

Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

☐ Interim ☒ Final

Date of Interim Audit Report:

☒ N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: June 18, 2021

Auditor Information

Name: Patrick J. Zirpoli	Email: pzirpoli@ptd.net
Company Name: Patrick J. Zirpoli LLC	
Mailing Address: 149 Spruce Swamp Road	City, State, Zip: Milanville, PA 18443
Telephone: 570-729-4131	Date of Facility Visit: 05/6/2021-05/7/2021

Agency Information

Name of Agency: Oklahoma Department of Corrections			
Governing Authority or Parent Agency (If Applicable): State of Oklahoma			
Physical Address: 3300 N Martin Luther King Blvd		City, State, Zip: Oklahoma City, OK 73111	
Mailing Address: P.O. Box 11400		City, State, Zip: Oklahoma City, OK 73136	
The Agency Is:	☐ Military	☐ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☒ State	☐ Federal
Agency Website with PREA Information: www.doc.ok.gov			

Agency Chief Executive Officer

Name: Director Scott Crow	
Email: scott.crow@doc.ok.gov	Telephone: 405-425-2500

Agency-Wide PREA Coordinator

Name: Carla Braggs	
Email: Carla.braggs@doc.ok.gov	Telephone: 405-227-9237
PREA Coordinator Reports to: Gary Elliott, General Counsel	Number of Compliance Managers who report to the PREA Coordinator: 24

Facility Information

Name of Facility: Northeast Oklahoma Community Corrections Center

Physical Address: 442586 East 250 Road

City, State, Zip: Vinita, Ok 74301

Mailing Address (if different from above):
NA

City, State, Zip: NA

The Facility Is:

☐ Military

☐ Private for Profit

☐ Private not for Profit

☐ Municipal

☐ County

☒ State

☐ Federal

Facility Website with PREA Information: www.doc.ok.gov

Has the facility been accredited within the past 3 years? ☐ Yes ☐ No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

☐ ACA

☐ NCCHC

☐ CALEA

☐ Other (please name or describe:

☒ N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:

Facility Director

Name: Casey Hamilton

Email: casey.hamilton@doc.ok.gov

Telephone: 918-256-3392

Facility PREA Compliance Manager

Name: Casey Hamilton

Email: casey.hamilton@doc.ok.gov

Telephone: 918-256-3392

Facility Health Service Administrator ☐ N/A

Name: Betsy Hormel

Email: betsy.hormel@doc.ok.gov

Telephone: 918-256-3392

Facility Characteristics

Designated Facility Capacity:

525

Current Population of Facility:

405

Average daily population for the past 12 months:	394	
Has the facility been over capacity at any point in the past 12 months?	☐ Yes ☒ No	
Which population(s) does the facility hold?	☐ Females ☒ Males ☐ Both Females and Males	
Age range of population:	19-72	
Average length of stay or time under supervision	18 months	
Facility security levels/resident custody levels	Community	
Number of residents admitted to facility during the past 12 months	720	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	711	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	646	
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	☐ Yes ☒ No	
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	☐ Federal Bureau of Prisons ☐ U.S. Marshals Service ☐ U.S. Immigration and Customs Enforcement ☐ Bureau of Indian Affairs ☐ U.S. Military branch ☐ State or Territorial correctional agency ☐ County correctional or detention agency ☐ Judicial district correctional or detention facility ☐ City or municipal correctional or detention facility (e.g. police lockup or city jail) ☐ Private corrections or detention provider ☐ Other - please name or describe: ☒ N/A	
Number of staff currently employed by the facility who may have contact with residents:	108	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	4	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	3	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	2	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	2	

Physical Plant

Number of buildings: Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	37
Number of resident housing units: Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	2
Number of single resident cells, rooms, or other enclosures:	0
Number of multiple occupancy cells, rooms, or other enclosures:	1
Number of open bay/dorm housing units:	1
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	☒ Yes ☐ No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	☐ Yes ☒ No
Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	☒ Yes ☐ No
Are mental health services provided on-site?	☒ Yes ☐ No

Where are sexual assault forensic medical exams provided? Select all that apply.	☐ On-site ☒ Local hospital/clinic ☐ Rape Crisis Center ☐ Other (please name or describe:)
Investigations	
Criminal Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	14
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	☐ Facility investigators ☒ Agency investigators ☐ An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	☐ Local police department ☐ Local sheriff's department ☐ State police ☐ A U.S. Department of Justice component ☐ Other (please name or describe:) ☒ N/A
Administrative Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	14
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	☒ Facility investigators ☒ Agency investigators ☐ An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	☐ Local police department ☐ Local sheriff's department ☐ State police ☐ A U.S. Department of Justice component ☐ Other (please name or describe:) ☒ N/A

Audit Findings

Audit Narrative (including Audit Methodology)

Pre-Onsite Audit Phase

Audit Planning and Logistics:

I had the opportunity to discuss the audit process and expectations of both parties with the Agency PREA Coordinator Carla Braggs. We coordinated the dates for the onsite audit at the facility. During these conversations we outlined an overall audit schedule, and she notified the facility of the estimated time of arrival onsite.

Posting Notice of the Audit:

I forwarded the audit posting to the Agency PREA Coordinator on March 5, 2021, she then forwarded the posting to the facility. The posting included the dates of the audit, purpose of the audit, my contact information, and a statement regarding the confidentiality of any communication received. The postings were placed throughout the facility, including all housing units, visiting areas, recreational areas, and all common areas. I verified the placement of the audit notices through time stamped photographs and during the facility tour, and inmate and staff interviews. I received two letters from inmates at the facility. The inmates were interviewed during the audit, I found the issues had previously been addressed by OKDOC.

Review of Agency and Facility Policies, Procedures and Supporting Documentation:

The Agency had previously provided me all Oklahoma Department of Corrections Policies and Procedures related to the Prison Rape Elimination Act. The facility PREA Compliance Manager provided me with a flash drive containing all facility level Policies and Procedures, as well as documentation that all Department and Facility Policies and Procedures were practiced on a daily basis. They also provided me a completed Pre-Audit Questionnaire. The Policies, Procedures, and Documents reviewed during this phase of the audit are listed under Onsite Audit, with all documentation reviewed during the course of the audit.

Outreach to Community Advocacy Organizations:

I contacted INTEGRIS Grove Hospital who provides victim advocacy as well as the forensic examination, the agency holds a Memorandum of Understanding with them. I confirmed that they provide victim advocacy for the facility, and they provide the services as outlined in the MOU. She also related that she knew of no issues at the facility.

I also contacted Kathy Bell the Statewide SANE Coordinator. I verified that all SANE examinations in the State of Oklahoma are provided at no cost to the victim. I also confirmed that when a Sexual Assault Examination takes place a victim advocate is dispatched with the nurse, and provides victim advocacy during the examination, interviews and for any follow-up advocacy. Ms. Bell knew of no issues at the audited facility, nor at any other Oklahoma Department of Corrections Facility.

Agency level interviews:

During the current audit I verified that there have been no changes in any agency process since the last audits conducted in October 2020. From 05/03/21 through 05/14/21 I interviewed agency level staff again these included the Director, Investigative Staff, Administrative Personnel, and the PREA Coordinator.

Onsite Audit Phase

Site Review:

The audit was conducted during the Covid 19 Pandemic. The Agency, Facility and Auditor took all necessary precautions outlined by the Oklahoma Department of Corrections. These precautions included temperature check prior to entering the facility, questionnaire, universal masking for all staff, inmates, and visitors. During the facility tour social distancing was practiced. The staff and inmate interviews were conducted with the participants seated at minimum of 6 feet apart, and both wearing masks.

