor observed the sexual safety information (PREA information/zero-tolerance information) provided at the point of</p>

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 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). Mental health staff or other skilled educators/staff are involved in providing the required information to confined persons with cognitive or functional disabilities. The auditor was able to test the facility's access to interpretation services. The facility utilizes agency-wide staff interpreters on demand. As a backup, a language line service is available over the phone.

B) Within 30 days of arrival, inmates receive comprehensive education, either in person or via video, covering the right to be free from abuse and retaliation and the agency's policies and response procedures. Exceeding this standard, it is the Oklahoma Department of Corrections policy for inmates to be educated on PREA within 7 days. In addition, the facility is regularly visited by the Disability Law Firm to measure compliance for inmates with disabilities, and the facility will address any issues identified. This provides 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. The auditor observed the comprehensive education process with an inmate.

C) Agency policy requires that inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents, to the extent that the policies and procedures of the new facility differ from those of the previous facility.

D) The agency ensures that education is accessible to all inmates, including those who are:

- Limited English proficient
- Deaf or hard of hearing
- Visually impaired
- Cognitively or developmentally disabled
- Or who have limited literacy

E) The agency documents inmate participation in all education sessions. Samples of Zero Tolerance Acknowledgements for Inmates were reviewed. In addition to direct education, key information is posted and made continuously available, including through:

- Posters in housing units and common areas

	<ul style="list-style-type: none"> · Inmate handbooks · Other written or visual formats <p>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 inmates can read and retain the information being provided.</p>
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115.234	Specialized training: Investigations
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p>
	<p>115.234 Specialized Training: Investigations</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Facility Operations OP-030601 (PREA Policy) 2. PREA Investigations training curriculum through the National Institution of Corrections 3. NIC (National Institute of Correction) training certificates for investigators 4. Memo from the PREA Coordinator 5. Interviews with Investigators <p>Findings:</p> <p>A) Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. Investigators assigned to manage sexual abuse allegations in confinement settings receive specialized training, in addition to general PREA training provided to all staff. Specialized training is provided for employees who may respond, as part of their job duties, to reported incidents of sexual assault. This training may include, but is not limited to crime scene management, elimination of contamination “Bloodborne Pathogen Exposure Control Program,” evidence collection protocol and crisis intervention. ODOC Inspector General Agents training includes conducting sexual abuse investigations in confinement settings. Training documentation is retained in the employee personnel file. Exceeding this standard, the 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) Specialized training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The Oklahoma Department of Corrections, Office of the Inspector General, Investigations Division, currently has 18 investigators. They conduct sexual abuse investigations in all private contract facilities including private prisons, county jails, and halfway houses. All of the Investigation agents have received specialized training.</p> <p>C) The agency maintains documentation showing that 18 investigators have completed the specialized training. The auditor reviewed the NIC (National Institute of Correction) training certificates.</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. Facility Operations OP-030601 (PREA Policy) 2. PREA Training acknowledgments for Medical and Mental health staff 3. Memo from the PREA Coordinator 4. Interviews with medical and mental health staff 5. PAQ (Pre-audit questionnaire) <p>Findings:</p> <p>A) As evidenced by the training curriculum mental Health and medical staff are provided training to detect and assess signs of sexual abuse and/or predation, preserve evidence of sexual abuse, respond to sexual assault victims, and knowledge of department procedures in regard to the PREA reporting process. Specialized training will be conducted when hired and annually. Documentation shall be retained in the employee's file. The PAQ indicates that 100% of medical and mental health staff have been trained. All full- and part-time medical and mental health practitioners who work regularly in confinement facilities are trained on:</p> <ul style="list-style-type: none"> · Recognizing signs of sexual abuse and harassment · Preserving physical evidence of abuse · Responding effectively and professionally to victims

	<p>· Reporting requirements for allegations or suspicions of abuse or harassment</p> <p>B) Confirmed during interviews, medical staff at this facility do not conduct forensic exams.</p> <p>C) The agency maintains documentation verifying that this training has been completed, whether through in-house sessions or external providers. 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) These practitioners also complete general PREA training. 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
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p>
	<p>115.241 Screening for Risk of Victimization and Abusiveness</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Facility Operations OP-030102 2. Facility Operations OP-030601 (PREA Policy) 3. Screenings on inmates 4. Site review observations – PREA Risk Screening; Records Storage 5. Interviews with staff responsible for risk screening, inmates, PREA Coordinator (PC), and the PREA Compliance Manager (PCM) <p>Findings:</p> <p>A) As evidenced by the screenings reviewed all individuals are assessed upon intake and transfer for their risk of being sexually victimized or sexually abusive. The facility uses information from the risk screening evaluation in accordance with “Cell Assessment Form” in order to inform staff making housing, work, education, and program assignments; with the goal of keeping those inmates who are at risk of being sexually victimized separate from those at high risk of being sexually abusive. During the site review, the auditor asked intake staff to walk through the process and do a mock intake for demonstration purposes. The screening process occurs in a setting that ensures as much privacy as possible given the potentially sensitive information that could be discussed (e.g., screening takes place out of earshot of other staff and inmates who would not otherwise participate in the screening</p>

