

# Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim       Final

Date of Interim Audit Report:       N/A

*If no Interim Audit Report, select N/A*

Date of Final Audit Report:      06/10/2020

## 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: 05/13/2020 – 05/15/2020

## Agency Information

Name of Agency: Oklahoma Department of Corrections			
Governing Authority or Parent Agency (If Applicable): State of Oklahoma			
Physical Address: 3400 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:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: <a href="http://www.doc.ok.gov">www.doc.ok.gov</a>			

## Agency Chief Executive Officer

Name: Scott Crow	
Email: <a href="mailto:director@doc.ok.gov">director@doc.ok.gov</a>	Telephone: 405-425-2500

## Agency-Wide PREA Coordinator

Name: Jeff McLaughlin	
Email: <a href="mailto:jeff.mclaughlin@doc.ok.gov">jeff.mclaughlin@doc.ok.gov</a>	Telephone: 405-425-7074
PREA Coordinator Reports to: Gary Elliott, General Counsel	Number of Compliance Managers who report to the PREA Coordinator: 24

## Facility Information

**Name of Facility:** Kate Barnard Correctional Center

**Physical Address:** 3300 Martin Luther King Blvd.

**City, State, Zip:** Oklahoma City, OK 73111

**Mailing Address (if different from above):**

**City, State, Zip:**

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Facility Type:**

Prison

Jail

**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:**

### Warden/Jail Administrator/Sheriff/Director

**Name:** Warden Jeff Dunkin

**Email:** jeff.dunkin@doc.ok.gov

**Telephone:** 405-425-2907

### Facility PREA Compliance Manager

**Name:** Jeff Dunkin

**Email:** jeff.dunkin@doc.ok.gov

**Telephone:** 405-425-2907

### Facility Health Service Administrator N/A

**Name:** Roberta Richards

**Email:** Roberta.richards@doc.ok.gov

**Telephone:** 405-425-2925

### Facility Characteristics

**Designated Facility Capacity:**

260

**Current Population of Facility:**

217

Average daily population for the past 12 months:	247	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input checked="" type="checkbox"/> Females <input type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	21-64	
Average length of stay or time under supervision:	127 days	
Facility security levels/inmate custody levels:	Minimum	
Number of inmates admitted to facility during the past 12 months:	256	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	253	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	207	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	<input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates 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)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <a href="#">Click or tap here to enter text.</a> <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	76	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	13	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	3	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	3	
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	85	

## Physical Plant

<b>Number of buildings:</b>  Auditors should count all buildings that are part of the facility, whether inmates 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 inmates, 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.	13
<b>Number of inmate housing units:</b>  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 inmates 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 inmates 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
<b>Number of single cell housing units:</b>	0
<b>Number of multiple occupancy cell housing units:</b>	2
<b>Number of open bay/dorm housing units:</b>	0
<b>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</b>	0
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Medical and Mental Health Services and Forensic Medical Exams</b>	
<b>Are medical services provided on-site?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are mental health services provided on-site?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>Where are sexual assault forensic medical exams provided? Select all that apply.</b>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: YWCA-OKC)
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**Investigations**

**Criminal Investigations**

<b>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:</b>	15
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<b>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</b>	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
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<b>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</b>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: ) <input checked="" type="checkbox"/> N/A
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**Administrative Investigations**

<b>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?</b>	15
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<b>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</b>	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
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<b>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</b>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: ) <input checked="" type="checkbox"/> N/A
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# 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 Jeff McLaughlin. We coordinated the dates for the onsite audits at the facility. During these conversations we outlined an overall audit schedule and 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 27, 2020, he 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 during the onsite portion of the audit during the facility tour, and during the inmate and staff interviews. I did not receive any letters from inmates, nor staff.

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

The Agency PREA Coordinator had previously provided me a flash drive containing 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 the YWCA of Oklahoma City who provides victim advocacy. They 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:

I have conducted the agency level interviews throughout my scheduled two weeks of PREA Auditing for the Oklahoma Department of Corrections, this period was from 05/11/2020 through 5/22/2020. Due to the Covid 19 pandemic several interviews were conducted via telephone, other personnel who were allowed to travel were interviewed onsite at a facility. These interviews included the Director, Investigative Staff, Administrative Personnel, and the PREA Coordinator. During these interviews I verified that there have been no changes in any agency process since the last audits conducted in October 2019.

## Onsite Audit Phase

### Site Review:

*The audit was conducted during the Covid 19 Pandemic and the facility was on lockdown. 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/PREA Compliance Manager Jeff Dunkin on May 13, 2020 at approximately 8:00 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 on the housing units 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 log books on the housing units.

The inmate interviews began immediately following the facility tour. They were conducted in a conference room located in the administrative building; this conference room provided privacy for the interviews. 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	15
Youthful Inmates	Facility does not house
Inmates with a Physical Disability	0
Inmates who are Blind, Deaf, or Hard of Hearing	1
Inmates who are Limited English Proficient	0
Inmates with a Cognitive Disability	2
Inmates who Identify as Lesbian, Gay or Bisexual	6
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	3
Total Inmate Interviews	28

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 related 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, and Screening form to visually stimulate the inmate's recollection of their initial intake process.