The Agency PREA Coordinator and I met with Warden Casey Hamilton on May 6, 2021 at approximately 7:30 a.m. to conduct a briefing and facility tour. We discussed the onsite portion of the audit, including facility tour, inmate and staff interview location, and document review. During the tour I had the opportunity to view all areas of the facility. I interacted with both staff and inmates, as well as observed the interaction between the staff and inmates. I was able to verify the location of cameras throughout the facility, as well as the camera monitor locations. While in the housing areas I observed the related PREA information, audit posting, and applicable policies and procedures posted in the common areas, which are accessible to all inmates. These postings were further observed in common areas throughout the facility. While conducting the tour I reviewed the logbooks on the housing units.

The inmate interviews began immediately following the facility tour. The interviews were conducted in the facility training room which provided privacy for the interviews as well as social distancing. The inmates were randomly selected from inmates on the housing units. During this process I interviewed inmates in the following categories:

Interview Type	Number
Random Inmate Interviews	16
Inmates with a Physical Disability	1
Inmates who are Blind, Deaf, or Hard of Hearing	1
Inmates who are Limited English Proficient	0
Inmates with a Cognitive Disability	3
Inmates who Identify as Lesbian, Gay or Bisexual	2
Inmates who identify as Transgender or Intersex	0
Inmates in Segregated Housing for High Risk of Sexual Victimization	0
Inmates who Reported Sexual Abuse	1
Inmates who Reported Sexual Victimization During Risk Screening	2
Total Inmate Interviews	26

During the interview process several targeted categories of inmates were not being housed at the facility.

I conducted the interviews with all inmates in the same manner, a preamble to the interview was relayed to the inmate explaining the purpose of the interview, and how they were selected and explaining to them that they did not have to speak with me if they choose not to. No inmates refused to speak with me. All inmates were asked questions related to the Random Inmate Interviews, and if they were in a targeted category, I asked those additional questions. During the interviews I utilized a copy of the initial PREA information

received by inmates, Inmate Handbook, OK DOC Self Report Form, and the OK DOC Cell Assessment Form to visually stimulate the inmate's recollection of their initial intake process.

Upon completion of the inmate interviews the staff interviews were conducted in an office area throughout the facility, these interviews were all conducted in private. These interviews were conducted on both days of the audit and during all shifts. During the process I interviewed staff in the following categories:

Interview Type	Number
Random Staff Interviews	9
Intermediate or Higher Level Staff Conducting Unannounced Rounds and Intake Staff	3
Medical and Mental Health Staff	3
Administrative Staff	2
Volunteers and Contractors	0
Investigative Staff	1
Staff who Perform Screening	2
Staff on the Sexual Abuse Incident Review Team	1
First Responders	1
Warden/PREA Compliance Manager and Designated to Monitor for Retaliation	1
Agency Director	1
Total Staff Interviews	25

I conducted the interviews with all staff in the same manner, a preamble to the interview was relayed to the staff member explaining the purpose of the interview, and how they were selected and explaining to them that they did not have to speak with me if they choose not to. No staff refused to speak with me. All interviewed staff were asked questions related to the Random Staff Interviews, and if they were in a targeted category. They were then asked questions pertaining to that area. During the interviews I utilized a copy of the training they received, and any documentation related to a specific targeted interview. These items were used to visually stimulate the staff's recollection on the daily practices at the facility.

The onsite documentation review was conducted during both days of the audit process. The onsite documentation was reviewed at the source, all files, and facility documents were retrieved by me. The following is a list of documentation reviewed during the Pre-Audit, Onsite Audit and Post Audit Phases, with the applicable standard to each.

Documentation Reviewed Pre-Audit, Onsite Audit and Post Audit Phases	Applicable Standard
Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy Memorandum of Appointment of PREA Coordinator Memorandum of Appointment of PREA Manager PREA Compliance Manager List Organizational Chart – Dept. of Corrections Organizational Chart – Facility	Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

Executed contracts between ODOC and Private Prisons, or Jails with relevant PREA language	Standard 115.212: Contracting with other entities for the confinement of residents
Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy Staffing Plan (review July 2020) Daily Assignment Post Roster Master Roster Facility Brochure Facility diagrams showing camera locations Log for all shifts	Standard 115.213: Supervision and Monitoring
Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy Oklahoma Department of Corrections Policy OP-040110 Search and Seizure Pat Search Lesson Plan Training rosters Transgender Pat Search power point	Standard 115.215: Limits to cross-gender viewing and searches
Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy Translated materials (regarding PREA) Translated materials (regarding PREA) Interpreter's List (employees) Offender Orientation materials Video Transcript for Deaf or Hearing Impaired	Standard 115.216: Residents with Disabilities and Residents who are Limited English Proficient
Oklahoma Department of Corrections Policies: OP-110105 Employee Personnel Records OP-110210 Background Investigations OP-110215 Individual Conduct of Employees OP-110235 Hiring and Promotional Procedures OP-110237 Separation Process State of Oklahoma – Terms and Conditions Applicant Questionnaire Contractor/Employee Request for Record Contractor/Employee Documentation of 5 year Criminal Background Record Checks for Staff Documentation of 5 year Criminal Background Record Checks for Contractors Personal Data Summary Sheet (4B) Verification of the Rap Back System through OLETS	Standard 115.217: Hiring and Promotion Decisions
Oklahoma Department of Corrections Policy: OP-150101 Physical Plant Development Diagrams of Buildings with Camera Locations	Standard 115.218: Upgrades to facilities and technologies
Oklahoma Department of Corrections Policies: OP-030601 Prison Rape Elimination Act with Attachment C OP-040117 Investigations MOU with the INTEGRIS Grove Hospital	Standard 115.221: Evidence Protocol and Forensic Medical Examination

Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy with Attachment A Oklahoma Department of Corrections Policy : OP-040117 Investigations Documentation of completed Agency investigations Section 3 - Policy and Procedures Website Prior Agency Investigative Reports of Sexual Abuse and Sexual Harassment	Standard 115.222: Policies to Ensure Referral of Allegations for Investigations
Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy PREA Training PowerPoint 2017 PREA Training Rosters 2018 PREA Training Rosters 2019 PREA Training Rosters Training Records and Acknowledgement Forms for Staff, Volunteers and Contractors	Standard 115.231: Employee Training
Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy Oklahoma Department of Corrections Policy: OP-100101 Employee Development Course Roster for volunteers/contractors reflecting PREA Lesson Plan for Volunteer Training "Documentation of Volunteer Training" (Attachment C - OP-090211) "Volunteer Contractor Training Acknowledgement" (Attachment G – OP-030601) Completed Acknowledgement Forms	Standard 115.232: Volunteer and Contractor Training
Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy In-Depth Orientation Roster w/ arrival date and move sheet. Zero Tolerance Acknowledgment Signed Inmate Handbook, relevant pages, (English and Spanish) Posters Posted on Units (regarding PREA and zero tolerance) Records for Inmates Inmate Files and Case Manager Notes	Standard 115.233: Resident Education

Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy Oklahoma Department of Corrections Policy: OP-040117 Investigations Specialized PREA Investigation Training PowerPoint – relevant pages Letter to PREA Auditors regarding specialized training Training Records for Investigators	Standard 115.234: Specialized training: Investigations
Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy PowerPoint “Medical/Dental/Mental Health PREA Training Training Rosters Signed Acknowledgement forms	Standard 115.235: Specialized training: Medical and mental health care
Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy Inmate Handbook w/relevant language (English and Spanish) Cell Assessment Form (Attachment A – OP-030102) Self-Report Form (Attachment B – OP-030102) Zero Tolerance Acknowledgements (shows ways to report) Signed Copies Viewed in Inmate Files Completed self-report forms in inmate files.	Standard 115.241: Screening for risk of victimization and abusiveness
Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy Oklahoma Department of Corrections Policy: OP-030103 inmate Job and Program Assignments Housing Unit Rosters Cell Assessment Form (Attachment A – OP-030102) Self-Report Form (Attachment B – OP-030102)	Standard 115.242: Use of screening information
Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy Inmate Handbook w/relevant language (English and Spanish) Memorandum of Understanding between Oklahoma Department of Corrections and Oklahoma State Bureau of Investigations (External Reporting Source) Zero Tolerance Acknowledgements (shows ways to report) Signed Copies Viewed in Inmate Files	Standard 115.251: Resident reporting

Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy Oklahoma Department of Corrections Policy: OP-090124 Inmate/Offender Grievance Process	Standard 115.252: Exhaustion of administrative remedies
Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy Memorandum of Understanding between Oklahoma Department of Corrections and Oklahoma State Bureau of Investigations (External Reporting Source) Memorandum of Understanding- INTEGRIS Grove Hospital Zero Tolerance Acknowledgement Signed	Standard 115.253: Resident access to outside confidential support services
Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy Memorandum of Understanding between Oklahoma Department of Corrections and Oklahoma State Bureau of Investigations (External Reporting Source) Zero Tolerance Acknowledgement Signed Copies of Posted Reporting Instructions Agency website	Standard 115.254: Third-party reporting
Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy Sample of report from medical/mental health Sample of report to Dept. of Human Services for Youthful Offender Agency investigative Reports	Standard 115.261: Staff and agency reporting duties
Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy	Standard 115.262: Agency protection duties
Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy	Standard 115.263: Reporting to other confinement facilities
Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy Oklahoma Department of Corrections Policy: OP-040117 Investigations Incident Notification Checklist (Attachment H – OP-050108) Request for Investigation Comprehensive Report (Attachment A) Agency Investigations of Sexual Abuse and Sexual Harassment	Standard 115.264: Staff first responder duties

Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy Oklahoma Department of Corrections Policy: OP-040117 Investigations Incident Notification Checklist (Attachment H – OP-050108) Request for Investigation Comprehensive Report (Attachment A) Agency Investigations of Sexual Abuse and Sexual Harassment	Standard 115.265: Coordinated response
Oklahoma Right to Work Law enacted September 28, 2001	Standard 115.266: Preservation of ability to protect inmates from contact with abusers
Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy Agency Investigations of Sexual Abuse and Sexual Harassment Completed Attachment I of OP-030601 (Protection Against Retaliation-Inmates Form)	Standard 115.267: Agency protection against retaliation
Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy Oklahoma Department of Corrections Policy: OP-040117 Investigations Incident Notification Checklist (Attachment H – OP-050108) Request for Investigation Comprehensive Report (Attachment A) Agency Investigations of Sexual Abuse and Sexual Harassment Specialized Training Power Point Specialized Training Rosters	Standard 115.271: Criminal and administrative agency investigations
Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy Agency Investigations of Sexual Abuse and Sexual Harassment Completed agency investigations.	Standard 115.272: Evidentiary standard for administrative investigations
Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy Oklahoma Department of Corrections Policy: OP-040117 Investigations Signed Notification of Investigation Status (signed by Inmate)	Standard 115.273: Reporting to residents

Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy Oklahoma Department of Corrections Policy: OP-110215 Individual Conduct of Employees Oklahoma Department of Corrections Policy: OP-110415 Progressive Discipline Resignation letter Referral to file criminal charges Personnel Files	Standard 115.276: Disciplinary sanctions for staff
Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy Oklahoma Department of Corrections Policy: OP-090211 Volunteer Services Volunteer Alert form (Attachment F – OP-090211) Volunteer Code of Conduct (Attachment K – OP-090211), relevant pages	Standard 115.277: Corrective action for contractors and volunteers
Oklahoma Department of Corrections Policy: OP-060125 Disciplinary Procedures Acts Constituting Rule Violations (Attachment A – OP-060125) Zero Tolerance Acknowledgement Signed Inmate Records from various agency facilities	Standard 115.278: Disciplinary sanctions for residents
Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy Oklahoma Department of Corrections Policy: OP-140118 Emergency Care Offender's Guide to Sexual Misconduct (Attachment B – OP-030601)	Standard 115.282: Access to emergency medical and mental health services
Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy Oklahoma Department of Corrections Policy: OP-140118 Emergency Care Offender's Guide to Sexual Misconduct (Attachment B – OP-030601)	Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers
Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy PREA incident Team Meeting Minutes Documentation of sexual assault/abuse incident review Attachment K of OP-030601 from various agency facilities	Standard 115.286: Sexual abuse incident reviews
Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy DOC Website – PREA Resources Data reports from 2012 through 2019	Standard 115.287: Data collection

Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy Data and Comparison DOC Website – PREA Resources Data reports from 2012 through 2019	Standard 115.288: Data review for corrective action
Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy DOC Website – PREA Resources Data reports from 2012 through 2019	Standard 115.289: Data storage, publication, and destruction
Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy Prior Audit Reports	Standard 115.401: Frequency and scope of audits
Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy Prior Audit Reports Agencies Website	Standard 115.403: Audit contents and findings

At the conclusion of the Onsite Audit an exit conference was held with the administration. At this time, I provided an overview of the audit findings during the onsite audit portion.

Post Audit:

Upon completion of the Pre-Audit and Onsite Audit phases I conducted a systematic evidence review of all of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of each standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After taking all of these factors into account I found that the facility has met all of the standards and are in compliance with the Prison Rape Elimination Act National Standards for Community Confinement.

Facility Characteristics

The Northeast Oklahoma Community Corrections Center is located at 442586 East 250 Road, Vinita, Ok 74301. The immediate area surrounding the facility is best described as rural.

The following facility information is posted on the agency website:

Northeast Oklahoma Community Corrections Center is a community facility for adult male offenders. The facility is located in Vinita, Oklahoma, on the grounds formerly known as Eastern State Hospital.

A trusty unit was established to provide institutional support to the hospital in 1980. The relationship between the Department of Corrections and the Department of Mental Health and Substance Abuse Services at Eastern State Hospital began in 1985 with the establishment of the Treatment Alternatives for Drinking Drivers (TADD) program.

In 1987, the Department of Corrections' Agri-Services Unit began leasing the farmland at Eastern State Hospital. After several years of this expanding relationship, the legislature passed laws in 1994 transferring three large buildings at Eastern State Hospital to the Department of Corrections for use as prison bed space.

In December 1994, the first offenders were transferred to the newly established facility.

Subsequently, a new 264-bed housing unit, a dining/kitchen facility, Central Control, and the warehouse/maintenance building were constructed. A portion of the inmate population still provides institutional maintenance and support functions for both the Oklahoma Forensic Center and NOCC.

Today, NOCC houses more than 500 inmates.

Programs

Education

Many inmates lack education, a key component in avoiding re-incarceration. NOCC offers literacy courses as well as Pre-High School Equivalency and High School Equivalency diplomas.

Substance Abuse Treatment

For those inmates who need substance abuse treatment, NOCC teaches them ways to avoid drug and alcohol use, while also helping them develop cognitive, social, emotional, and coping skills needed to avoid using.

Criminal Thinking

NOCC offers Thinking for a Change, Moral Resonation Therapy, and Associates 4 Success programs to address thinking, judgment errors, and relationships linked with criminal thinking/behavior.

The concept of community corrections has been well established in Oklahoma for some time. On March 18, 1970, the Oklahoma Crime Commission awarded the Department of Corrections a grant to open community treatment centers in the state. The first, Oklahoma City Community Treatment Center was opened October of 1970. Since that time the Department of Corrections has introduced additional centers in Tulsa, Enid, Lawton, Muskogee, Oklahoma City, McAlester and Union City. All operate under guidelines set forth by state statutes, the Board of Corrections, and the policies of the Oklahoma Department of Corrections. Inherent in these guidelines is a basic philosophy of providing increased opportunities to inmates for engaging in responsible behaviors.

