

**PREA AUDIT REPORT     Interim    Final**  
**ADULT PRISONS & JAILS**

**Date of report:** July 10, 2016

<b>Auditor Information</b>			
<b>Auditor name:</b> Michael Radon			
<b>Address:</b> P.O. Box 892 6 Summit Drive Bondsville, MA 01009			
<b>Email:</b> michaelradon@yahoo.com			
<b>Telephone number:</b> 413-250-7778			
<b>Date of facility visit:</b> May 2 – 4, 2016			
<b>Facility Information</b>			
<b>Facility name:</b> Oklahoma State Reformatory			
<b>Facility physical address:</b> 1700 East First Granite Oklahoma 73547			
<b>Facility mailing address:</b> <i>(if different from above)</i> P.O. Box 514 Granite Oklahoma 73547			
<b>Facility telephone number:</b> 580-480-3700			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Tracy McCollum			
<b>Number of staff assigned to the facility in the last 12 months:</b> 70			
<b>Designed facility capacity:</b> 1042			
<b>Current population of facility:</b> 1182			
<b>Facility security levels/inmate custody levels:</b> Minimum/Medium			
<b>Age range of the population:</b> 19-80			
<b>Name of PREA Compliance Manager:</b> Jennifer Randall		<b>Title:</b> Correctional Case Manager I	
<b>Email address:</b> jennifer.randall@doc.ok.gov		<b>Telephone number:</b> 580-480-3944	
<b>Agency Information</b>			
<b>Name of agency:</b> Oklahoma Department of Corrections			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> State of Oklahoma			
<b>Physical address:</b> 3400 Martin Luther King Blvd., Oklahoma City, OK 73111-4298			
<b>Mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Telephone number:</b> 405-425-2500			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Joe M. Allbaugh		<b>Title:</b> Interim Director	
<b>Email address:</b> joe.allbaugh@doc.ok.gov		<b>Telephone number:</b> 405-425-2505	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Millicent Newton-Embry		<b>Title:</b> Agency PREA Coordinator	
<b>Email address:</b> millicent.newton-embry@doc.ok.gov		<b>Telephone number:</b> 405-425-7074	

## **AUDIT FINDINGS**

### **NARRATIVE**

The Oklahoma Department of Corrections in conjunction with the American Correctional Association (ACA) Prison Rape Elimination Act (PREA) division scheduled a PREA audit for the Oklahoma State Reformatory in Granite, Oklahoma. The scheduled dates of the audit were May 2<sup>nd</sup> – May 4<sup>th</sup>, 2016.

Michael A. Radon certified PREA auditor was notified eight (8) weeks prior to the audit by Mr. Robert Brooks PREA Division ACA. The assigned was for a single PREA auditor to review preliminary audit information provided by the facility and conduct a facility site audit which included a complete facility tour, compliance review of 43 standards for adult prison and jails and review of the preaudit questionnaire (PAQ). In addition, the auditor compliance tool was utilized and all existing policies and procedures and demonstrated practices were reviewed. As required inmate and staff interview protocols and questionnaire forms were completed.

The audit also reviewed all reported PREA alleged incidents in the last twelve (12) months and the procedures and practices that occurred in conducting these investigations and reporting mechanisms.

Upon completion of these PREA disciplines and expectations there were no corrective action findings noted. However, there were numerous facility issues that were indentified, recognized and corrected at the time of the audit. The Oklahoma State Reformatory is an antiquated facility with numerous facility challenges. These challenges continue to be addressed and identified through internal audits (ACA and PREA) and operational observations by security and IT staff.

In closing, the auditor Michael A. Radon interviewed and met with the new interim director Joe Allbaugh along with the agencies PREA coordinator Millicent Newton-Embry. During this meeting Mr. Allbaugh expressed his commitment to continue with the expectations of PREA in all of the Oklahoma Department of Corrections facilities and reaffirmed that the agency head responses to the PREA questionnaire form remained in place. And that although the Oklahoma Department of Corrections would be taking somewhat of a different direction under his leadship that his commitment to PREA would remain steadfast with those changes.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

The Oklahoma State Reformatory (OSR) under the Oklahoma Department of Corrections is located in Granite, Oklahoma approximately one hundred and forty (140) miles west of Oklahoma City, Oklahoma.

The facility is surrounded by a twenty-four foot (24) high granite wall in which there are three towers that are manned twenty four/seven. Oklahoma State Reformatory is an all male facility with a capacity of 842 medium security offenders and 200 minimum security offenders which adds up to a total capacity of 1042. The medium security section is a long term facility focused on education. The minimum security section provides physical plant support as well as farming operations. The physical plant consists of the following: Administration, gymnasium, education, chapel, medical unit, food service, laundry and living units, including a Faith and Character Building, and the SHU.