process). Screening questions are asked in a manner that fosters comfort and elicits responses. Screening staff use an electronic instrument to collect information during the risk screening process. Screening staff affirmatively ask inmates about their sexual orientation and gender identity by directly inquiring if they identify as LGBTI (in addition to making a subjective determination about perceived status). Screening staff use additional sources of information to complete the initial risk screening assessment. Completion of the risk screening instrument returns a subsequent determination of risk of being sexually abused or being sexually abusive.

B) Intake screening is typically conducted within 72 hours of arrival. A sample of records for inmates admitted to the facility within the past 12 months was reviewed for evidence of appropriate screening within 72 hours.

C) The screening process uses an objective tool to ensure consistency and fairness. This screening instrument is built into an online system.

D) The risk screening instrument was reviewed to ensure that each item prescribed by the PREA standard is included/assessed. The following risk factors are evaluated to determine vulnerability to victimization:

- Mental, physical, or developmental disabilities
- Age
- Physical build
- Previous incarceration history
- Nonviolent criminal history
- Prior sex offense conviction
- Actual or perceived sexual orientation or gender identity (LGBTI status)
- History of sexual victimization
- Personal perception of vulnerability
- Civil immigration detention status

E) Inmates at risk for sexual victimization are identified by mental health or intake staff, and monitored by mental health, case management or security staff. Inmates are counseled by mental health staff. Risk factors for inmates included in this category are younger, older, of small stature, first time inmates, mental or physically disabled, serving incarceration for a sexual related offense, prior institutional victimization, LGBTQI orientation, or perceived by other inmates as weak. The risk screening instrument was reviewed to ensure that each item prescribed by the PREA standard is included/assessed.

F) The initial risk assessment is reassessed within 30 days of intake based on any

	<p>new or additional relevant information. 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, except for gender nonconforming inmates who are screened twice annually. The standard does not require annual screenings; therefore, the facility exceeds this standard.</p> <p>G) 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, except for gender nonconforming inmates who are screened twice annually. The standard does not require annual screenings; therefore, the facility exceeds this standard. The policy requires that an inmate's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.</p> <p>H) Inmates are not disciplined for refusing to answer, or for incomplete responses to questions related to sexual orientation, gender identity, sexual victimization history, or personal vulnerability.</p> <p>I) The agency implements confidentiality controls to prevent the misuse of screening information, protecting inmates from potential harm or retaliation. During the site review observation, the auditor observed the physical storage area of the risk screening information and determined that the area is secured. Electronic safeguards of information/documentation collected and maintained electronically are in place with password protection, accessible only in certain areas, and role-based security.</p>
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115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.242 Use of Screening Information</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Facility Operations OP-030601 (PREA Policy) 2. Inmate screenings 3. Cell Assessment Form samples 4. Self-report Form samples 5. Interviews with PREA Compliance Manager (PCM), staff responsible for risk screening, transgender/intersex inmate, and PREA Coordinator (PC)

	<p>Findings:</p> <p>A) The facility uses information from the risk screening evaluation to fill out the “Cell Assessment Form” in order to inform staff making housing, work, education, and program assignments; with the goal of keeping those inmates who are at risk of being sexually victimized separate from those at high risk of being sexually abusive.</p> <p>B) As determined by classification or mental health staff, and whenever possible, a single occupancy cell will be assigned in accordance with OP-140201 entitled “Mental Health Services Duties and Responsibilities” and OP-030102 entitled “Inmate Housing.” Any housing concerns noted during the mental health screening regarding an inmate’s history of sexual abuse-victimization or sexual predatory behavior is communicated to the facility job and housing coordinator for entry into the inmate’s record. Individualized safety decisions are made for each inmate, based on the results of their screening.</p> <p>C) Transgender and intersex inmates are considered for housing and programming assignments on a case-by-case basis, evaluating their health and safety and any potential security or management risks.</p> <p>D) Housing and program placements for transgender or intersex individuals are reviewed at least twice annually to identify any safety threats. The inmate’s own perception of their safety is given serious consideration in placement decisions.</p> <p>E) Transgender and intersex inmates are given the option to shower separately from others.</p> <p>F) The agency does not assign LGBTI individuals to dedicated housing units solely based on sexual orientation or gender identity, unless done in compliance with a consent decree, legal settlement, or legal judgment to protect those individuals. The “Self-Report Form” (assessment form) will be considered in making initial placement housing at the reception center.</p>
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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. Facility Operations OP-030601 (PREA Policy) 2. MOU with Oklahoma State Bureau of Investigation (OSBI) 3. Pamphlet for Staff on what is Sexual Harassment or Sexual Abuse