Access to the facility is controlled by main control, which is located at the main entry in the administrative building.

A restricted housing unit with eight segregation cells is in the administration building.

The housing units are located within two buildings on the property. The first is best described as rooms, with each room being multi occupancy. The second housing unit is a dormitory style housing unit, the restricted housing unit is also located within this building. The showers and toilets have concrete walls and curtains to block any view while showering and toileting. The case managers and security staff have offices on the housing units, which allows access by the inmates at all times as well as provides overall security.

During my tour of the facility, I found that all housing units have reminders posted at the entrances informing staff of the opposite gender to announce their presence upon entry. The information on the Prison Rape Elimination Act, and reporting avenues are located throughout all of the buildings at the facility, all of this information is also available to the inmates in their issued handbook.

I found that administrative staff, as well as general staff move throughout the compound frequently, this movement of staff deters any violation of the PREA policy, and more importantly provides an overall safe environment for both inmates and staff.

During the onsite audit I was impressed with the overall culture of the facility, and the professional as well as respectful treatment of the inmates. I strongly believe that this culture helps to maintain the safe environment at the facility and has built a confidence in the inmates to report any issues directly to staff. This was corroborated during my interviews with the inmates during the onsite audit.

During the previous audit cycle the facility was being operated as a Correctional Center, it is now operated as a Community Corrections.

Summary of Audit Findings

Standards Exceeded

Number of Standards Exceeded: 11

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

Standards Met

Number of Standards Met: 30

- § 115.212 Contracting with other entities for the confinement of residents.
- § 115.213 Supervision and monitoring.
- § 115.215 Limits to cross-gender viewing and searches.
- § 115.216 Residents with disabilities and residents who are limited English proficient.
- § 115.217 Hiring and promotion decisions.
- § 115.218 Upgrades to facilities and technologies.
- § 115.221 Evidence protocol and forensic medical examinations.
- § 115.222 Policies to ensure referrals of allegations for investigations.
- § 115.252 Exhaustion of administrative remedies.
- § 115.253 Resident access to outside confidential support services.
- § 115.254 Third-party reporting.
- § 115.261 Staff and agency reporting duties.
- § 115.262 Agency protection duties.
- § 115.263 Reporting to other confinement facilities.
- § 115.264 Staff first responder duties.
- § 115.265 Coordinated response.
- § 115.266 Preservation of ability to protect residents from contact with abusers
- § 115.267 Agency protection against retaliation.
- § 115.272 Evidentiary standard for administrative investigations.
- § 115.273 Reporting to residents.
- § 115.276 Disciplinary sanctions for staff.
- § 115.277 Corrective action for contractors and volunteers.
- § 115.278 Disciplinary sanctions for residents.
- § 115.282 Access to emergency medical and mental health services.
- § 115.283 Ongoing medical and mental health care for sexual abuse victims and abusers.
- § 115.286 Sexual abuse incident reviews.
- § 115.287 Data collection.
- § 115.289 Data storage, publication, and destruction.
- § 115.401 Frequency and scope of audits.
- § 115.403 Audit contents and findings.

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met:

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- 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 facilities?
☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE:

The Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy outlines the agency's mandated zero tolerance toward all forms of sexual abuse and sexual harassment and further outlines the agency's approach to preventing, detecting, and responding to such conduct. This policy furthermore defines all sexual abuse and sexual harassment.

I reviewed the policy in its entirety, as well as questioned staff members on its content and applicable sections to their specific duties within the facility. The staff understood the policy and its practical application to the daily operation of the facility.

The agency has designated an agency wide PREA Coordinator. During the interview she related that she has sufficient time and authority to develop, implement, and oversee agency efforts to comply with

the PREA standards. I found the Agency PREA Coordinator to be well versed in the PREA Standards, and their daily application in the Oklahoma Department of Corrections. Prior to becoming the Agency PREA Coordinator, she was the PREA Manager. The PREA Coordinator works directly with the PREA Manager, the PREA Manager is a second agency level position. This position is also dedicated to the implementation of the PREA Standards throughout the OKDOC. During the second audit cycle audits of the OKDOC facilities, every Warden and PREA Compliance Manager stated that the PREA Coordinator and the PREA Manager are always available to answer questions and provide advice on the implementation of the PREA policies.

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

Prior to the onsite audit all documentation was reviewed, during the onsite portion I observed the policies in daily practice, and this was further confirmed during my interviews with both staff and inmates.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency has substantially exceeded the requirements of this standard, and all provisions. This decision was based on the agency's overall commitment to sexual safety in their facilities.

Standard 115.212: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.212 (a)

- 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 comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) ☒ Yes ☐ No ☐ NA

115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) ☒ Yes ☐ No ☐ NA

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) ☐ Yes ☐ No ☒ NA
- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE:

The Oklahoma Department of Corrections contracts with several agencies to house inmates. I reviewed these contracts in their entirety, the contracts specify that the contractor must adhere to specific Oklahoma Department of Corrections policies, one being OP-030601 the Oklahoma Prison Rape Elimination Act Policy.

I further confirmed during interviews that the facilities are monitored for compliance through direct assignment of staff at each facility. All contracted facilities were audited during the previous auditing cycle and will be audited during this auditing cycle. The PREA Audit is a requirement of the contract.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.213: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.213 (a)

- 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 ☐ No
- 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 ☐ No

- 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 ☐ No
- 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 ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.213 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
☐ Yes ☐ No ☒ NA

115.213 (c)

- 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 ☐ No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE:

The agency has developed a facility staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities have taken into consideration all areas enumerated under this standard. Compliance was determined by reviewing the policies. I further questioned staff on the policies and the ability to fully staff the facility at all times. I was informed that the facility will fill posts with overtime if needed to be at full complement.

The staffing plan was completed and reviewed by the Warden on March 16, 2021. This was confirmed through interviews and viewing the signature on the staffing plan. I also reviewed the prior two years of staffing plans to ensure the yearly review is consistent.

During the interviews with the administration at the facility I confirmed a daily review of the staffing at the facility. The administration meets on a regular basis, this includes the Warden/PREA Compliance Manager, Unit Managers, and Chief of Security. During this meeting, the overall facility operations are discussed to include staffing.

The staffing plan has not been deviated from within the last 12 months. I confirmed during staff interviews that any posts would be filled with overtime if needed.

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

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.215: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.215 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
☒ Yes ☐ No

115.215 (b)

- 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 residents.)
☐ Yes ☐ No ☒ 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 residents.) ☐ Yes ☐ No ☒ NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female residents? (N/A if the facility does not have female residents.) ☐ Yes ☐ No ☒ NA

115.215 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility have procedures that enables residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- 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 ☐ No

115.215 (e)

- 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 ☐ No

- If a 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 ☐ No

115.215 (f)

- 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 ☐ No
- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE:

The facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches unless in exigent circumstances or when performed by a medical practitioner. I confirmed this procedure during staff and inmate interviews, as well as review of policy. I also confirmed that the facility has not conducted a search under these circumstances.

The facility does not house female inmates.

The above policies outline procedures and practices that enable inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine room checks. The policy further dictates that staff of the opposite gender announces their presence when entering an inmate housing unit. These practices were confirmed during the staff and inmate interviews as well as during the facility tour when I observed the announcements taking place. The housing areas are either multi occupancy rooms or open dorm style. The bathrooms have either curtains or concrete walls that provide privacy. During the facility tour I viewed every bathroom at the facility, I found that all bathrooms provide privacy for showering and performing bodily functions and showering.

The facility does not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it is determined during conversations with the inmate, 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. I further confirmed the practices during the staff and medical interviews. If a transgender or intersex inmate were placed at this facility, they would have been identified as such by the facility they were being transferred from.