The OSR has one hundred forty-seven cameras as follows: Twenty-four inside PTZ/twenty-two outside PTZ, thirty outside/seventy-one inside fixed position cameras. There are also eleven continuously recording DVR's with a save time between 8 to 50 days depending on the tape loaded. Cameras are monitored continually in the Central Control Center.

The recreation program of OSR is as follows: Minimum security offenders have a large recreation area with volleyball. Medium security offenders have a small yard at the back of the living units with basketball, walking/leisure area and a weight area. The SHU has individual areas for recreation one hour five-days each week. Within the housing units there are also cards, board games and horseshoes available.

Medical care at Oklahoma State Reformatory is provided through outpatient services and on-call emergency services after hours. OSR does not have an infirmary, however the following medical care is available: Dental services, ER services, health appraisals, radiology services, sick call, laboratory services, pharmacy services and chronic care services.

The mission of OSR is as follows: Provide custody for medium security offenders over the age of 40. Oklahoma State Reformatory will have the primary mission to provide agricultural work and institutional support. The programmatic mission of Oklahoma State Reformatory is education.

## **SUMMARY OF AUDIT FINDINGS**

Facility information which was included in the USB thumbdrive was reviewed by the PREA auditor. Forty-three PREA standards were reviewed which included compliance finding with supportive documentation. These materials along with the PREA audit questionnaire were significant help in assessing compliance.

Number of standards exceeded: 0

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 2

**Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator**

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

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

OP-030601

Memorandum of Appointment of PREA Coordinator Millicent Newton-Embry

List of PREA Compliance Managers

Organizational Chart – Office of Inspector General

Organizational Chart-Facility

**Standard 115.12 Contracting with other entities for the confinement of inmates**

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

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Executed contracts between ODOC and Private Prisons, or Jails with relevant PREA language:

**OP-030401**

**OP-030402**

**OP-090109**

**County Jails (3) Greer County Jail, Roger Mills County Jail, Tillman County Jail**

**Standard 115.13 Supervision and monitoring**

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

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OP-030601  
OSR 040102-02  
Diagrams showing camera locations  
OSR Facility Brochure  
OSR Position Budgeting Report  
NIC Staffing Analysis Training Documentation  
Staffing Plan/Master Roster  
Program Calendars  
Unit Logs showing unannounced rounds

**Standard 115.14 Youthful inmates**

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

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N/A  
OP-030601  
Facility Specific Criteria (DOC 060204A)  
OSR is not a designated youthful offender facility  
Observation

**Standard 115.15 Limits to cross-gender viewing and searches**

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

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OP-030601  
OP-030102  
OP-040110  
Pat Search Training  
Pat Search Training Rosters  
The lesson plan to train staff on cross-gender pat-down searches and searches of transgender and intersex offender is pending. Upon receipt, we will train security staff and document the training.  
Memo to Auditor-OSR has not received any cross-gender, transgender or intersex offenders this audit period.

**Standard 115.16 Inmates with disabilities and inmates who are limited English proficient**

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

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OP-030601  
OP-060201  
Zero Tolerance – Spanish  
Step out of the Shadows – Spanish  
Interpreter's List (employees)  
Job Roster with Activity/Housing Summary from Medical (showing disabilities)

**Standard 115.17 Hiring and promotion decisions**

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

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

OP-110105  
OP-110210  
OP-110235  
OP-110237  
"Applicant Questionnaire" (Attachment A – OP-110210)  
Request for Record (DOC090211B)

**Standard 115.18 Upgrades to facilities and technologies**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance**

**determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

OP-150101

(a) N/A (New Construction Only)

(b) Diagrams of Camera Locations (showing upgrade of new cameras or video monitoring system (after August 20, 2012).