The staff interviews were conducted in the same conference on all three days of the audit. The facility was currently working three shifts, interviews were conducted on 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	2
Line Staff who Supervise Youthful Inmates	Not Applicable
Education and Program Staff who Work with Youthful Inmates	Not Applicable
Medical and Mental Health Staff	4
Administrative Staff	2
Volunteers and Contractors	0
Investigative Staff	2
Training Officer	1
Staff who Perform Screening	3
Staff who Supervise Inmates in Segregated Housing	0
Staff on the Sexual Abuse Incident Review Team	2
First Responders	2
Warden/PREA Compliance Manager and Designated to Monitor for Retaliation	1
Total Staff Interviews	28

I conducted the interviews with all staff in the same manner, a preamble to the interview was related 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 was 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 all 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.

<b>Documentation Reviewed Pre-Audit, Onsite Audit and Post Audit Phases</b>	<b>Applicable Standard</b>
<p>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</p>	<p>Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</p>
<p>Oklahoma Department of Corrections Policy:            OP-030401 Private Prison Monitoring Requirements            Oklahoma Department of Corrections Policy:            OP-030402 Community Corrections Residential Contracts            Oklahoma Department of Corrections Policy:            OP-090109 Contract County Jail Program            Executed contracts between ODOC and Private Prisons, or Jails with relevant PREA language</p>	<p>Standard 115.12: Contracting with other entities for the confinement of inmates</p>
<p>Oklahoma Department of Corrections Policy:            OP-030601 Prison Rape Elimination Act Policy            Staffing Plan            Facility Post Orders            Facility diagrams showing camera locations            Unit Logs (showing unannounced rounds) – all shifts            Facility Information from ODOC Website            Position Budgeting Report            Memorandum to Auditors of No Staffing Plan Deviations            Shift Supervisor Post Orders            Yard/Perimeter Officer Post Orders            Unannounced Rounds Schedule for Outbuildings            Technology Needs Assessment</p>	<p>Standard 115.13: Supervision and Monitoring</p>
<p>Oklahoma Department of Corrections Policy:            OP-030601 Prison Rape Elimination Act Policy            MB-040102-16 Youthful Inmate Post Orders            Facility Specific Criteria (DOC 060204A)            Move list</p>	<p>Standard 115.14: Youthful inmates</p>

<p>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  PREA Training PowerPoint (sample pages)  Training Lesson Plan  Training Transcripts  Memo of non-occurrence</p>	<p>Standard 115.15: Limits to cross-gender viewing and searches</p>
<p>Oklahoma Department of Corrections Policy:  OP-030601 Prison Rape Elimination Act Policy  Oklahoma Department of Corrections Policy  OP-060201 Initial Reception of Inmates  PREA materials (Spanish translation):  • “Zero Tolerance” Notice (Spanish)  • PREA Poster, “Step Out of the Shadows” (Spanish)  List of Interpreters (employees)  Translated materials (regarding PREA)  Facility Job Roster with Activity/Housing  Summary indicating Disability</p>	<p>Standard 115.16: Inmates with Disabilities and Inmates who are Limited English Proficient</p>
<p>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</p>	<p>Standard 115.17: Hiring and Promotion Decisions</p>
<p>Oklahoma Department of Corrections Policy:  OP-150101 Physical Plant Development  Memo of Non-Applicability  Diagrams of Camera Locations  Technology Needs Assessment</p>	<p>Standard 115.18: Upgrades to facilities and technologies</p>

<p>Oklahoma Department of Corrections Policies:  OP-030601 Prison Rape Elimination Act with Attachment C  OP-040117 Investigations  Position Statement SANE Education and Certification  Memorandum of Understanding with YWCA of Oklahoma City  PREA Response Checklist (OP-030601, Attachment H)  Sexual Assault Report (OP-030601, Attachment C)  Incident Notification Report (OP-050108, Attachment H)  Facility Inquiry/Request for PREA Investigation Office of Fugitive Apprehension and Investigations Response  Notification of Investigation Status (OP-030601, Attachment D)  State of Oklahoma SANE Coordinator Website and Information on examination and victim Advocacy</p>	<p>Standard 115.21: Evidence Protocol and Forensic Medical Examination</p>
<p>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 investigations (other facilities)  Section 3 - Policy and Procedures Website  ODOC Website – PREA Resources  Sexual Assault Report (OP-030601, Attachment C)  Incident Notification Report (OP-050108, Attachment H)  Facility Inquiry/Request for PREA Investigation Office of Fugitive Apprehension and Investigations Response  Notification of Investigation Status (OP-030601, Attachment D)  Email on PREA Investigation</p>	<p>Standard 115.22: Policies to Ensure Referral of Allegations for Investigations</p>
<p>Oklahoma Department of Corrections Policy:  OP-030601 Prison Rape Elimination Act Policy  PREA Training PowerPoint  2018 PREA Training Rosters  2017 PREA Training Rosters  Training Records and Acknowledgement Forms for Staff, Volunteers and Contractors</p>	<p>Standard 115.31: Employee Training</p>

<p>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</p>	<p>Standard 115.32: Volunteer and Contractor Training</p>
<p>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) Photos of Posters Posted on Units (regarding PREA and zero tolerance) Activity Housing Summary (IHAP) Intake Records for Inmates Inmate Files and Case Manager Notes</p>	<p>Standard 115.33: Inmate Education</p>
<p>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</p>	<p>Standard 115.34: Specialized training: Investigations</p>
<p>Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy PowerPoint "Medical/Dental/Mental Health PREA Training Training Rosters</p>	<p>Standard 115.35: Specialized training: Medical and mental health care</p>
<p>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</p>	<p>Standard 115.41: Screening for risk of victimization and abusiveness</p>