4. Sexual Assault Awareness Brochure; Speak up Speak out Get Help signage
5. Incident report on an inmate reporting sexual abuse
6. Inmate Handbook in English and Spanish
7. Site review observation – Signage; Internal and External Reporting Methods; Sending and Receiving Mail; Record Storage; Staff Reporting
8. Interviews with random staff and inmates, and PREA Compliance Manager (PCM)
9. PAQ (Pre audit questionnaire)

Findings:

A. Facility Operations OP-030601 (PREA Policy) outlines how to report sexual abuse/harassment; retaliation by other inmates or staff for reporting sexual abuse or harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. This will include information that the inmate victim has the option to report the incident to a designated staff member or any other staff. Other reporting methods include facility/unit head, third party contacts, PREA Hotline, sick call, request to staff, anonymous, Office of Inspector General (OIG) or the Oklahoma State Bureau of Investigations. Interviews confirmed that inmates are provided with multiple internal avenues to privately report:

- Sexual abuse or harassment
- Retaliation for reporting
- Staff negligence or misconduct contributing to such incidents

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. Exceeding this standard, inmates can call, email and message from their tablets. DOC's inmates have numerous ways to report. The inmate hotline is available for the inmates to use. In addition, each inmate may report directly to any staff member; by directly calling the PREA Coordinators designated hotline. When this occurs, the coordinator is notified immediately by email of the call. The voice message goes directly to both the Primary and Secondary Coordinator's cell, which is on their person at all times, allowing for immediate response, even after hours; by directly calling the OIG's hotline. This is checked multiple times daily. Once OIG is notified, an email is sent directly to the Facility Warden and both PREA Coordinator; by sending an email, or

	<p>having someone else email, an email line that goes directly to the to the PREA Coordinator's office; and by alerting OSBI, whose address and number is posted throughout the facility.</p> <p>B. The agency has a MOU with the Oklahoma State Bureau of Investigation for external reporting methods. This agency can forward the report while preserving anonymity if requested. 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 are required to promptly document verbal reports. If physical evidence is not present due to the assault occurring more than 120 hours prior to notification or the event is defined as abusive sexual contact or sexual harassment rather than a non-consensual sexual act, notification will be made by 9:00 a.m. the following business day to the OIG.</p> <p>D. A method is in place for staff to privately report to the OIG or the PREA reporting line any knowledge or suspicions of sexual abuse or harassment. Staff are informed of these procedures through training and onboarding. This was confirmed through a review of staff training acknowledgement forms.</p>
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115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.252 Exhaustion of administrative remedies</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Inmate/Offender Grievance Process OP-090124 2. PAQ (pre audit questionnaire) 3. There were no inmates who reported sexual abuse to interview 4. Website <p>Findings:</p> <p>A) Grievances will formally address complaints about confinement conditions, staff actions, or incidents under ODOC control that aren't resolved informally. The issue</p>

	<p>must have personally affected the inmate making the complaint.</p> <p>B) There is no time limit to any portion of a grievance regarding an allegation of sexual abuse. Grievances of alleged incidents of sexual abuse may be filed at any time, regardless of the time the incident occurred. Inmates are not required to use informal resolution steps before submitting grievance. This provision does not affect the agency's defense based on statute of limitations.</p> <p>C) Inmates can submit grievances without submitting them to the staff involved in the alleged incident. Grievances must not be routed to the subject of the complaint. Statement Submitted with the PAQ (Pre Audit Questionnaire) that there were no grievances filed concerning sexual abuse.</p> <p>D) Final agency decisions must be made within 90 days of filing. Time spent preparing appeals is not counted against the 90-day timeframe. The facility may extend the timeline by up to 70 days, if necessary, with written notice to the inmate. If no response is received within the required timeframes, the absence is considered a denial. According to the PAQ, in the past 12 months there have not been any grievances filed that alleged sexual abuse.</p> <p>E) Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates are permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and will also be permitted to file such requests on behalf of inmates. The facility requires the alleged victim's consent to continue processing the grievance. If the inmate declines further processing, that decision must be documented. According to the PAQ, in the past 12 months, the facility has not received any grievances alleging sexual abuse filed by inmates in which the inmate declined third-party assistance. A third-party report using the same method provided to the public via the agency website was tested. The information was easy to locate on the webpage and understandable. The third-party reporting method is not the general contact information for the facility but is specific to reporting sexual abuse and sexual harassment in the facility.</p> <p>F) Emergency grievances alleging an imminent risk of sexual abuse must be forwarded immediately to a reviewer who can take action. An initial response is required within 48 hours, and a final decision within 5 calendar days. The response must detail the risk determination and actions taken. According to the PAQ, no emergency grievances alleging substantial risk of imminent sexual abuse have been filed in the past 12 months.</p> <p>G) Inmates may only be disciplined for filing a grievance in bad faith. In the past 12 months, no inmate grievances alleging sexual abuse that resulted in disciplinary action by the agency against the inmate for having filed the grievance in bad faith were made.</p>
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.253 Inmate Access to Outside Confidential Support Services</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. Facility Operations OP-030601 (PREA Policy) 2. MOU with Crisis Advocacy Network for support services 3. Interviews with random inmates. There were no inmates who reported sexual abuse. 4. Site review observations – Signage; Outside Emotional Support Services; Sending and Receiving Mail 5. PREA Advocacy Poster 6. The National Protocol for Sexual Assault Medical Forensic Examinations <p>Findings:</p> <p>A) As evidenced by the MOU with Crisis Advocacy Network, the facility provides inmates with access to outside victim advocacy services by making available mailing addresses, toll free hotlines and writing materials. During the site review, the auditor observed posted 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.</p> <p>B) Inmates are informed of the extent to which communications are confidential and whether reports may be forwarded due to mandatory reporting laws.</p> <p>C) The agency maintains an MOU with Crisis Advocacy Network that is capable of delivering confidential emotional support. 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>