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

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency and facility are substantially compliant with the requirements of this standard, and all provisions.

Standard 115.216: Residents with disabilities and residents who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.216 (a)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

- 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 ☐ No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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: Are blind or have low vision? ☒ Yes ☐ No

115.216 (b)

- 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 ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.216 (c)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE:

The agency has taken appropriate steps to ensure that inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. These steps include, when necessary to ensure effective communication with inmates who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, including inmates who have intellectual disabilities, limited reading skills, or who are blind or have low vision. The facility outlines the response to inmates in these categories in the above directives as well as the Limited English Proficiency (LEP) Plan. This plan outlines procedures for inmates who are not only non-English speaking, but all who are enumerated in this standard. I confirmed the use of this plan during the staff and inmate interviews.

The agency has taken 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 inmates who are limited English proficient. The agency has a list of approved interpreters within the agency who are available when needed. This interpretation includes verbal as well as sign language.

The agency does not rely on inmate interpreters, inmate readers, or other types of inmate assistants. The interviewed agency investigator is aware of the approved interpreters and confirmed during their interview that they utilize these services.

During the inmate interviews I interviewed inmates with cognitive disabilities and hearing loss. All of these inmates related that the staff further explained the sexual abuse and sexual harassment policies and ensured that the inmates understood the reporting avenues.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.217: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.217 (a)

- 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 ☐ No
- 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 ☐ No
- 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 question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of 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 ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of 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 question immediately above? ☒ Yes ☐ No

115.217 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents? ☒ Yes ☐ No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor, who may have contact with residents? ☒ Yes ☐ No

115.217 (c)

- Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? ☒ Yes ☐ No

- 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 ☐ No

115.217 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? ☒ Yes ☐ No

115.217 (e)

- 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 ☐ No

115.217 (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 ☐ No
- 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 ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.217 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.217 (h)

- 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE:

The agency has policies and procedures in place that identify anyone who had been convicted of sexual abuse in a confinement setting, engaged in or attempted to engage in sexual activity in the community or has been civilly or administratively adjudicated for the same. The agency has developed the Oklahoma Department of Corrections Applicant Questionnaire and Background Investigation Form. This form specifically asks the applicant about these activities, and all provisions enumerated in this standard. During the interviews with staff, and Human Resources I verified that the form is being utilized, I further verified the utilization by reviewing personnel files, I found that the questions were asked and answered in all of the reviewed files. During the staff interviews I verified they were asked these questions.

During the documentation review, and review of personnel files I found that this process is also being utilized in the promotion system throughout the agency. This was further confirmed through agency level interviews, and interviews of promoted personnel.

The agency has implemented a background investigation process for all new employees, contractors and volunteers. The background investigations are being conducted as per Department policy. During the review of personnel files, I ensured that the background checks were being completed. Part of the background investigation is a Criminal History Check through the National Crime Information Center (NCIC). The agency further utilizes the Rap Back System through the Oklahoma Law Enforcement Telecommunications System. The Rap Back System notifies the agency if any changes occur in any Staff, Volunteer, or Contractors Criminal History, this system runs constantly and negates the five-year Criminal History Check. The facility is also conducting a separate five-year Criminal History Check, I reviewed the logs and confirmed that these are occurring for all staff.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.218: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.218 (a)

- 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 ☐ No ☐ NA

115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE:

The agency has made no substantial expansion to this facility nor is any planned. During the interviews I confirmed that if any expansion or acquisition of facilities takes place, the overall security and safety is taken into consideration, including the sexual safety of the inmates.

The facility has not installed cameras since the last PREA Audit. During the interviews I confirmed that if any camera installation takes place, the overall security and safety is taken into consideration, including the sexual safety of the inmates.

The Agency utilizes Attachment A and B of OP-150101 for any proposed new construction or new renovation. Both forms direct that the agency's ability to protect inmates from sexual abuse must be taken into consideration. This new construction or renovations must be approved by the Regional Director and Chief of Operations.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.221 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
☒ Yes ☐ No ☐ NA

115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA
- 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? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- 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 ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No

- 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? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) ☐ Yes ☐ No ☒ NA
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.221 (e)

- 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 ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.221 (f)

- 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.) ☐ Yes ☐ No ☒ NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- 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 *always* makes a victim advocate from a rape crisis center available to victims.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

The agency is responsible for both the administrative and criminal investigations of all sexual abuse and sexual harassment incidents. These investigations are initially responded to at the facility level utilizing a team approach, where the administration, medical and mental health will initially be notified. The investigation is further conducted by the investigators in the Office of Fugitive Apprehensions and Investigations. These investigators are sworn law enforcement officers and are highly trained in evidence collection and identification. I reviewed the training materials utilized and interviewed investigators from this division. I found that they follow the evidence protocols outlined in the policy and are well versed in evidence identification and collection.

The facility utilizes a SANE and victim advocate from INTEGRIS Grove Hospital. This was confirmed during the interview with INTEGRIS Grove Hospital. I confirmed the utilization of this program through interviews and review of the MOU. I contacted INTEGRIS Grove Hospital and spoke with a supervisor, they confirmed the services would be provided as outlined in the MOU.

The protocols outlined in the policies are developmentally appropriate for youth and exceed nationally accepted standards.

The victim advocates are available to the victim during the forensic medical examination process and investigatory interviews, and they provide emotional support, crisis intervention, information, and referrals. Although these services have not been utilized at this facility, I verified their availability through interviews and review of the memorandum of understanding.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.222: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.222 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.222 (b)

- Does the agency have a policy and practice 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 ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.222 (c)

- 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).) ☐ Yes ☐ No ☒ NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE:

The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. This was confirmed through review of policies which outline the procedures for investigating sexual abuse and sexual harassment. I further verified all allegations are investigated during investigator interviews, staff interviews, and review of the agency investigative reports.

The agency investigates all allegations. I verified that the investigative procedure is published on the agency's website.

The agency has policies in place that govern the investigative process. This was confirmed during policy review and investigator interviews.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

TRAINING AND EDUCATION

Standard 115.231: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- 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 ☐ No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? ☒ Yes ☐ No

- 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 ☐ No

115.231 (c)

- Have all current employees who may have contact with residents received such training? ☒ Yes ☐ No
- 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 ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.231 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The agency provides yearly training to all employees on the areas enumerated in this standard. I reviewed the training curriculum and materials, I found that they address all areas. I further confirmed the training during the staff interviews and the review of training records. The employees receive the initial training and annual updates. It was confirmed during staff interviews that they also receive updates during roll calls.

All employees receive training on interacting with males, females, transgender, and youthful inmates. This was confirmed during review of training materials and during staff interviews.

The employees are verifying the receipt of the training through a signature, this was verified during the review of the sample signature logs.

All staff at the facility is provided a laminated card that outlines the required response to a PREA incident. Several of the interviewed staff showed me their cards during the interview process.

The training provided by the agency is updated yearly by the PREA Coordinator. At the beginning of each year, they meet with all training officers and provide them with the yearly training and explain any changes to the training. The PREA Coordinator is constantly improving on the training materials.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency has substantially exceeded the requirements of this standard, and all provisions. This decision was based on the agency's overall commitment to sexual safety in their facilities.

Standard 115.232: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.232 (a)

- 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 ☐ No

115.232 (b)

- 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 ☐ No

115.232 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE:

The agency has trained all volunteers and contractors who have contact with inmates on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. At a minimum they are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. I also confirmed this practice with several Chaplains, who are designated as the volunteer coordinator. The volunteers are trained at the agency level, and receive recertification training every two years. This training consists of a one-day training, this training includes

the agencies zero tolerance policy and PREA. The facility has trained all volunteers and contractors who currently have contact with inmates at the facility.