<p>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)</p>	<p>Standard 115.42: Use of screening information</p>
<p>Oklahoma Department of Corrections Policy:  OP-030601 Prison Rape Elimination Act Policy</p>	<p>Standard 115.43: Protective Custody</p>
<p>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</p>	<p>Standard 115.51: Inmate reporting</p>
<p>Oklahoma Department of Corrections Policy:  OP-030601 Prison Rape Elimination Act Policy  Oklahoma Department of Corrections Policy:  OP-090124 Inmate/Offender Grievance  Process</p>	<p>Standard 115.52: Exhaustion of administrative  remedies</p>
<p>Oklahoma Department of Corrections Policy:  OP-030601 Prison Rape Elimination Act Policy  Mandatory Report Maps/Laws  Interoffice Memorandum Discussing MOU with  Victim Advocate  State of Oklahoma SANE Coordinator Website  and Information on examination and victim  Advocacy  Consular Notification Information  Memorandum of Understanding with YWCA of  Oklahoma City</p>	<p>Standard 115.53: Inmate access to outside  confidential support services</p>
<p>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  ODOC Website – PREA Resources</p>	<p>Standard 115.54: Third-party reporting</p>

<p>Oklahoma Department of Corrections Policy:  OP-030601 Prison Rape Elimination Act Policy  Mandatory Reporting Laws for Oklahoma  PREA Report with mental health and third-party involvement  Investigative Reports  Mandatory Reporting Law States  Oklahoma State Statutes Regarding  Mandatory Reporting  O.S. § 43A-10-104  Sexual Assault Report (OP-030601,  Attachment C)  PREA Response Checklist (OP-030601,  Attachment H)  Notification of Investigation Status (OP-030601,  Attachment D)</p>	<p>Standard 115.61: Staff and agency reporting duties</p>
<p>Oklahoma Department of Corrections Policy:  OP-030601 Prison Rape Elimination Act Policy</p>	<p>Standard 115.62: Agency protection duties</p>
<p>Oklahoma Department of Corrections Policy:  OP-030601 Prison Rape Elimination Act Policy</p>	<p>Standard 115.63: Reporting to other confinement facilities</p>
<p>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)  PREA Response Checklist (OP-030601,  Attachment H)  Sexual Assault Report (OP-030601,  Attachment C)  Segregation Housing Order / Transportation  Orders  Agency and Facility Investigations of Sexual  Abuse and Sexual Harassment</p>	<p>Standard 115.64: Staff first responder duties</p>
<p>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 and Facility Investigations of Sexual  Abuse and Sexual Harassment</p>	<p>Standard 115.65: Coordinated response</p>
<p>Oklahoma Right to Work Law enacted  September 28, 2001</p>	<p>Standard 115.66: Preservation of ability to protect inmates from contact with abusers</p>

<p>Oklahoma Department of Corrections Policy:  OP-030601 Prison Rape Elimination Act Policy  Agency Investigations of Sexual Abuse and Sexual Harassment  Monitoring form</p>	<p>Standard 115.67: Agency protection against retaliation</p>
<p>Oklahoma Department of Corrections Policy:  OP-030601 Prison Rape Elimination Act Policy  Agency Investigations of Sexual Abuse and Sexual Harassment</p>	<p>Standard 115.68: Post-allegation protective custody</p>
<p>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 and Facility Investigations of Sexual Abuse and Sexual Harassment  Specialized Training Power Point  Specialized Training Rosters  List of PREA-Trained Investigators  Documentation of Evidence Gathered</p>	<p>Standard 115.71: Criminal and administrative agency investigations</p>
<p>Oklahoma Department of Corrections Policy:  OP-030601 Prison Rape Elimination Act Policy  Agency Investigations of Sexual Abuse and Sexual Harassment  Completed Agency and Facility investigations  Notification of Investigation Status</p>	<p>Standard 115.72: Evidentiary standard for administrative investigations</p>
<p>Oklahoma Department of Corrections Policy:  OP-030601 Prison Rape Elimination Act Policy  Oklahoma Department of Corrections Policy:  OP-040117 Investigations  Notification of Investigation Status (Attachment D – OP-030601)  Notification of Investigation Status DOC OP-030601 Attachment D.</p>	<p>Standard 115.73: Reporting to inmates</p>
<p>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:  Agency and Facility Investigation reports</p>	<p>Standard 115.76: Disciplinary sanctions for staff</p>

<p>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</p>	<p>Standard 115.77: Corrective action for contractors and volunteers</p>
<p>Oklahoma Department of Corrections Policy:  OP-060125 Disciplinary Procedures  Acts Constituting Rule Violations (Attachment A – OP-060125)  Acts Constituting Rule Violations (OP-060125, Attachment A)  Mental Health Recommendations (DOC-060125-R)  Monthly Medical Activity Report (DOC-140107-A)  Zero Tolerance Acknowledgment</p>	<p>Standard 115.78: Disciplinary sanctions for inmates</p>
<p>Oklahoma Department of Corrections Policy:  OP-030601 Prison Rape Elimination Act Policy  Intra-Facility Health Screening Form (DOC 140113B)  Medical/Mental Health Screening Intake Form  Consent Form  Inmate Records  Self-Report Form (OP-030102, Attachment B)  Cell Assessment Form (OP-030102, Attachment A) Authorization for Release of Protected Health Information (DOC 140108A)</p>	<p>Standard 115.81: Medical and mental health screenings; history of sexual abuse</p>
<p>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)  Inmate's Guide to Sexual Misconduct (Attachment B – OP-030601)  Progress Note  Request for Investigation  Incident Reports</p>	<p>Standard 115.82: Access to emergency medical and mental health services</p>
<p>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)  PREA Response Checklist (OP-030601, Attachment H)  Medical Progress Notes  Mental Health Progress Notes</p>	<p>Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers</p>



Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy List of Sexual Abuse Response Team and minutes	Standard 115.86: 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 2018	Standard 115.87: 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 2018	Standard 115.88: 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 2018	Standard 115.89: 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. During the review of the inmate files I found several files that were missing the self-report form and/or the PREA Acknowledgement Form. The case managers immediately audited the files and identified any inmate file missing these documents. The facility practice is to have these forms scanned by the Wardens Assistant and stored digitally. The documents that were missing were retrieved and inserted into the files. I randomly reviewed the files a second time and found that the documentation was corrected. We discussed the importance of these documents, moving forward the Unit Manager is adding this to her monthly random file review.

During the facility tour I identified several showers that had full length solid shower curtains, the other shower curtains in the facility were newer and had a clear bottom which allows the officers to see into the shower. The full-length solid shower curtains were immediately cut shorter to allow the officer to see the feet of the inmate, this negates an officer from having to pull the shower curtain open to check on an inmate, and provides additional safety and security.

During the staff interviews I found that the staff took ownership not only of the immediate areas they worked in, but the facility overall. This staff attitude helps in creating the respectful culture at the facility. This was further confirmed by the interviewed inmates who related that they are treated with respect by the staff.

**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 Prisons and Jails.

## Facility Characteristics

The Kate Barnard Correctional Center is located at 3300 Martin Luther King Blvd., Oklahoma City, OK 73111. The facility is located on the same property as the Oklahoma Department of Corrections Administration Building. The immediate area surrounding the facility would best be described as commercial, with some residential properties.

The Kate Barnard Correctional Center (KBCC) opened in June 1977, (previously known as the Kate Barnard Community Treatment Center) with a capacity of 96 designed to house first-time incarcerated non-violent male inmates serving a sentence of 5 years or less. The facility was a former motel located near the intersection of Highway 74 and Interstate 44 in Oklahoma City. In 1992, the facility was converted to a female facility with a capacity of 162. In 2012, due to major infrastructure issues, the inmates were relocated to the current location, which at that time was the Hillside Community Corrections Center.

Prior to the Hillside Community Corrections Center, the facility was the Mabel Bassett Correctional Center (MBCC). In 2002, Oklahoma Department of Corrections purchased the Central Oklahoma Correctional Facility, a privately operated facility, located in McLoud, Oklahoma, and in 2003 the Mabel Bassett Correctional Center relocated to this facility. In 2017, KBCC transitioned from a female community corrections center, to a female minimum-security facility with a 260 head capacity.

When the facility transitioned from Community Corrections to a Minimum Security many changes had to be made to the infrastructure, to accommodate a prison population. The basement of the Administration building was renovated for the laundry, canteen, property room and library. The first floor contains the main secure entrance into the facility, main control and administrative offices. The second floor contains department level administrative offices.

The inmates are housed in two identical housing units. These units have an officer's control room in the center hallway, with four pods off of this hallway. The overall cell construction limits any cross gender viewing, all cells have doors. The toilets and showers are located in a separate area that is covered by a curtain, the toilets have stall doors, and the showers have a second curtain for privacy. Some of the cells that have toilets in them, these cells were the Restricted Housing Unit when the facility was Mabel Bassett, these toilets are blocked from view by the door construction. The case manager's offices are located on the housing units, the inmates have access to them on a daily basis Monday thru Friday.

The inmates have the opportunity to receive programming and education at the facility, these needs are provided in the Education Building.

Inmates work as orderly's throughout several locations within the facility, to include the medical, administration buildings, and several other locations. The inmates are supervised by the staff who is assigned to these areas.

The Oklahoma Department of Corrections closed records are kept at this facility. Numerous inmates work in this area, preparing these records to be digitized. The inmates are under constant supervision by staff.

The inmate movement is monitored by staff who are either posted within the housing units, as well as posted throughout the facility. The Unit Managers and Case Managers have offices on the units, this allows the inmates access to them during business hours.

Cameras are located throughout the facility, with the main monitors in the security control.

During my tour of the facility I found that 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 moves 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.