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. Poster "Stop the Violence- Break the Silence" 2. Site review observations – Signage; Third-party Reporting 3. Website 4. Facility Operations OP-030601 (PREA Policy) <p>Findings:</p> <p>A) As evidenced by the department website the agency has established a process to receive reports of sexual abuse or harassment from third parties. The auditor reviewed the department's website. The website has definitions of sexual abuse or harassment, procedures for reporting and it outlines the investigative process. A test report was made and confirmation received. Exceeding the standard, the Oklahoma Department of Corrections has four third-party reporting methods. These include two different phone hotlines, one email, and one via MOU with OSBI. As evidenced by posters, the inmate handbook, and the department website, publicly available information describes how third parties can submit reports on behalf of inmates. The auditor reviewed the department's website. The website has the definitions of Sexual abuse or harassment, procedures for reporting and it outlines the investigative process.</p>
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115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.261 Staff and Agency Reporting Duties</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. Facility Operations OP-030601 (PREA Policy) 2. Staff PREA Training curriculum outlining requirements for reporting incidents of sexual misconduct 3. Interviews with random staff, medical and mental health staff, Warden and PREA Coordinator (PC) 4. Site review observations – Staff Reporting <p>Findings:</p> <p>A) As stated in the PREA policy, all staff, volunteers and contractors shall immediately report to their supervisor or higher authority any knowledge, suspicion, or other information regarding an incident of sexual abuse, assault or harassment that occurred in a facility/unit or other location, whether or not it is part of the agency. The auditor observed the staff reporting method and determined that it is</p>

	<p>available to all staff, on-demand. All staff must immediately report any known or suspected:</p> <ul style="list-style-type: none"> · Sexual abuse or harassment · Retaliation related to such reports · Staff neglect or violate violations that may have contributed to abuse or retaliation <p>B) Confidentiality must be maintained, with disclosures only made as necessary for treatment, investigation, or facility safety.</p> <p>C) Medical and mental health staff are mandated reporters and must inform inmates of this obligation at the start of services.</p> <p>D) This facility does not hold inmates under the age of 18.</p> <p>E) All documents associated with claims of sexual assault, including incident reports, investigative reports, inmate information, case disposition, medical and mental health evaluation findings and recommendations for post release treatment and/or counseling are confidential and retained by ODOC. All investigative files are considered confidential information. Copies of the investigative file will be maintained by the OIG. All reports, including anonymous and third-party, must be forwarded to the designated investigators.</p>
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115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.62 Agency Protection Duties</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Facility Operations OP-030601 (PREA Policy) 2. PAQ (Pre Audit Questionnaire) 3. Interviews with the General Counsel (agency head), Warden and random staff <p>Findings:</p> <p>A. When the facility learns an inmate is subject to substantial risk of imminent sexual abuse, it will take immediate action to protect the inmate. According to the information submitted with the PAQ (Pre Audit Questionnaire), the facility had four inmates who were in substantial risk of imminent sexual abuse in the past 12 months. As evidenced by the information contained in the PAQ, inmates identified as being at high risk for sexual victimization are not placed in involuntary segregated housing unless all other alternatives have been assessed and deemed</p>