The agency maintains all documentation confirming that volunteers and contractors understand the training they have received. This documentation is maintained at the facility level, this was confirmed during review of the volunteer and contractor acknowledgment forms.

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

No volunteers or contractors were available during the audit, at this time they are not allowed to enter the facility due to the Covid 19 pandemic.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency has substantially exceeded the requirements of this standard, and all provisions. This decision was based on the agency's overall commitment to sexual safety in their facilities.

Standard 115.233: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? ☒ Yes ☐ No

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? ☒ Yes ☐ No

115.233 (d)

- Does the agency maintain documentation of resident participation in these education sessions? ☒ Yes ☐ No

115.233 (e)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE:

During the intake process inmates receive information explaining the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment, this information is in the inmate handbook. This was confirmed during the inmate and staff interviews, I further confirmed this by reviewing inmate files and ensuring that the Zero Tolerance Acknowledgment for Offenders Forms were in the files and signed by the inmates.

The inmates receive an in-depth orientation at which time the facility provides training on the Prison Rape Elimination Act. This was confirmed during the staff interviews and the inmate interviews. This orientation takes place within seven days of arriving at the facility.

The facility provides inmate education in formats accessible to all inmates, this includes inmates who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. The facility provides materials to inmates in Spanish, they also have designated staff who can provide interpretation of other languages. The Case Managers confirmed they would provide education to other individuals if needed.

The facility has all key information on the zero-tolerance policy and reporting avenues provided through signage placed throughout the facility. I viewed this signage during the facility tour. I further confirmed that the signage has been in place during the inmate and staff interviews.

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

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the facility substantially exceeds the requirements of this standard, and all provisions.

Standard 115.234: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)
☒ Yes ☐ No ☐ NA

115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA

- 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 administrative or criminal sexual abuse investigations. See 115.221(a).)
☒ Yes ☐ No ☐ NA

115.234 (c)

- 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 administrative or criminal sexual abuse investigations. See 115.221(a).)
☒ Yes ☐ No ☐ NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE:

The agency is responsible for both the administrative and criminal investigations of all sexual abuse and sexual harassment incidents. These investigations are conducted by the Office of Fugitive Apprehensions and Investigations. These investigators are sworn law enforcement officers and are trained in conducting criminal investigations. The training they have received includes the use of Miranda and Garrity warnings, techniques for interviewing sexual abuse victims, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. This was confirmed during the investigator interviews, investigation review, and policy review.

The agency documents all training attended by the investigators. This was confirmed during the interviews with the investigators, as well as review of the training records.

All of the agency investigators are certified through the Oklahoma Council on Law Enforcement Education and Training and have received extensive training in criminal investigation. The investigators have also attended specific training courses on sexual abuse investigation.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency substantially exceeds the requirements of this standard, and all provisions.

Standard 115.235: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.235 (a)

- 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 ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and 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 ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How 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 ☐ No ☐ NA

115.235 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)
☒ Yes ☐ No ☐ NA

115.235 (c)

- 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 ☐ No ☐ NA

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) ☒ Yes ☐ No ☐ NA
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE:

All full and part-time medical and mental health care practitioners have been trained on the following:

- How to detect and assess signs of sexual abuse and sexual harassment;
- How to preserve physical evidence of sexual abuse;
- How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
- How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

This was confirmed by reviewing the training materials utilized by the Oklahoma Department of Corrections, and during the review of the PREA Training for Medical & Mental Health Course Rosters at the Oklahoma DOC facilities where medical and mental health staff is assigned. I also confirmed this training with the medical and mental health staff during interviews.

The medical staff employed by Oklahoma DOC does not conduct sexual assault examinations. All sexual assault examinations throughout the agency are conducted by hospital staff or rape crisis center staff.

The medical and mental health care practitioners also receive the training mandated for employees under § 115.31 or for contractors and volunteers under § 115.32, depending upon the practitioner's status at the agency. This was confirmed during the review of training rosters at the facility and with the training officer. I also confirmed this training with the medical and mental health staff during interviews there.

The facility is providing this training on a yearly basis to all medical and mental health care practitioners. This practice far exceeds the requirement of the standard. They have also created a

Medical PREA binder with all training materials, policy, and a flow chart to utilize during incidents. This is utilized by staff as a refresher and as a quick reference during an incident.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency substantially exceeds the requirements of this standard, and all provisions.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.241 (a)

- 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 ☐ No
- 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 ☐ No

115.241 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
☒ Yes ☐ No

115.241 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
☒ Yes ☐ No

115.241 (d)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?
☒ Yes ☐ No

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

115.241 (e)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

115.241 (f)

- 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 ☐ No

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral? ☒ Yes ☐ No
- Does the facility reassess a resident's risk level when warranted due to a: Request? ☒ Yes ☐ No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No

- 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 ☐ No

115.241 (h)

- Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

115.241 (i)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE:

All inmates are assessed during the intake process, which is completed upon arrival at the facility. This screening is conducted utilizing the Self Report Form and the Cell Assessment Form. These instruments identify all areas of victimization and abusiveness enumerated in this standard. This was verified through interviews with staff and inmates, as well as review of the completed instruments. The screening is being conducted by a specific trained staff. I verified through staff interviews that if an inmate is transferred to another facility, they would receive a screening again.

The initial screening for risk of being sexually abusive considers any known prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse. This was confirmed during review of the screening tool and interviews with both staff and inmates.

The facility is reassessing all inmates within 30 days of arrival, this reassessment is being conducted by the case managers, and they are taking into considerations all information available to them at the time of reassessment. This was confirmed by reviewing the reassessment documentation and staff interviews.

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

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

The agency implements control on the dissemination of screening information at the facility level. The information from the screening tools is only available to case managers, medical if needed, and administration. The screening information is stored in the inmate field files, which are kept in locked filing cabinets in the case managers offices.

The agency further screens all inmates through medical, where they again ask questions relative to sexual victimization, this was confirmed by reviewing the medical screening forms and interviews.

The inmates are constantly being reassessed by their assigned Case Managers. The Case Managers make housing unit inspections and interact with the inmates. They also meet with all inmates monthly and make case notes on the meeting. This was confirmed through interviews and watching the interaction between inmates and the Case Managers.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency substantially exceeds the requirements of this standard, and all provisions.

Standard 115.242: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.242 (a)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

115.242 (b)

- Does the agency make individualized determinations about how to ensure the safety of each resident? ☒ Yes ☐ No

115.242 (c)

- 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 ☐ No
- 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 ☐ No

115.242 (d)

- 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 ☐ No

115.242 (e)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? ☒ Yes ☐ No

115.242 (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 ☐ No ☐ NA
- 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 ☐ No ☐ NA

- 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE:

The agency utilizes the information from the screening and reassessment to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. This was confirmed during review of the policy, and during staff and inmate interviews.

The agency makes all these determinations on an individualized basis, this ensures the safety of each inmate. This was confirmed during policy review, and staff and inmate interviews.

I confirmed during policy review and interviews that when deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the agency considers on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems. I also confirmed that the inmate's own views would be taken into consideration during these decisions. Through policy and interviews I confirmed that a transgender inmate would be given the opportunity to shower separately from other inmates.

I confirmed during interviews with the Case Manager Supervisor and Case Managers that placement and programming assignments for each transgender or intersex inmate would be reassessed at least twice each year. This is also addressed in policy.

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

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency substantially exceeds the requirements of this standard, and all provisions.

REPORTING

Standard 115.251: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No

115.251 (b)

- 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 ☐ No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the resident to remain anonymous upon request? ☒ Yes ☐ No

115.251 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE:

The facility provides the inmates the information on reporting in the inmate handbook provided at intake and through signage throughout the facility. The inmates can report directly to any staff, through the PREA reporting hotline at 073 on the phone, or to the Oklahoma State Bureau of Investigations, which is the agencies external reporting avenue. The instructions for the usage of these reporting avenues is extremely comprehensive and the step by step usage of the reporting avenues is provided in all written materials both posted and given to the inmates. During the interviews with both staff and inmates I confirmed that they were aware of the reporting avenues and that they can remain anonymous.

The agencies website further instructs third parties on how to report. This was confirmed by viewing the agencies website.

The staff interviews related that they understood the agency policy that states that staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

The agency provides in policy a method for staff to privately report sexual abuse and sexual harassment of inmates. The policy allows the staff to report directly to the Inspector Generals through a telephone number or email. All interviewed staff was aware of these reporting avenues.

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

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency substantially exceeds the requirements of this standard, and all provisions.

Standard 115.252: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.252 (a)

- 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 ☐ No

115.252 (b)

- 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 ☐ No ☐ NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (c)

- 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 ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (d)

- 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 ☐ No ☐ NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond 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 ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension,

may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (e)

- 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 ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA

115.252 (f)

- 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 ☐ No ☐ NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE:

All provisions of this standard are addressed in the agencies Inmate/Offender Grievance Process. I reviewed this policy in its entirety. I further questioned staff on this procedure, they understood the process if an inmate filed a grievance pertaining to sexual abuse.

The audited facility did not have any grievances filed within the last 12 months relating to sexual abuse. This was confirmed through interviews and a memo from the facility. The interviewed inmates were aware of the opportunity to file a grievance related to sexual abuse, but they all stated they would utilize another reporting avenue. The interviewed staff was aware of their responsibility to assist an inmate in filing a grievance if they asked, but they also stated they would report the incident as per policy and respond accordingly.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.253: Resident access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.253 (a)

- 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 ☐ No

- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.253 (b)

- 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 ☐ No

115.253 (c)

- 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 ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

Access to outside confidential support services is outlined in the agencies policies and procedures. The inmate would have the ability to utilize the services of INTEGRIS Grove Hospital who provides both the SANE and Victim Advocacy. The services that the inmates would receive are the same as the level received in the community. This was confirmed during my interview with the supervisor at the INTEGRIS Grove Hospital.

Through interviews I further established that follow up mental health care would be provided by the facility, for any inmate who was involved in an incident.

All of the information required under this standard and all provisions is provided to the inmates, this was verified through review of the documentation and interviews.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.254: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE:

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

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

1. Send an email to preareport@doc.ok.gov
2. Call the PREA Reporting line at 1(855) 871-4139
3. Call the ODOC Fugitive Apprehension and Investigations at (405) 425-2571
4. Verbally report to a DOC facility administrator or staff member ODOC Facility Information

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

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No

115.261 (b)

- 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 ☐ No

115.261 (c)

- 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 ☐ No
- 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 ☐ No

115.261 (d)

- 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 ☐ No

115.261 (e)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

The agency policy states that any staff, volunteer, and contractors shall immediately report to their supervisors or higher authority:

1. Any knowledge, suspicion, or other information regarding an incident of sexual abuse, assault, or harassment that occurred in a facility/unit or other location, whether or not it is part of the agency;
2. Retaliation against inmates or staff who reported such incidents; and
3. Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

The staff interviewed understood their responsibilities under this policy.

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

The agency would report to the Oklahoma Department of Human Services for any individual under the age of 18.

During the interviews of medical and mental health staff I confirmed their duty to report, they understood their obligations to report an incident to security staff.

As an agency all allegations are being reported to security and administration for immediate action. This was confirmed during staff interviews and review of the investigations from other facilities. It should be noted that the audited facility did not have any investigations.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.262: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.262 (a)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

The agencies policies dictate that when staff learns that an inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate. The staff interviewed understood their responsibility and all responded that they would immediately take appropriate steps to protect the inmate and ensure they are moved to a safe place.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.263: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.263 (a)

- 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 ☐ No

115.263 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.263 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.263 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLAINEE:

Through policy the agency has established procedures and practices that meet all the requirements of the standard and provision. These include notification by the facility head to the head of the facility where the allegation allegedly took place within 72 hours, as well as documentation of the information received and notification. The policy further states that if an allegation is received in such a manner the facility needs to notify the Office of Fugitive Apprehensions and Investigations for investigation. I confirmed these policies and practices through documentation review of forwarded investigations throughout the agency, as well as through staff interviews.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.264: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.264 (a)

- 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 ☐ No
- 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 ☐ No

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- 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 ☐ No

115.264 (b)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE:

The agency policies outline the initial response by staff. These policies include all the provisions of the standard. The staff interviewed understood their responsibilities if they were the first responder to an allegation.

The contractors and volunteers interviewed during prior audits related that if they were a first responder, they would request that the victim not take any actions that could destroy physical evidence, and then notify security staff.

I verified compliance during the interview process, as well as policy and agency investigation review.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.265: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.265 (a)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE:

The facility has adopted the Oklahoma Prison Rape Elimination Act Policy OP-030601 as the overall institutional plan to respond to sexual abuse incidents. This plan dictates the actions and coordination between first responders, supervisors, administration, medical, mental health and the Office of Fugitive Apprehensions and Investigations. I confirmed the institutional plan through review of the plan, as well as during staff interviews. During the review of the investigations I found that the policy was followed, and all parties responded appropriately.

After a careful review of all documentation and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.266: Preservation of ability to protect residents from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.266 (a)

- 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 ☐ No

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE:

Oklahoma is a right to work state and does not enter into any collective bargaining agreement. This is established under state statute in the Oklahoma Personnel Act.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.267: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.267 (a)

- 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 ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.267 (b)

- 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 ☐ No

115.267 (c)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 housing changes? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.267 (d)

- In the case of residents, does such monitoring also include periodic status checks?
☒ Yes ☐ No

115.267 (e)

- 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 ☐ No

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

The agency has established a policy that meets these provisions of this standard. The agency has identified the facility designated monitors to monitor the inmate or staff member for alleged retaliation.

The agency has established through past incidents that they utilize housing transfers, as well as facility transfers of perpetrators to protect the victim in an incident. This was confirmed during review of investigations and through staff interviews.

The Case Managers interact with the inmates daily, they would be assigned to help monitor the inmate to ensure that no issues were occurring.

This facility has not had an incident in the past 12 months. I reviewed completed Protection Against Retaliation forms from other facilities that show the agencies monitoring of the inmates.

The PREA Compliance Manager understood his obligation under this policy.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.271 (a)

- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA

115.271 (b)

- 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 ☐ No

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.271 (d)

- 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 ☐ No

115.271 (e)

- 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 ☐ No

- 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 ☐ No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- 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 ☐ No

115.271 (g)

- 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 ☐ No

115.271 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

115.271 (i)

- 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 ☐ No

115.271 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- 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 administrative or criminal sexual abuse investigations. See 115.221(a).) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

During the policy review I established that the agency has policies in place that address all provisions of this standard. More importantly during the review of agency investigations, and staff interviews I found they understand the provisions of the standard and are applying them throughout their investigations.

The Administrative Investigators have received training on how to conduct the investigations at the facility level. They work closely with the Office of Fugitive Apprehensions and Investigations during any investigation. The members of this unit are highly trained sworn law enforcement officers who will conduct both in depth administrative investigations as well as all criminal investigations. After reviewing investigations throughout the agency, I was impressed with the consistency of the overall investigation process.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency substantially exceeds the requirements of this standard, and all provisions.

Standard 115.272: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.272 (a)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

The agency has policies that states there shall not be any standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. During the investigation review at other facilities and investigator interviews I verified that they are applying preponderance of evidence to make a determination.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard and all provisions.