#### **Standard 115.21 Evidence protocol and forensic medical examinations**

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

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OP-030601

OP-040117

OP-140118

MSRM 140118-01

"Sexual Assault Report" (Attachment C – OP-030601)

Memorandum of Understanding – Rape Counselor

Memorandum of Understanding – SANE

#### **Standard 115.22 Policies to ensure referrals of allegations for investigations**

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

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

OP-030601

OP-040117

"Sexual Assault Report" (Attachment C – OP-030601)

Documentation of completed investigation

Section 3 – Policy and Procedures Website



### Standard 115.31 Employee training

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

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OP-030601  
PREA Training PowerPoint  
PREA Training Roster  
Staff Training Acknowledgment for PREA

### Standard 115.32 Volunteer and contractor training

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

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OP-030601  
OP-090211  
“Documentation of Volunteer Training” (Attachment C - OP-090211)  
“Volunteer Contractor Training Acknowledgement” (Attachment G – OP-030601)  
“Enrollment Checklist Form” (Attachment B – OP-110110)  
Sexual Misconduct and Harrassment

### Standard 115.33 Inmate education

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

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OP-030601

OP-140105

“Offenders Guide to Sexual Misconduct” (Attachment B – OP-030601)

Initial Orientation Verification w/Movement Sheet showing arrival date

Zero Tolerance Acknowledgment

Offender Handbook, relevant pages, (English and Spanish)

Housing/Activity Summary (EHR)

Photos of Posters Posted on Units (regarding PREA and zero tolerance)

#### **Standard 115.34 Specialized training: Investigations**

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

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OP-030601

OP-040117

Specialized PREA Investigation Training PowerPoint – relevant pages

Specialized Training Course Roster

#### **Standard 115.35 Specialized training: Medical and mental health care**

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

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

OP-030601

PowerPoint “Medical/Dental/Mental Health PREA Training

Specialized Training Course Roster

#### **Standard 115.41 Screening for risk of victimization and abusiveness**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

OP-030601

OP-030102

Cell Assessment Form (Attachment A – OP-030102)

Self-Report Form (Attachment B – OP-030102)

#### **Standard 115.42 Use of screening information**

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

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OP-030601

OP-030103

Cell Assessment Form (Attachment A – OP-030102)

Self-Report Form (Attachment B – OP-030102)

Memo to Auditor

#### **Standard 115.43 Protective custody**

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

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OP-030601

#### **Standard 115.51 Inmate reporting**

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

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OP-030601  
 Handbook with relevant language  
 Zero Tolerance Acknowledgement  
 Memorandum of Understanding – DOC/OSBI

**Standard 115.52 Exhaustion of administrative remedies**

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

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OP-090124  
**Memo-There have been no occurrences of emergency grievances related to sexual abuse filed at this facility during this audit period.**

**Standard 115.53 Inmate access to outside confidential support services**

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

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OP-030601  
 Memorandum of Understanding-Community Service Provider  
 Mandatory Reporting Map and Law(115.53(b))  
 PREA Audit Report

Contact Information from Community Service Provider that is given to Offenders

**Standard 115.54 Third-party reporting**

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

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OP-030601  
OKDOC PREA resource web page  
Photograph of posting of Third Party Reporting

**Standard 115.61 Staff and agency reporting duties**

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

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OP-030601  
OP-040117  
Sample of report from medical/mental health  
Sample of report to Dept. of Human Services for under 18 year olds, if applicable  
Sample of report from OSBI to IG investigators

**Standard 115.62 Agency protection duties**

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

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**corrective actions taken by the facility.**

OP-030601

Cell Assessment Form (Attachment A – OP-030102)

SHO (Attachment B – OP-040204) **OR** Transport Order (Attachment A – OP-040111), if applicable

**Memo-There have been do occurrences of OSR learning that an offender was subject to a substantial risk of imminent sexual abuse during this audit period.**

**Standard 115.63 Reporting to other confinement facilities**

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

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OP-030601

Documentation showing notification of other facility; such as:

Incident Report; (Attachment A – OP-050109)

E-Mail Follow-up to phone call;

Incident Notification Checklist (Attachment H – OP-050108)

Sexual Assault Report (Attachment C – OP-030601)

**Standard 115.64 Staff first responder duties**

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

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OP-030601

OP-040117

Incident Notification Checklist (Attachment H – OP-050108) **OR** Transport Orders **OR** SHO (showing separation of victim and abuser)

Crime Scene Recorder Log (showing preservation of crime scene)

**Memo-During this audit period OSR has not had any occurrence of sexual abuse.**

**Standard 115.65 Coordinated response**

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

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OSR-030601-01

**Standard 115.66 Preservation of ability to protect inmates from contact with abusers**

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

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N/A (Union Statute)  
 Oklahoma State Statute 74 O.S. § 840-1.2  
 Oklahoma State Statute 74 O.S. § 840-1.3  
 Oklahoma State Statute 74 O.S. § 840-1.6A  
 Oklahoma State Statute 74 O.S. § 840-1.9  
 Oklahoma State Statute 74 O.S. § 840-6.3  
 Oklahoma Constitution, Article 23, §1A

**Memo- This standard is not applicable. Neither the Oklahoma Department of Corrections nor Oklahoma State Reformatory is a union organization.**

**Standard 115.67 Agency protection against retaliation**

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

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**Standard 115.68 Post-allegation protective custody**

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

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OP-030601  
SHO, if applicable

**Memo-OSR has not had any occurrences of an offender being placed in segregation housing for protection who is alleged to have suffered sexual abuse pursuant to § 115.43.**

**Standard 115.71 Criminal and administrative agency investigations**

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

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OP-030601  
OP-040117  
OP-110105  
PREA investigations example  
Documentation of evidence gathered  
Specialized training PowerPoint (IG investigations)  
Specialized training rosters (IG investigations)  
Documentation of interview  
D.A. referral for prosecution  
Documentation of outside agency investigating, if applicable

**Memo-OSR has not had any substantiated sexual abuse occurrences this audit period.**

**Standard 115.72 Evidentiary standard for administrative investigations**

- Exceeds Standard (substantially exceeds requirement of standard)



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

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

OP-030601

OP-040117

Notification of Investigation Status (Attachment D - OP-030601)

**Memo-OSR has had no substantiated sexual abuse/sexual harassment occurrences this audit period.**

**Standard 115.73 Reporting to inmates**

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

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

OP-030601

Notification of Investigation Status (Attachment D – OP-030601)

**Memo-OSR has not had a substantiated sexual abuse case this audit period.**

**Standard 115.76 Disciplinary sanctions for staff**

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

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

OP-030601

OP-110215

OP-110415

Termination **OR** Resignation Letter  
Request to DA for Prosecution

**Memo-OSR has not had any staff disciplines, resign or terminated for violation of sexual abuse or harassment policies this audit period.**

**Standard 115.77 Corrective action for contractors and volunteers**

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

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

OP-030601

OP-090211

OP-050108

Volunteer Alert form (Attachment F – OP-090211)

Volunteer Code of Conduct (Attachment K – OP-090211), relevant pages

Incident Notification Checklist (Attachment H – OP-050108)

Request to DA for Prosecution

**Memo-OSR has not had any occurrences of contractor/volunteer and offender sexual abuse this audit period.**

**Standard 115.78 Disciplinary sanctions for inmates**

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

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

OP-060125

OP-140201

Acts Constituting Rule Violations (Attachment A – OP-060125)

Mental Health Recommendations (DOC 060125R)

Monthly Medical Activity Report (DOC 140107A)

**Standard 115.81 Medical and mental health screenings; history of sexual abuse**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

OP-030601  
Intra-Facility Health Screening Form (DOC 140113B)  
Cell Assessment (Attachment A)  
Self Report Form (OP 030102B)

**Standard 115.82 Access to emergency medical and mental health services**

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

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

OP-030601  
OP-140118  
Offender's Guide to Sexual Misconduct (Attachment B – OP-030601)  
Progress Note (showing time of treatment, STD information, no co-pay)  
Central Control Log (showing time of medical notification)  
Incident Report (showing protection of victim)  
**Memo-OSR has had no occurrences of sexual abuse this audit period.**

**Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers**

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

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

OP-030601  
OP-140118

PREA response checklist (Attachment E – OP-030601)  
Offenders Guide to Sexual Misconduct (Attachment B- OP-030601)  
Zero Tolerance Acknowledgement (Attachment E – OP-030601)  
Progress notes (show treatment, follow-up, STD testing, no co-pay)  
Treatment plans, if applicable  
Referrals, if applicable  
Mental health evaluation of abusers

**Memo-OSR has had no occurrences of sexual abuse this audit period.**

**Standard 115.86 Sexual abuse incident reviews**

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

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

OP-030601  
Documentation of Sexual Assault/Abuse Incident Review (OP-030601 Attachment K)  
Sexual Abuse Response Team Members  
PREA Meeting Minutes

**Standard 115.87 Data collection**

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

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

OP-030601  
PREA Aggregate Data 2014  
PREA Aggregate Data 2013  
PREA Aggregate Data 2012

**Standard 115.88 Data review for corrective action**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

OP-030601  
DOC Website-PREA Resources  
Data and Comparison

**Standard 115.89 Data storage, publication, and destruction**

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

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

OP-030601  
OP-040117  
Public Access to Department of Corrections Website/PREA Information  
PREA Aggregate Sexual Abuse Data

**AUDITOR CERTIFICATION**

I certify that:

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

Michael A. Radon

July 11, 2016

Auditor Signature

Date