	unavailable. If immediate assessment is not feasible, temporary placement in segregation is limited to less than 24 hours.
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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>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Facility Operations OP-030601 (PREA Policy) 2. PAQ (Pre Audit Questionnaire) 3. Interviews with the General Counsel (agency head) and Warden <p>Findings:</p> <p>A) The agency has a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined to another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. According to the PAQ, in the past 12 months there have been no allegations received where an inmate was abused while confined at another facility. All information is gathered and a request for investigation is submitted for an appropriate investigation.</p> <p>B) Notification must be sent to the appropriate authority at that facility within 72 hours.</p> <p>C) The notification must be documented. The facility receiving the report must ensure the allegation is investigated in accordance with PREA standards. Notifications to the Division of Institution and Office of Inspector General are documented via Serious Incident Report in the ICON (electronic) Reporting System.</p> <p>D) The policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. The facility had two sexual abuse allegations received from other facilities in the past 12 months.</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. Allegations of sexual abuse statistics 2. Facility Operations OP-030601 (PREA Policy) 3. Interviews with random staff, and security and non-security staff first responders. There were no inmates who reported sexual abuse. 4. PAQ (pre audit questionnaire) <p>Findings:</p> <p>A) When security staff are the first to respond to a sexual abuse allegation, staff immediately:</p> <ul style="list-style-type: none"> · Separate the victim and alleged abuser · Preserve the crime scene · Instruct the victim to avoid actions that may destroy evidence · Ensure the alleged abuser also refrains from such actions <p>According to the PAQ. in the last 12 months there were four PREA allegations received where an inmate was sexually abused. There were two security staff members that were first responders. The victim was separated from the abuser for both PREA allegations. Two PREA allegations allowed physical evidence to be collected. Exceeding the standard, each Oklahoma Department of Corrections staff member carries a "PREA Card", which has detailed descriptions of each step in a PREA response situation. In addition, there are multiple "Emergency Books" inside each ODOC facility, strategically placed, which contain detailed PREA response instructions.</p> <p>B) If the first responder is not security staff, they must instruct the victim not to destroy evidence and immediately notify security personnel. The facility had two situations where a non-security staff member was the first responder to a PREA allegation.</p>
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115.265	Coordinated response
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p>
	<p>115.265 Coordinated Response</p> <p>Evidence Analyzed:</p>

	<ol style="list-style-type: none"> 1. Facility Operations OP-030601 (PREA Policy) 2. Union City Correctional Center Coordinated Response Plan 3. Interview with Warden <p>Findings:</p> <p>A) Per policy, the facility will provide safe, humane, and secure environment for all inmates by administering a program of education, prevention, detection, response, investigation and tracking of all reported acts of sexual assault, abuse, harassment, and staff sexual misconduct. The program includes treatment for the victim and the perpetrator, ongoing support for the victim and enforced prosecution/discipline for the perpetrator(s). All inmates are provided information about sexual assault, abuse, or harassment during in-depth facility orientation to include prevention/intervention, self- protection, reporting sexual assault, treatment, and counseling. The facility had a written plan outlining how various roles—first responders, medical/ mental health staff, investigators, and facility leadership—coordinate their actions when responding to a sexual abuse allegation. 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
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.266 Preservation of Ability to Protect Inmates from Contact with Abusers</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. PAQ (Pre Audit Questionnaire) 2. Interview with the General Counsel (agency head) <p>Findings:</p> <p>A) B) The Agency has not entered into or renewed any collective bargaining agreements.</p>