Standard 115.273: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.273 (a)

- 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 ☐ No

115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☐ Yes ☐ No ☒ NA

115.273 (c)

- 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 ☐ No

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

115.273 (d)

- 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 ☐ No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.273 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

The agency has policies in place that address all provisions of this standard. The agency utilizes the Notification of Investigation Status form to notify the inmate of the status of the investigation. I confirmed this through policy review, staff interviews, inmate interviews, and review of the signed forms after an inmate has been notified of the outcome of an investigation.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.276 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.276 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.276 (c)

- 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 ☐ No

115.276 (d)

- 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 ☐ No
- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

The agency has policy in place that address staff discipline for a violation of any provision of their Prison Rape Elimination Act policy, as well as any other policy that governs staff conduct. I confirmed the utilization of the discipline through review of the agency investigations, and staff interviews.

Through policy the staff are subject to disciplinary sanctions up to and including termination, which is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. During the review of investigations throughout the agency I have determined the disciplinary sanctions for violations of policy commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

Through investigation review and interviews I confirmed that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, were investigated criminally and referred for a prosecutorial determination and if applicable were reported to licensing bodies.

The audited facility has not disciplined staff within the last 12 months for a violation of these policies.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.277: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.277 (b)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

The agency has policy in place that addresses corrective action for volunteers and contractors who violate of any provision of their Prison Rape Elimination Act policy, as well as any other policy that governs conduct. I confirmed the utilization of the discipline through review of the agency investigations and staff interviews.

Through investigation review and interviews I confirmed that any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and reported for a criminal investigation as well as a prosecutorial decision. If the contractor or volunteer is licensed in anyway, the licensing body will be notified. I confirmed with the Warden that any contractor or volunteer who violated the policies would have their security clearance immediately revoked.

The audited facility has not disciplined any volunteers and contractors within the last 12 months for a violation of these policies.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.278: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.278 (a)

- 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 ☐ No

115.278 (b)

- 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 ☐ No

115.278 (c)

- 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 ☐ No

115.278 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.278 (e)

- 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 ☐ No

115.278 (f)

- 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 ☐ No

115.278 (g)

- If the agency prohibits all sexual activity between 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

The agency has policy in place that addresses discipline for inmates who violate of any provision of their Prison Rape Elimination Act policy, as well as any other policy that governs inmate conduct. I confirmed the utilization of the discipline through review of the agency investigations, and staff interviews.

The audited facility has not disciplined any inmates within the last 12 months for a violation of these policies.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.282 (a)

- 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 ☐ No

115.282 (b)

- 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 ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.282 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.282 (d)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

The medical personnel ensure that victims of sexual assault receive prompt and appropriate medical intervention. The nature and scope are determined by medical and mental health practitioners according to their professional judgment.

The facility does not provide 24 hr. medical coverage. Any inmate involved in an incident would immediately be brought to medical for an evaluation if it were after hours the on-call nurse would come in to conduct the evaluation. This was confirmed during staff interviews.

The policy further states that prophylactic treatment and testing is offered to the patient, as well as follow up care for sexually transmitted or other communicable diseases. An evaluation by a mental health provider is completed for crisis intervention counseling and long term follow up plans. The above services are offered at no financial cost to the inmate. These policies and procedures were confirmed with the medical and mental health staff during interviews.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.283 (a)

- 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 ☐ No

115.283 (b)

- 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 ☐ No

115.283 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.283 (d)

- 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.*) ☐ Yes ☐ No ☒ NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No ☒ NA

115.283 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.283 (g)

- 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 ☐ No

115.283 (h)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE:

The medical personnel ensure that victims of sexual assault receive prompt and appropriate medical follow up treatment. The nature and scope are determined by medical and mental health practitioners according to their professional judgment.

The facility does not provide 24 hr. medical coverage. Any inmate involved in an incident would immediately be brought to medical for an evaluation if it were after hours the on-call nurse would come in to conduct the evaluation. This was confirmed during staff interviews.

The policy further states that prophylactic treatment and testing is offered to the patient, as well as follow up care for sexually transmitted or other communicable diseases. An evaluation by a mental health provider is completed for crisis intervention counseling and long term, follow up plans.

The above services are offered at no financial cost to the inmate. These policies and procedures were confirmed with the medical and mental health staff during interviews.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.286 (a)

- 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 ☐ No

115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.286 (d)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- 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 ☐ No

115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE:

The agency has policy in place that outlines the facilities review of incidents. The policy addresses all provisions of the standard. The facility utilizes the Sexual Abuse Incident Review Form, which address all the aforementioned questions of concern when reviewing an incident.

I confirmed the incident review process during staff interviews and review of completed Sexual Abuse Incident Review Forms for agency investigations. All interviewed staff understood the process for reviewing incidents and the documentation requirements.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.287: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.287 (a)

- 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 ☐ No

115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?
☒ Yes ☐ No

115.287 (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 ☐ No

115.287 (d)

- 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 ☐ No

115.287 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) ☒ Yes ☐ No ☐ NA

115.287 (f)

- 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.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE:

The agency has established policies that address all provision of this standard. The agency utilizes the Sexual Assault Report, which is a data collection instrument utilized to collect all sexual abuse data.

The data is also collected from all contracted facilities.

Compliance was confirmed through review of completed data collection instruments through 2019, and staff interviews.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.288: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.288 (a)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

115.288 (b)

- 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 ☐ No

115.288 (c)

- 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 ☐ No

115.288 (d)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE:

The agency has policies in place that address all provisions of the standard.

The PREA Coordinator reviews all data collected and aggregated pursuant to § 115.87 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;
- Taking corrective action on an ongoing basis; and
- Preparing an annual report of its findings and corrective actions for each facility, and the agency
-

The report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse.

The agency's report is approved by the agency head and made readily available to the public through the agency website at doc.ok.gov.

The agency has redacted any material from the reports that would present a clear and specific threat to the safety and security of its facilities.

The PREA Coordinator continuously evaluates the data collected from every facility to better prevent sexual abuse and sexual harassment within the facilities and contracted facilities of the OKDOC. During my tenure as a PREA Auditor I found the OKDOC PREA Coordinator one of the most dedicated to the prevention of sexual abuse and sexual harassment. The data collected is used in identifying problem areas and in the development of the following years PREA training.

During staff interviews I confirmed that if a trend were identified while reviewing the data a corrective action plan would be developed for that facility and immediately be put into place.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency substantially exceeds the requirements of this standard, and all provisions.

Standard 115.289: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?
☒ Yes ☐ No

115.289 (b)

- 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 ☐ No

115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.289 (d)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE:

The agency has a policy in place that addresses the provisions of this standard. I found that the agency digitally securely retains all data collected, this data is available to the public through the website.

The annual reports from 2012 through 2019 are published on the website. All personal identifiers have been removed from the reports.

The agency has a policy in place that maintains all sexual abuse data for at least 10 years from the date received.

Staff interviews and review of the annual reports further confirmed this procedure.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- 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 ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☐ Yes ☒ 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.) ☒ Yes ☐ No ☐ 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 ☐ No ☒ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? ☒ Yes ☐ No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE:

All agency facilities and contracted facilities were audited once during the auditing cycle from August 20, 2016, and August 20, 2019. I am contracted to complete all the Oklahoma Department of Corrections PREA Audits. The PREA Coordinator has created a schedule where one third of each type of facility will be audited per auditing year.

During the audit process I was able to receive copies of all relevant documentation, conduct private interviews with staff and inmates, tour the complete facility, and receive confidential correspondence from both inmates and staff.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard and all provisions.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY 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 that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE:

The agency has published all final audit reports on their website, this was confirmed by navigating to the page on the website and reviewing all the audit reports.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Patrick J. Zirpoli

June 18, 2021

Auditor Signature

Date