## Summary of Audit Findings

*The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.*

**Auditor Note:** No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

### Standards Exceeded

**Number of Standards Exceeded:** 11

**List of Standards Exceeded:**

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator  
Standard 115.31: Employee training  
Standard 115.32: Volunteer and contractor training  
Standard 115.33: Inmate education  
Standard 115.34: Specialized training: Investigations  
Standard 115.35: Specialized training: Medical and mental health care  
Standard 115.41: Screening for risk of victimization and abusiveness  
Standard 115.42: Use of screening information  
Standard 115.51: Inmate reporting  
Standard 115.71: Criminal and administrative agency investigations  
Standard 115.88: Data review for corrective action

### Standards Met

**Number of Standards Met:** 34

Standard 115.12: Contracting with other entities for the confinement of inmates  
Standard 115.13: Supervision and monitoring  
Standard 115.14: Youthful inmates  
Standard 115.15: Limits to cross-gender viewing and searches  
Standard 115.16: Inmates with disabilities and inmates who are limited English proficient  
Standard 115.17: Hiring and promotion decisions  
Standard 115.18: Upgrades to facilities and technologies  
Standard 115.21: Evidence protocol and forensic medical examinations  
Standard 115.22: Policies to ensure referrals of allegations for investigations  
Standard 115.43: Protective Custody  
Standard 115.52: Exhaustion of administrative remedies  
Standard 115.53: Inmate access to outside confidential support services  
Standard 115.54: Third-party reporting  
Standard 115.61: Staff and agency reporting duties  
Standard 115.62: Agency protection duties  
Standard 115.63: Reporting to other confinement facilities  
Standard 115.64: Staff first responder duties  
Standard 115.65: Coordinated response  
Standard 115.66: Preservation of ability to protect inmates from contact with abusers  
Standard 115.67: Agency protection against retaliation  
Standard 115.68: Post-allegation protective custody  
Standard 115.72: Evidentiary standard for administrative investigations  
Standard 115.73: Reporting to inmates  
Standard 115.76: Disciplinary sanctions for staff  
Standard 115.77: Corrective action for contractors and volunteers

Standard 115.78: Disciplinary sanctions for inmates  
Standard 115.81: Medical and mental health screenings; history of sexual abuse  
Standard 115.82: Access to emergency medical and mental health services  
Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers  
Standard 115.86: Sexual abuse incident reviews  
Standard 115.87: Data collection  
Standard 115.89: Data storage, publication, and destruction  
Standard 115.401: Frequency and scope of audits  
Standard 115.403: Audit contents and findings

## **Standards Not Met**

**Number of Standards Not Met:** 0

**List of Standards Not Met:**

## PREVENTION PLANNING

### Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

#### 115.11 (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

#### 115.11 (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

#### 115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)  Yes  No  NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)  
 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 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 he related that he 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 he was an Inspector General Investigator, as a prior investigator he brings a level of knowledge of the investigative process for PREA incidents, and has the experience of working on these investigations. 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 they 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 115.12: Contracting with other entities for the confinement of inmates**

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

#### **115.12 (a)**

- If this agency is public and it contracts for the confinement of its inmates 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 inmates.)  Yes  No  NA

### 115.12 (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 inmates.)  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 has eleven contracts with agencies to house inmates. I reviewed these contracts in their entirety, the contracts specify that the contractor has to 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 first auditing cycle, and will be audited during this auditing cycle.

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 115.13: Supervision and monitoring

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

#### 115.13 (a)

Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?

Yes  No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?  Yes  No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?  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 inmate population?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?  Yes  No  NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?  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

### 115.13 (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

### 115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, 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, in consultation with the agency PREA Coordinator, 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, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?  Yes  No

#### 115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?  Yes  No
- Is this policy and practice implemented for night shifts as well as day shifts?  Yes  No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the 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 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 aforementioned 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 compliment. The facility also has the ability to collapse posts and limit inmate activity and movement when needed.

The staffing plan was completed and reviewed by the Warden on March 6, 2020 and the Agency PREA Coordinator on March 10, 2020. This was confirmed through interviews and viewing their signatures on the staffing plan. I also reviewed staffing plans from previous years 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, Chief of Security, and Unit Manager. 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, and they have the ability to collapse other posts if need be.

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.

The agency has implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. These unannounced rounds take place during all shifts at the facility. The agency has a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring. I further confirmed the rounds are occurring during the staff and inmate interviews as well as reviewing the logs generated by the housing unit officers.

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 115.14: Youthful inmates

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

#### 115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

#### 115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

#### 115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)  
 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:

This facility does not house youthful offenders.

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 115.15: Limits to cross-gender viewing and searches

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

#### 115.15 (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

#### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)  
 Yes  No  NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)  Yes  No  NA

#### 115.15 (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 inmates? (N/A if the facility does not have female inmates.)  Yes  No  NA

#### 115.15 (d)

- Does the facility have policies that enables 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 cell checks?  Yes  No
- Does the facility have procedures that enables 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 cell checks?  Yes  No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?  Yes  No

#### 115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?  Yes  No
- If an inmate's genital status is unknown, does the facility determine genital status 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?  Yes  No

#### 115.15 (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 inmates 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 is an all-female facility. It does not conduct any cross gender pat searches, nor does it restrict any inmates from having any out of cell opportunities. The facility is an open yard where the inmates are not restricted from any opportunities, pat searches are conducted but on a random basis. This was confirmed during both the staff and inmate interviews.

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 cell checks. The policies further dictate 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 bathrooms in the housing units are constructed to provide privacy while toileting and showering. They have either curtains or doors to provide this privacy.

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. I further confirmed with staff that if an inmate was being processed into the facility they would be coming from another correctional facility. If the inmate had identified as transgender or intersex at that facility, this information would be known prior to arrival.

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.

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 115.16: Inmates with disabilities and inmates who are limited English proficient

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

#### 115.16 (a)

- Does the agency take appropriate steps to ensure that inmates 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: inmates who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that inmates 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: inmates who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that inmates 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: inmates who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates 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: inmates who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates 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: inmates who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates 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 inmates 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 inmates with disabilities including inmates 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 inmates with disabilities including inmates 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 inmates with disabilities including inmates who: Are blind or have low vision?  Yes  No

#### 115.16 (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 inmates 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

#### 115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate'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. 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 115.17: Hiring and promotion decisions

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

#### 115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates 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 inmates 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 inmates 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 inmates 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 inmates 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 inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

**115.17 (b)**

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?  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 inmates?  Yes  No

**115.17 (c)**

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check?  Yes  No
- Before hiring new employees who may have contact with inmates, 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

**115.17 (d)**

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

**115.17 (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 inmates or have in place a system for otherwise capturing such information for current employees?  Yes  No

**115.17 (f)**

- Does the agency ask all applicants and employees who may have contact with inmates 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 inmates 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

**115.17 (g)**

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

## 115.17 (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. 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 also 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 utilized 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.

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 115.18: Upgrades to facilities and technologies

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

#### 115.18 (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 inmates 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

#### 115.18 (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 inmates 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*)

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 115.21: Evidence protocol and forensic medical examinations

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

#### 115.21 (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

#### 115.21 (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

#### 115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?  Yes  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

#### 115.21 (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 the 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

#### 115.21 (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

#### 115.21 (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

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (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 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 would utilize a SANE and Victim Advocate from the YWCA of Oklahoma City. The facility has a Memorandum of Understanding with the YWCA of Oklahoma City. I contacted the supervisors at the YWCA of Oklahoma City and confirmed that they provide the services outlined in the MOU. They further informed me that the victim would be transported to the OU Medical Center, the SANE and Victim Advocate would respond to the medical center and conduct the examination.

I also confirmed with the Oklahoma Statewide SANE Coordinator that when a SANE Examination takes place a victim advocate is also present to offer support to the victim. She explained that anyone, including incarcerated individuals can be brought to a hospital, the hospital would then contact the SANE Nurse and victim advocate, who would both respond. These services are offered free of charge, and an individual MOU is not needed for the process.

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

The aforementioned victim advocates are available to the victim during the forensic medical examination process, the investigatory interviews and they provide emotional support, crisis intervention, information, and referrals.

It should be noted that the facility has not had any allegations of Sexual Abuse where these services were utilized within the last 12 months.

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 115.22: Policies to ensure referrals of allegations for investigations**

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

#### **115.22 (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



### 115.22 (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

### 115.22 (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 criminal investigations. See 115.21(a).)  Yes  No  NA

### 115.22 (d)

- Auditor is not required to audit this provision.

### 115.22 (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 115.31: Employee training

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

### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates 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 inmates on inmates' right to be free from sexual abuse and sexual harassment  Yes  No
- Does the agency train all employees who may have contact with inmates on the right of inmates 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 inmates on the dynamics of sexual abuse and sexual harassment in confinement?  Yes  No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?  Yes  No
- Does the agency train all employees who may have contact with inmates 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 inmates on how to avoid inappropriate relationships with inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No

### 115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility?  Yes  No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?  Yes  No

### 115.31 (c)

- Have all current employees who may have contact with inmates 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

### 115.31 (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*)

### EVIDENCE OF COMPLIANCE:

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 with 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 created yearly by the PREA Coordinator. At the beginning of each year he meets with all training officers and provides them with the yearly training and explains any changes to the training. The PREA Coordinator is constantly improving on the training materials, and during our many discussions we talk about how to better train staff on the prevention of sexual abuse, and what additional training is most beneficial. He has incorporated this into the staff training, providing the most up to date information to the OKDOC 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 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 115.32: Volunteer and contractor training

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

#### 115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?  Yes  No

#### 115.32 (b)

- Have all volunteers and contractors who have contact with inmates 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 inmates)?  Yes  No

#### 115.32 (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 various facility Chaplains, who are designated 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 85 volunteers and 3 contractors who currently have contact with inmates at the facility. No contractors nor volunteers were available during the audit due to the facility lockdown resulting from the Covid 19 pandemic.

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.

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 115.33: Inmate education

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

#### 115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No

#### 115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?  Yes  No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?  Yes  No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?  Yes  No

#### 115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)?  Yes  No

- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?  
 Yes  No

#### 115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?  Yes  No

#### 115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions?  
 Yes  No

#### 115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate 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 located 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 115.34: Specialized training: Investigations**

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

#### **115.34 (a)**

- In addition to the general training provided to all employees pursuant to §115.31, 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 115.21(a).)  Yes  No  NA

#### **115.34 (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 115.21(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 115.21(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 115.21(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 115.21(a).)  Yes  No  NA

#### 115.34 (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 115.21(a).)  Yes  No  NA

#### 115.34 (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 115.35: Specialized training: Medical and mental health care

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

#### 115.35 (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

#### 115.35 (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 medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)  Yes  No  NA

#### 115.35 (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

## 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (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 or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (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 facility. I also confirmed this training with the medical and mental health staff during interviews. The medical staff at the facility does not conduct sexual assault examinations.

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

The 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 also 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 115.41: Screening for risk of victimization and abusiveness

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

### 115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?  Yes  No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?  Yes  No

### 115.41 (b)

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

### 115.41 (c)

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

### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  
 Yes  No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate 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 inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate 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 inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse?  Yes  No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses?  Yes  No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse?  Yes  No

#### 115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?  Yes  No

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a request?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?  Yes  No

- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?  
 Yes  No

#### 115.41 (h)

- Is it the case that inmates 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

#### 115.41 (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 inmate's detriment by staff or other inmates?  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 a locked filing cabinet inside the case manager's office.

The agency further screens all inmate 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 are located on the housing units and are accessible to the inmates, or the case managers will tour the housing unit to interact with the inmates. This gives the Case Managers the opportunity to observe the inmates and ensure there is no change in their behavior or status. The Case Managers meet with each inmate on their caseload once a month, and make case notes in the Offender Management System. This was confirmed through interviews and watching the interaction between inmates and the Case Managers.

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 115.42: Use of screening information

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

#### 115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?  Yes  No

#### 115.42 (b)

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

#### 115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the **agency** consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates 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 inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?  Yes  No

#### 115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?  Yes  No

#### 115.42 (e)

- Are each transgender or intersex inmate'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

#### 115.42 (f)

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

#### 115.42 (g)

- 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 inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates 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 inmates 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 inmates, does the agency always refrain from placing: transgender inmates 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 inmates 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 inmates, does the agency always refrain from placing: intersex inmates 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 inmates 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 I confirmed these procedures during staff and inmate interviews.

The agency makes all of 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 inmates 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 Unit Manager 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 on the basis of 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.

## Standard 115.43: Protective Custody

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

#### 115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?  Yes  No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?  Yes  No

#### 115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?  Yes  No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA

#### 115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?  Yes  No
- Does such an assignment not ordinarily exceed a period of 30 days?  Yes  No

#### 115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety?  Yes  No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged?  Yes  No

#### 115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?  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 prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made. This policy addresses all provisions in the standard, the language in the policy meets all aspects of the standard.

This facility has had no incident where they have segregated an inmate due to being at high risk of sexual victimization. The facility is a minimum-security facility and does not have a segregated housing unit, nor do they have the ability to segregate inmates in this manner.

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.

# REPORTING

## Standard 115.51: Inmate reporting

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

### 115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents?  Yes  No

### 115.51 (b)

- Does the agency also provide at least one way for inmates 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 inmate reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the inmate to remain anonymous upon request?  Yes  No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes)  Yes  No  NA

### 115.51 (c)

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

### 115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?  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 #73 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 was 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.

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 115.52: Exhaustion of administrative remedies

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

#### 115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This

does not mean the agency is exempt simply because an inmate 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

#### 115.52 (b)

- Does the agency permit inmates 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 an inmate 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

#### 115.52 (c)

- Does the agency ensure that: An inmate 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

#### 115.52 (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 inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate 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 inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate 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

#### 115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates 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 inmates? (If a third-party files such a request on behalf of an inmate, 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 inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate 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 an inmate 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 inmate 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

#### 115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate 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 115.53: Inmate access to outside confidential support services

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

#### 115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates 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 provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.)  Yes  No  NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?  Yes  No

#### 115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?  Yes  No



### 115.53 (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 inmates 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 provided through the YWCA of Oklahoma City. These services are outlined in the inmate handbook, and would be provided to inmates involved in an incident. The services that the inmates would receive are the same as the level received in the community, this was confirmed with the supervisor at the YWCA of Oklahoma City.

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

The PREA Compliance Manager would inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. This was confirmed during interviews.

The facility has provided the contact information for the YWCA of Oklahoma City to inmates involved in incidents, it is unknown if they contacted the agency due to confidentiality. No inmates were transported for sexual assault examinations where these services were utilized.

The agency holds a MOU with the YWCA of Oklahoma City for the services outlined in the standard.

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 115.54: Third-party reporting

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

#### 115.54 (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 an inmate?  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](mailto: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 AN INMATE REPORT

## Standard 115.61: Staff and agency reporting duties

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

### 115.61 (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 inmates 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

### 115.61 (b)

- Apart from reporting to designated supervisors or officials, does 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

### 115.61 (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 inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

### 115.61 (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

### 115.61 (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. During interviews with staff who reported an allegation I verified that they followed the policy.

The policy further states that staff are 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 the audited facility and other facilities.

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 115.62: Agency protection duties

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

#### 115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?  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.

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 115.63: Reporting to other confinement facilities

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

#### 115.63 (a)

- Upon receiving an allegation that an inmate 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

#### 115.63 (b)

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

#### 115.63 (c)

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

### 115.63 (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 COMPLIANCE:

Through policy the agency has established procedures and practices that meet all of 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 at other facilities, 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 115.64: Staff first responder duties

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

### 115.64 (a)

- Upon learning of an allegation that an inmate 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 an inmate 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 an inmate 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 an inmate 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

#### 115.64 (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 of the provisions of the standard. The staff interviewed understood their responsibilities if they were the first responder to an allegation.

I verified compliance during the interview process, as well as policy and 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 115.65: Coordinated response

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

#### 115.65 (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. The facility has not had any investigations related to sexual abuse, but has had investigations of sexual harassment.

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 115.66: Preservation of ability to protect inmates from contact with abusers

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

#### 115.66 (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 inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

#### 115.66 (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 115.67: Agency protection against retaliation

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

#### 115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?  Yes  No
- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

#### 115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services, for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?  Yes  No

#### 115.67 (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 inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates 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 inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates 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 inmate 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 inmate 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 inmate 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

#### 115.67 (d)

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

#### 115.67 (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

#### 115.67 (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 the provisions of this standard. The agency has identified the facility PREA Compliance Manager 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.

As previously mentioned, the Case Managers are located on the housing units, they would be assigned to help monitor the inmate on a daily basis to ensure that no issues were occurring.

I reviewed completed Protection Against Retaliation forms that show the monitoring of the inmates. All staff interviewed understood their obligation under the 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.

## Standard 115.68: Post-allegation protective custody

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

#### 115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?  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 established a policy that states any inmate who is alleged to have suffered sexual abuse is subject to the requirements of standard 115.43. This was confirmed through review of the policy. The audited facility did not have any inmates who suffered sexual abuse who were put into segregated housing.

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 115.71: Criminal and administrative agency investigations

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

### 115.71 (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 115.21(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 115.21(a).]  Yes  No  NA

### 115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?  Yes  No

### 115.71 (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

### 115.71 (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

### 115.71 (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 inmate or staff?  Yes  No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

**115.71 (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

**115.71 (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

**115.71 (h)**

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

**115.71 (i)**

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?  Yes  No

**115.71 (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

**115.71 (k)**

- Auditor is not required to audit this provision.

**115.71 (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 115.21(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.

During the review of the investigation reports at this facility as well as other facilities I found that all substantiated allegations that violated criminal law were sent for a prosecutorial decision.

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 115.72: Evidentiary standard for administrative investigations

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

##### 115.72 (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 agency investigation review 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 115.73: Reporting to inmates

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

#### 115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?  Yes  No

#### 115.73 (b)

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

#### 115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever:

The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?  Yes  No

#### 115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, 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 an inmate's allegation that he or she has been sexually abused by another inmate, 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

#### 115.73 (e)

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

#### 115.73 (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 notification forms.

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 115.76: Disciplinary sanctions for staff

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

### 115.76 (a)

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

### 115.76 (b)

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

### 115.76 (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

### 115.76 (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.

The audited facility has not disciplined any 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 115.77: Corrective action for contractors and volunteers

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

#### 115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?  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

#### 115.77 (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 inmates?  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.

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 115.78: Disciplinary sanctions for inmates

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

#### 115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?  Yes  No

#### 115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?  Yes  No

#### 115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?  Yes  No

#### 115.78 (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 inmate to participate in such interventions as a condition of access to programming and other benefits?  Yes  No

#### 115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  Yes  No

#### 115.78 (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

#### 115.78 (g)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)  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 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 115.81: Medical and mental health screenings; history of sexual abuse

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

#### 115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  
 Yes  No  NA

#### 115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  Yes  No  NA

#### 115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

#### 115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  
 Yes  No

#### 115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?  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 the provisions of this standard. As previously stated under standard 115.41 the medical department does a second screening of the inmates and asks questions relative to sexual victimization as well as sexual abusiveness. If it is found that any inmate has experienced prior sexual abuse or sexual harassment they will be scheduled for an evaluation with a mental health practitioner within 14 days. I confirmed these evaluations with the medical and mental health personnel as well as during the inmate interviews.

All medical records are kept secure and are only available to medical and mental health personnel.

I confirmed compliance with the standard through the review of inmate medical files, staff interviews and inmate 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 115.82: Access to emergency medical and mental health services

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

#### 115.82 (a)

- Do inmate 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

#### 115.82 (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 § 115.62?  Yes  No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

### 115.82 (c)

- Are inmate 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

### 115.82 (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 COMPLAINE

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 have 24 hour medical coverage, but during off hours medical staff is on call and will respond to the facility for a PREA incident. 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 115.83: 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

### 115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?  Yes  No

### 115.83 (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

### 115.83 (c)

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

### 115.83 (d)

- Are inmate 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 inmates 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

### 115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(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 inmates 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

### 115.83 (f)

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

### 115.83 (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



## 115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)  
 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 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 have 24 hour medical coverage, but during off hours medical staff is on call and will respond to the facility for a PREA incident. This was confirmed during staff interviews and investigation review.

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 115.86: Sexual abuse incident reviews

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

#### 115.86 (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

#### 115.86 (b)

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

#### 115.86 (c)

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

#### 115.86 (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 §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

#### 115.86 (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 of 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. 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 115.87: Data collection

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

#### 115.87 (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

#### 115.87 (b)

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

#### 115.87 (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

### 115.87 (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

### 115.87 (e)

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

### 115.87 (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 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 115.88: Data review for corrective action

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

### 115.88 (a)

- Does the agency review 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?  Yes  No

- Does the agency review 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: Taking corrective action on an ongoing basis?  
 Yes    No
  
- Does the agency review 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: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes    No

#### 115.88 (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

#### 115.88 (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

#### 115.88 (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 and PREA Manager continuously evaluate 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 and PREA Manager one of the most dedicated to the prevention of sexual abuse and sexual harassment. They utilize the identified trends in the creation of yearly training to better prevent sexual abuse and sexual harassment.

During staff interviews I confirmed that if a trend was 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 115.89: Data storage, publication, and destruction

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

#### 115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?  
 Yes  No

#### 115.89 (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

#### 115.89 (c)

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

#### 115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 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 2018 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.

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.

# 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 inmates, residents, and detainees?  Yes  No

### 115.401 (n)

- Were inmates 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 of 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, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies 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 of 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 inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Patrick J. Zirpoli

June 10, 2020

**Auditor Signature**

**Date**