115.267	Agency protection against retaliation
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p>

	<p>115.267 Agency Protection Against Retaliation</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Facility Operations OP-030601 (PREA Policy) 2. PAQ (Pre Audit Questionnaire) 3. Interviews with General Counsel (agency head), Warden, 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. 4. Retaliation monitoring documentation reviewed onsite and documented on a file review worksheet <p>Findings:</p> <p>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 agency has designated the Deputy Warden with monitoring for possible retaliation. Exceeding this standard, the facility has elected to monitor for retaliation for not only the alleged victim but the aggressor, witnesses and those that reported the allegation.</p> <p>B) Multiple protection strategies are employed, such as:</p> <ul style="list-style-type: none"> · Housing or work assignment changes · Removal of alleged abusers from victim contact · Provision of emotional support services <p>C) Monitoring occurs for at least 90 days following a report to detect signs of retaliation. Monitoring should continue if needed for over 90 days if the initial monitoring indicates a continuing need. According to the PAQ, the facility had one incident of retaliation that occurred in the past 12 months. Monitoring includes:</p> <ul style="list-style-type: none"> · Disciplinary reports · Housing or job changes · Performance reviews <p>D) Monitoring includes periodic status checks for inmates.</p> <p>E) Any individual expressing fear of retaliation receives appropriate protection.</p> <p>F) Auditor is not required to audit this provision.</p>
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.271 Criminal and Administrative Agency Investigations</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none">1. Facility Operations OP-030601 (PREA policy)2. Security OP-040117 (Investigation Policy)3. Interviews with investigators, Warden, PREA Coordinator (PC), and PREA Compliance Manager (PCM). There were no inmates who reported sexual abuse.4. Site review observations – Record Storage5. Administrative and criminal investigation reports were reviewed onsite and documented on a document review worksheet6. PAQ (pre audit questionnaire) <p>Findings:</p> <p>A) All allegations of sexual abuse and harassment, including third party and anonymous reports, will be reviewed to determine if sufficient information exists to complete a formal investigation. If an investigation is conducted, it will be done promptly, thoroughly and objectively. OIG or designee may authorize investigations and information or intelligence gathering operations for any reason involving allegations of policy violations and/or violations of state and federal law. Samples of investigation reports for allegations of sexual abuse or sexual harassment were reviewed onsite by the auditor and a document review worksheet was completed.</p> <p>B) The facility uses specially trained investigators for sexual abuse cases. The OIG will ensure an inspector general agent, who has received special training in sexual abuse investigations in confinement settings, is assigned to investigate all allegations of inmate-on-inmate nonconsensual sexual acts. The OIG or designee may authorize the official reporting to investigate reported incidents of inmate-on-inmate abusive sexual contact and harassment.</p> <p>C) Investigation reports were reviewed and determined that investigators are required to:</p> <ul style="list-style-type: none">· Collect physical, DNA, and electronic evidence.· Interview with all relevant parties.· Review prior similar allegations against the accused. <p>D) Agencies must consult 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 examine whether staff actions or omissions contributed to the abuse and be documented with clear findings, credibility assessments, and evidence. The assigned Inspector General Agent will gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. Investigation reports are kept secured with limited access. Investigation reports were reviewed onsite, and a document review worksheet was completed for each report.</p> <p>G) Criminal investigations must also be documented with supporting evidence attached where feasible. Criminal investigation reports were reviewed onsite, and a document review worksheet was completed for each report.</p> <p>H) Substantiated criminal allegations must be referred to prosecution. The facility referred one allegation of conduct that appeared to be criminal to prosecution.</p> <p>I) Reports must be retained for the duration of the alleged abuser's employment or incarceration, plus five years. Samples of investigation reports were reviewed onsite.</p> <p>J) Investigations must continue even if the alleged abuser or victim leaves the agency's control.</p> <p>K) 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>115.272 Evidentiary Standard for Administrative Investigations</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. Facility Operations OP-030601 (PREA Policy) 2. Interviews with investigators 3. Investigation reports reviewed onsite with a document review worksheet completed <p>Findings:</p>

	A) According to the PREA policy there is not any standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Investigation reports were reviewed onsite and a document review worksheet completed.
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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. Facility Operations OP-030601 2. Inmate Notifications of Investigation Results 3. PAQ (pre audit questionnaire) 4. Interviews with Warden and investigators. There were no inmates who reported sexual abuse 5. Two sexual abuse investigation reports reviewed onsite with a document review worksheet completed <p>Findings:</p> <p>A) Inmates are informed of the outcome (substantiated, unsubstantiated, or unfounded) of any sexual abuse investigation they initiate. The auditor reviewed the notifications to inmates at the completion of the investigations. According to the PAQ, there were two criminal and/or administrative investigations of alleged sexual abuse that were completed by the agency in the past 12 months. Of the alleged sexual abuse investigations that were completed in the past 12 months, one inmate was notified, verbally and in writing, of the results of the investigation.</p> <p>B) The agency is responsible for conducting administrative and criminal investigations.</p> <p>C) When staff is the subject of the allegation, and the allegation is not unfounded, the inmate must be informed if the staff member is no longer assigned to the unit or employed at the facility and the staff member is indicted or convicted in connection with the abuse.</p> <p>D) When another inmate is the subject of a substantiated allegation, the alleged victim must be informed of any indictment or conviction related to the incident.</p> <p>E) All notifications or attempted notifications must be documented. Notification of Investigation Status forms were reviewed by the auditor while onsite. Notification of</p>

	Investigation Status forms are signed and dated by the inmate. F) Auditor is not required to audit this provision.
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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. Facility Operations OP-030601 (PREA Policy) 2. PAQ (Pre Audit Questionnaire) <p>Findings:</p> <p>A) Staff are subject to disciplinary action, up to and including termination, for violations of agency sexual abuse or harassment policies.</p> <p>B) Termination is the presumptive action for substantiated sexual abuse. According to the PAQ, in the past 12 months, one staff from the facility violated the agency sexual abuse and sexual harassment policy.</p> <p>C) Sanctions for other violations are based on the severity of the offense, disciplinary history, and consistency with sanctions imposed on others for similar behavior. In the past 12 months, there were no staff from the facility who was disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse).</p> <p>D) All terminations or resignations in lieu of termination related to sexual abuse or harassment must be reported to law enforcement (unless clearly non-criminal) and licensing bodies. In the past 12 months, one staff from the facility was reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.</p>

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.277 Corrective Action for Contractors and Volunteers

	<p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. Facility Operations OP-030601 (PREA Policy) 2. PAQ (Pre Audit Questionnaire) PAQ 3. Interview with Warden <p>Findings:</p> <p>A) Contractors or volunteers found to have engaged in sexual abuse are prohibited from inmate contact and must be reported to law enforcement and licensing bodies (if applicable). In the past 12 months, there have not been any contractors or volunteers that have been reported to law enforcement or relevant licensing bodies for engaging in sexual abuse of inmates.</p> <p>B) Other policy violations require appropriate remedial action, including possible termination of facility access.</p>
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115.278	Disciplinary sanctions for residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.278 Disciplinary Sanctions for Inmates</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. Facility Operations OP-030601 (PREA Policy) 2. OP-060125 Attachment A (Inmate disciplinary codes) 3. Interviews with the Warden and medical and mental health staff 4. Two investigation reports reviewed onsite and document review worksheets completed 5. PAQ (pre audit questionnaire) <p>Findings:</p> <p>A) Inmates may face disciplinary sanctions after a substantiated administrative or criminal finding of inmate-on-inmate sexual abuse. Ensuring all inmates or staff members found guilty of committing sexual assault are disciplined in accordance with agency procedures they will be referred for criminal prosecution by the office of the Inspector General. In the past 12 months, one administrative finding of inmate-on-inmate sexual abuse occurred at the facility with no criminal findings of guilt.</p> <p>B) Sanctions must be proportional to the offense, the inmate's history, and comparable sanctions.</p>

	<p>C) The process must consider mental illness or disability as mitigating factors. Investigation reports were reviewed.</p> <p>D) The facility does not offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. Inmates would be transferred to a higher custody level facility to receive this treatment.</p> <p>E) Inmates may only be disciplined for sexual contact with staff if the staff member does not consent.</p> <p>F) Good faith reports are protected—even if unsubstantiated.</p> <p>G) The agency prohibits consensual inmate sexual activity. The agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. The Agency ensures all inmates or staff members found guilty of committing sexual assault are disciplined in accordance with agency procedures and will be referred for criminal prosecution by the office of the Inspector General.</p>
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115.282	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.282 Access to Emergency Medical and Mental Health Services</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. Facility Operations OP-030601 (PREA Policy) 2. Mental Health Incident Form/secondary materials 3. Interviews with medical and mental health staff, and security and non-security staff first responders. There were no inmates who reported sexual abuse. 4. MOU's for crisis advocacy and forensic exams <p>Findings:</p> <p>A) Victims of sexual abuse receive timely and unrestricted access to medical and crisis intervention services. Medical and mental health staff maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided were reviewed.</p> <p>B) First responders notify medical staff on duty at the time a report of recent abuse is made. Medical staff are available 24 hours a day, seven days a week.</p> <p>C) Victims are offered emergency contraception and STI prophylaxis, as medically appropriate.</p>

	D) All treatment is provided free of cost, regardless of the victim's participation in the investigation. The Auditor reviewed Health Services screening and follow up documentation and Mental/Medical health screenings from the facility with progress notes.
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115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.283 Ongoing Medical and Mental Health Care</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. Health Services OP-140118 2. Facility Operations OP-030601 (PREA Policy) 3. Interviews with medical and mental health staff. There were no inmates who reported sexual abuse. <p>Findings:</p> <p>A) The facility offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p>B) 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.</p> <p>C) The facility provides such victims with medical and mental health services consistent with the community level of care.</p> <p>D) E) These provisions do not apply as this is an all-male facility.</p> <p>F) Inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.</p> <p>G) Treatment remains free, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>H) The facility attempts to conduct mental health evaluations of known abusers within 60 days, offering treatment if deemed appropriate.</p>

115.286	Sexual abuse incident reviews
	<p data-bbox="279 185 981 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="279 264 564 297">Auditor Discussion</p> <p data-bbox="279 342 842 376">115.286 Sexual Abuse Incident Reviews</p> <p data-bbox="279 409 555 443">Evidence Analyzed:</p> <ol data-bbox="279 477 1469 734" style="list-style-type: none"> 1. Facility Operations OP-030601 (PREA Policy) 2. Sexual abuse incident review forms 3. PAQ (pre audit questionnaire) 4. Interviews with the Warden, PREA Compliance Manager and incident review team <p data-bbox="279 768 405 801">Findings:</p> <p data-bbox="279 835 1469 1081">A) In all instances where a sexual abuse investigation occurs, regardless of findings, at the conclusion of the investigation the facility shall conduct a sexual abuse incident review. In the past 12 months, according to the PAQ, 6 criminal and/or administrative investigations of alleged sexual abuse were completed at the facility, excluding unfound incidents. Sexual Abuse/Harassment incident review forms were reviewed for compliance.</p> <p data-bbox="279 1126 1449 1328">B) This review occurs within 30 days of the receipt by the facility or OIG investigative findings. In the past 12 months, 4 criminal and/or administrative investigations of alleged sexual abuse had an incident review completed within 30 days. Sexual Abuse/Harassment Incident Review forms were reviewed for compliance.</p> <p data-bbox="279 1373 1437 1485">C) The review team includes administrative staff, with input from line supervisors, investigators, medical/mental health professionals and facility PREA compliance manager.</p> <p data-bbox="279 1529 1469 1686">D) The facility prepares a report of its findings from sexual abuse incident reviews including, but not necessarily limited to, determinations made and any recommendations for improvement and submits such report to the facility head and PREA Compliance Manager. The team reviews:</p> <ul data-bbox="279 1720 1353 1977" style="list-style-type: none"> · Policy and practice implications. · Potential motivations behind the abuse (e.g., bias or gang dynamics). · Physical environment and blind spots. · Staffing adequacy and monitoring technology. <p data-bbox="279 2011 1461 2123">E) The facility implements recommendations for improvement or will document the reasons for not doing so. The Sexual Abuse/Harassment Incident Review form and documentation of implementation of recommendations will be submitted to the</p>

	affected administrator of Institutions and agency PREA Coordinator within 30 days after the review team's conclusion. The auditor examined incident reviews, and verified that the committee assessed policies, potential motivations, incident locations, and staffing, making recommendations for changes if necessary.
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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. Facility Operations OP-030601 2. Agency Website 3. Sexual abuse data <p>Findings:</p> <p>A) The Office of the Inspector General shall collect accurate, uniform data for every allegation of sexual abuse at facilities using a standardized instrument and set of definitions. The data shall be securely retained.</p> <p>B) The agency annually aggregates incident-based sexual abuse data.</p> <p>C) Data must support the completion of the Survey of Sexual Violence (SSV) and be collected from all contracted facilities. The auditor reviewed 5 years of PREA annual reports located on the agency's website.</p> <p>D) The agency collects, reviews, and maintains data from all incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>E) The agency collects both detailed and summary data from all private facilities it contracts with for inmate confinement, when applicable.</p> <p>F) All data is retained and made available upon request from the Department of Justice by June 30 of each year. The auditor reviewed 5 years of PREA annual reports located on the agency's website. The DOJ has not requested agency data from the previous calendar year.</p>

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

	<p>Auditor Discussion</p> <p>115.288 Data Review for Corrective Action</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. Five years of PREA Annual Reports and Corrective Action Plans 2. Interviews with General Counsel (agency head), PREA Coordinator (PC) and the PREA Compliance Manager (PCM) 3. Review of agency website https://oklahoma.gov/doc/prison-rape-elimination-act.html 4. Facility Operations OP-030601 (PREA Policy) <p>Findings:</p> <p>A) The Agency reviews the aggregated data to identify problem areas, take corrective action and prepare an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. PREA Annual Reports and Correction Action Plans were reviewed.</p> <p>B) The report includes year-to-year comparisons and assess agency progress in addressing sexual abuse.</p> <p>C) The agency makes its reports available on the agency website. The reports are approved by agency leadership. The auditor checked the department's website, which posts all PREA reports. 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.</p> <p>D) The agency redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.</p>
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115.289	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.289 Data Storage, Publication, and Destruction</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. Facility Operations OP-030601 (PREA Policy)

	<p>2. Agency website</p> <p>3. Interview with the PREA Coordinator</p> <p>4. Site review observation – Record Storage</p> <p>Findings:</p> <p>A) All sexual abuse data collected under § 115.287 is securely retained. During the site observation, the auditor observed that data is stored electronically, and safeguards are in place for the security of this information.</p> <p>B) Aggregated data from both agency-run and contracted facilities is made publicly available at least annually, through the agency’s website. 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.</p> <p>C) All personal identifiers were removed prior to publication.</p> <p>D) Data is retained for at least 10 years unless the law requires otherwise. 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
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.401 Frequency and Scope of Audits</p> <p>Evidence Analyzed:</p> <p>1. Department 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. Investigation files and human resource documents were reviewed onsite.</p> <p>M) The auditor conducted private interviews with inmates.</p> <p>N) A Notice of Audit was provided by the auditor and 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 from inmates, staff or third parties.</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.)	yes
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	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication 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 expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	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	Hiring and promotion decisions	

(f)		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	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	yes

	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.)	
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

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

115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	na
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes

	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)).	
115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	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.)	yes
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by	yes

	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.)	
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes

	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.242	Use of screening information	

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

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	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?	yes
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial	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).)	na
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	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
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287	Data collection	

(c)		
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	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.)	no
	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.)	yes
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	yes

	same manner as if they were communicating with legal counsel?	
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes