

PREA Facility Audit Report: Final

Name of Facility: Lawton Community Corrections Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 12/25/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Valerie Wolfe Mahfood	Date of Signature: 12/25/2024

AUDITOR INFORMATION	
Auditor name:	Mahfood, Valerie Wolfe
Email:	wolfemahfood@aol.com
Start Date of On-Site Audit:	11/07/2024
End Date of On-Site Audit:	11/09/2024

FACILITY INFORMATION	
Facility name:	Lawton Community Corrections Center
Facility physical address:	605 Southwest Coombs Road, Lawton, Oklahoma - 73501
Facility mailing address:	

Primary Contact

Name:	Paul G Lawrence
Email Address:	paul.lawrence@doc.ok.gov
Telephone Number:	5802486703

Facility Director	
Name:	Paul G Lawrence
Email Address:	paul.lawrence@doc.ok.gov
Telephone Number:	5802486703

Facility PREA Compliance Manager	
Name:	Paul Lawrence
Email Address:	paul.lawrence@doc.ok.gov
Telephone Number:	(580) 248-6703

Facility Characteristics	
Designed facility capacity:	162
Current population of facility:	144
Average daily population for the past 12 months:	125
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Mens/boys
Which population(s) does the facility hold? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of "intersex"	

and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	18-70
Facility security levels/resident custody levels:	Community Level Security
Number of staff currently employed at the facility who may have contact with residents:	33
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	4
Number of volunteers who have contact with residents, currently authorized to enter the facility:	29

AGENCY INFORMATION

Name of agency:	Oklahoma Department of Corrections
Governing authority or parent agency (if applicable):	
Physical Address:	3400 Martin Luther King Avenue, Oklahoma, Oklahoma - 73111
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:

Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information

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

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

12

- 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.213 - Supervision and monitoring
- 115.216 - Residents with disabilities and residents who are limited English proficient
- 115.217 - Hiring and promotion decisions
- 115.231 - Employee training
- 115.232 - Volunteer and contractor training
- 115.233 - Resident education
- 115.234 - Specialized training: Investigations
- 115.235 - Specialized training: Medical and mental health care
- 115.251 - Resident reporting
- 115.254 - Third party reporting
- 115.401 - Frequency and scope of

	audits
Number of standards met:	
29	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-11-07
2. End date of the onsite portion of the audit:	2024-11-09

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Just Detention International and New Directions

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	162
15. Average daily population for the past 12 months:	125
16. Number of inmate/resident/detainee housing units:	3
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	152
19. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	1
20. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	3
21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	1
22. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	1
23. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	2
24. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	3

<p>25. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>26. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>27. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>3</p>
<p>28. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>29. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>Inmates were allowed to self-select out of and/or into all targeted categories during the interview process. As such, while facility records may or may not include inmates currently within targeted categories, targeted protocols were still completed for any inmate who self-selected into any targeted protocol at the time of the interview. Also, it should be noted that if there were not sufficient numbers of inmates assigned to the facility within a targeted group, oversampling was done in other targeted groups to ensure the minimum number of targeted interviews were conducted.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>30. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>33</p>

31. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	29
32. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	4
33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	NA

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	10
35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input checked="" type="checkbox"/> Other <input type="checkbox"/> None

<p>If "Other," describe:</p>	<p>Custody, Job Assignment, Program Activity, Physical Characteristics, Psychological Characteristics, Primary Language Spoken, or other distinguishing factors amongst population.</p>
<p>36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>Housing Roster</p>
<p>37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>38. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No barriers to completing random interviews were noted.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>10</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<p>40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>

41. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	3
42. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	1
43. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	1
44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	2
45. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	3
46. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0

<p>46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>46. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Reviewed facility documentation. All inmates interviewed were also asked if they were transgender, intersex, gay, lesbian, or bisexual. None of the inmates interviewed stated that they were transgender. Additionally, during random staff interviews, staff did not indicate that any transgender incarcerated persons were assigned to the facility.</p>
<p>47. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>47. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There weren't any (0) allegations of sexual abuse or sexual harassment filed within the audit time frame.</p>

<p>48. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>3</p>
<p>49. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Reviewed facility documentation. All inmates interviewed were also asked if they had ever been placed in segregated housing for risk of sexual victimization. None of the inmates interviewed stated that they had ever been placed in such housing for risk of sexual victimization.</p>

<p>50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>Inmates were allowed to self-select out of and/or into all targeted categories during the interview process. As such, while facility records may or may not include inmates within targeted categories, targeted protocols were still completed for any inmate who self-selected into any targeted protocol at the time of the interview. Also, it should be noted that if there were not sufficient numbers of inmates assigned to the facility within a targeted group, oversampling was done in other targeted groups to ensure the minimum number of targeted interviews were conducted.</p>
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Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

<p>51. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
<p>52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>Gender, race, ethnicity, languages spoken, or other distinguishing factors amongst staff relative to their employment.</p>
<p>53. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p>54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No barriers to completing random staff interviews were noted.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>12</p>
<p>56. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>58. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>59. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

60. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	Laundry, Grievance, Mailroom Staff, Training Staff, Chaplain, Law Library, and SAFE/SANE staff associated with the local hospital
61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
61. Enter the total number of VOLUNTEERS who were interviewed:	1
61. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
63. Provide any additional comments regarding selecting or interviewing specialized staff.	No contractors present at the facility during the onsite portion of the audit.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

64. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the site review an active, inquiring process that included the following:	
65. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
66. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
68. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p>69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>NA</p>
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Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

<p>70. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p>71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>Additional document sampling was done both at random, as well as in coordination with comments received from inmates and staff during the interview process.</p>
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

72. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

73. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

74. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

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

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

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

76. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

77. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

78. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0
78. Explain why you were unable to review any sexual abuse investigation files:	No allegations of sexual abuse filed within the audit time frame.

<p>79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>86. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>No allegations of sexual harassment were filed during the audit time frame.</p>
<p>87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p>90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>NA</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

95. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
- No

Non-certified Support Staff

96. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
- No

AUDITING ARRANGEMENTS AND COMPENSATION

97. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

Identify the name of the third-party auditing entity

Corrections Consulting Services (f/k/a PAOA)

Standards
<p>Auditor Overall Determination Definitions</p> <ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
<p>Auditor Discussion Instructions</p> <p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p> <p>Documentation:</p> <ul style="list-style-type: none"> • Oklahoma Department of Corrections (ODOC), OP-030601, Oklahoma Prison Rape Elimination Act, 12-1-21 · ODOC Organizational Chart, 3-5-24 · ODOC Inmate Orientation Handbook, English · ODOC, Inmates’ Guide to Sexual Misconduct: How to Identify and Address Sexual Misconduct, 2021 · Lawton Community Corrections Center (LCCC) PREA Coordinated Response Plan, 4-14-24 · LCCC Oklahoma PREA, LCCC-030601-01, 4-14-24

- LCCC Informational Pamphlet, 1/2012
- LCCC Resident Orientation Handbook, English, 1-1-24
- LCCC Resident Orientation Handbook, Spanish, 12-12-23
- LCCC Victim Services Posting, English
- ODOC PREA Poster for Employees, English
- LCCC PREA Poster for Visitors, English
- LCCC PREA Poster for Residents, Speak Up, English
- LCCC PREA Poster for Residents, Zero Tolerance, English
- LCCC PREA Poster for Residents, Break the Silence, English

Interviews:

- Agency Head
- Agency PREA Coordinator
- LCCC Facility Administrator
- LCCC PREA Compliance Manager
- Intermediate or Higher-Level Facility Staff
- Random Staff

Site Review Observations:

- The Oklahoma Department of Corrections (ODOC) PREA Coordinator oversees the Lawton Community Corrections Center (LCCC) PREA program.
- The LCCC PREA Compliance Manager is physically assigned to the LCCC and maintains a permanent office, with routine activities, within said institution as a function of assignment.

Standard Subsections:

(a) The agency does have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities that it operates directly or under contract. Specifically, the ODOC, OP-030601, Oklahoma Prison Rape Elimination Act, 12-1-21, outlines how the “ODOC maintains a zero tolerance for resident on resident sexual assault, staff sexual misconduct and sexual harassment toward residents.” In doing so, this policy clearly defines prohibited behaviors regarding sexual abuse and sexual harassment, includes sanctions for those found to have participated in these behaviors, and describes agency strategies to reduce and prevent the sexual abuse and sexual harassment of residents.

(b) The ODOC has employed an agency-wide PREA Coordinator, whose position is within the agency’s upper-level organizational structure. As this individual’s job responsibilities lie strictly with ensuring the agency’s compliance of its PREA program, this individual does have both sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards. Additionally, the ODOC has exceeded this provision by the creation of an Administrative Manager position. This position is designated as an assistant to the PREA Coordinator, with significant time dedicated for field work within each correctional facility. As such, this allows the PREA Coordinator, in coordination with the Administrative Manager, to oversee and provide greater guidance in implementing PREA standards at the facility level.

Reasoning & Findings Statement:

This standard promotes agency expectations of zero-tolerance for sexual abuse and sexual harassment of residents. As well, its provisions require that each facility within the organization also operates with those same expectations. In this, not only has the agency developed policies designed to prevent, detect, and respond to instances of sexual abuse and sexual harassment of residents, but each facility, to include the LCCC, has also developed its own unit specific coordinated response plan to help apply those broader agency policies more effectively to the unique circumstances of the individual facility. Thus, the LCCC has ensured that every facet of the agency’s policy is aptly applied in the standard response procedures of each facility. Additionally, to ensure the agency’s zero-tolerance requirements are effectively maintained at the facility level, the agency has exceeded the minimum staffing requirements of this standard. Along with facility-based PCM positions and an agency-wide PREA Coordinator, the LCCC has designated staffing for an Administrative Manager. This position functions solely to better coordinate and advance the agency’s efforts at significantly increasing the sexual safety of all residents within the LCCC. As such, the agency, and by extension the facility, has exceeded the requirements of this standard.

115.212	Contracting with other entities for the confinement of residents
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 453 376">Documents:</p> <ul data-bbox="280 483 1334 734" style="list-style-type: none"> • ODOC, OP-030601, Oklahoma Prison Rape Elimination Act, 12-1-21 • ODOC Website, Contracted Facilities, 12-16-24 • LCCC Oklahoma PREA, LCCC-030601-01, 4-14-24 • LCCC PREA Coordinated Response Plan, 4-14-24 <p data-bbox="280 842 437 878">Interviews:</p> <ul data-bbox="280 985 817 1093" style="list-style-type: none"> • Agency PREA Coordinator • Agency Contract Administrator <p data-bbox="280 1200 651 1236">Site Review Observations:</p> <ul data-bbox="280 1344 1436 1424" style="list-style-type: none"> • The LCCC is a publicly operated correctional facility through the Oklahoma Department of Corrections. <p data-bbox="280 1532 600 1568">Standard Subsections:</p> <p data-bbox="280 1675 1474 1872">(A) The ODOC is a public agency that currently contracts for the confinement of its residents with two private entities: namely, the Lawton Correctional Facility and the Bridgeway, Inc. Halfway House. Per the Agency Contract Administrator, all contracts with these entities require said facilities to adopt and comply with the Prison Rape Elimination Act, National Standards to Prevent, Detect, and Respond to Prison Rape.</p> <p data-bbox="280 1980 1474 2060">(B) Per the Agency Contract Administrator, these contracts also provide for agency contract monitoring to ensure that the contracted entity does comply with the PREA</p>

standards and further notes that the agency shall ensure that contractors have been trained on their responsibilities under the ODOC’s policy on sexual abuse and sexual harassment prevention, detection and response.

(C) As noted by the Agency Contract Administrator, the ODOC does not have any contracts with any agencies that are not required to, or cannot comply with, the Prison Rape Elimination Act, National Standards to Prevent, Detect, and Respond to Prison Rape.

Reasoning & Findings Statement:

This standard ensures that all private entities contractually bound to the ODOC adopt, comply, and maintain their adherence to the PREA standards. To ensure their compliance, the ODOC provides for an agency liaison to both engage in contract monitoring and to ensure training specific to contractor responsibilities under the ODOC’s zero-tolerance policy on the prevention, detection, and response of sexual abuse and sexual harassment have been met. Lastly, as evidenced by the ODOC’s PREA Audit Schedule, all ODOC facilities, to include those privately owned, are routinely audited for their compliance with the PREA standards. As such, the ODOC, and by extension, the LCCC, have satisfied all provisions within this standard.

115.213	Supervision and monitoring
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> • ODOC, OP-030601, Oklahoma Prison Rape Elimination Act, 12-1-21 • LCCC Oklahoma PREA, LCCC-030601-01, 4-14-24 • LCCC PREA Coordinated Response Plan, 4-14-24 • LCCC Staffing Plan, 8-20-24 <p>Interviews:</p>

- Agency PREA Coordinator
- LCCC Facility Administrator
- LCCC PREA Compliance Manager
- Intermediate or Higher-Level Facility Staff
- Random Staff
- Random Residents

Site Review Observations:

- All resident housing areas contain at least one security staff post that is continuously monitored by staff. All areas of high resident traffic are assigned permanent staffing positions while in operation.
- During the site review, supervisory staff were observed making routine and rounds throughout the facility. All random staff interviewed did indicate that supervisory staff were available to them, as well as routinely conducted unannounced rounds within the facility.
- During supervisory rounds, ranking officials were observed reviewing required documentation completed by line staff as a function of their duty posts.
- During the onsite portion of the audit, current LCCC chronological logs were inspected throughout the facility to ensure staff were conducting, and properly documenting, unannounced rounds and, where appropriate, opposite gender announcements.

Standard Subsections:

(A) The LCCC has developed a staffing plan that provides for adequate staffing levels and video monitoring to protect residents against sexual abuse. As required by the PREA Standards for Community Confinement Centers, in calculating adequate staffing levels and determining the need for video monitoring, the LCCC staffing plan does consider (1) the physical layout of each facility; (2) the composition of the resident population; (3) the prevalence of substantiated and unsubstantiated incidents of sexual abuse. In excess of the PREA standards, the LCCC staffing plan also considers (4) generally accepted detention and correctional practices; (5) any judicial finds of inadequacy (of which there were none); (6) any

findings of inadequacy from federal investigative agencies (of which there were none); (7) any findings of inadequacy from internal or external oversight bodies (of which there were none); (8) the number and placement of supervisory staff; (9) institutional programs occurring on a particular shift; (10) applicable state or local laws, regulations, or standards; as well as (11) any other relevant factors. Since the last PREA audit, the average daily number of residents for which the staffing plan is predicated has been 127 residents, with the average daily number of residents assigned to the facility being 125 residents. When asked, facility staff consistently remarked that unit administration does consider the nature of the resident population, as well as any current issues or trends within the resident population, when determining adequate staffing levels.

(B) As noted by the facility administrator, when staffing levels fall below minimum requirements, facility staff must document and justify all deviations. However, per the LCCC facility administrator, staffing levels have not fallen below the required levels within the audit time frame.

(C) In coordination with the agency PREA Coordinator, the LCCC does review and assess its staffing plan, as well as the resources the facility has available to ensure adherence to the staffing plan, on at least an annual basis. As a function of that review, the facility administrator notes that the staffing plan review does consider prevailing staffing patterns, as well as the need for, and use of, video and other monitoring technologies.

Reasoning & Findings Statement:

This standard requires the facility to maintain adequate staffing levels, as well as to consider the use of monitoring technology to help fortify those levels, to promote the safety of not only the residents assigned to the facility, but also the well-being of all correctional employees, contractors, and volunteers within the compound. As required by this PREA standard, the LCCC staffing plan does consider (1) the physical layout of each facility; (2) the composition of the resident population; (3) the prevalence of substantiated and unsubstantiated incidents of sexual abuse. Then excess of this PREA standard, the LCCC staffing plan also considers (4) generally accepted detention and correctional practices; (5) any judicial finds of inadequacy (of which there were none); (6) any findings of inadequacy from federal investigative agencies (of which there were none); (7) any findings of inadequacy from internal or external oversight bodies (of which there were none); (8) the number and placement of supervisory staff; (9) institutional programs occurring on a particular shift; (10) applicable state or local laws, regulations, or standards; as well as (11) any other relevant factors. During the audit time frame, staffing levels have not fallen below the minimum requirements of the staffing plan. To ensure the

	<p>LCCC staffing plan keeps pace with the changing nature of correctional facilities, the facility staffing plan is reviewed in coordination with the agency PREA Coordinator annually. As an additional layer of protection, as well as to ensure meaningful and effective correctional supervision, intermediate and higher-level staff are required to routinely conduct unannounced rounds throughout the institution. The auditor observed, as well as the facility provided, evidence of documented unannounced rounds of supervisory ranks of various levels, up to and including, the facility administrator. As such, the LCCC facility has clearly exceeded compliance with this provision.</p>
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115.215 Limits to cross-gender viewing and searches	
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents:</p> <ul style="list-style-type: none"> • ODOC, OP-030601, Oklahoma Prison Rape Elimination Act, 12-1-21 • ODOC, OP-040110, Search and Seizure Standards, 8-10-22 • ODOC, OP-050109, Reporting of Incidents, 3-39-22 • ODOC, OP-030601, Recreation Activity Programs, 6-7-22 • ODOC, Security Search and Seizure Standards PowerPoint Slides, 2022 • LCCC Oklahoma PREA, LCCC-030601-01, 4-14-24 • LCCC PREA Coordinated Response Plan, 4-14-24 • LCCC Training Attendance Roster, Search and Seizure: 9-19-23a, 9-19-23b, 9-22-23, 9-29-23, 10-24-23 • LCCC PREA Training Matrix, 2023-2024 • LCCC Training Attendance Roster, PREA: 2-27-24, 3-12-24, 4-2-24, 6-11-24, 6-25-24, 7-15-24, 8-14-24, 8-26-24, 9-27-24 • LCCC Staff Training Acknowledgement, PREA: 2-27-24a, 2-27-24b, 2-27-24c, 3-12-24a, 3-12-24b, 3-12-24c, 4-2-24a, 4-2-24b, 4-3-24, 5-20-24a, 5-20-24b, 6-11-24a, 6-11-24b, 6-25-24a, 6-25-24b, 7-15-24a, 7-15-24b, 7-15-24c, 8-14-24a, 8-14-24b, 8-14-24c, 8-14-24d, 8-14-24e, 8-14-24f, 8-16-24, 8-26-24a, 8-26-24b, 8-26-24c, 9-5-24a, 9-5-24b, 9-25-24, 10-25-24

Interviews:

- LCCC Facility Administrator
- LCCC PREA Compliance Manager
- Intermediate or Higher-Level Facility Staff
- Random Staff
- Random Residents
- Residents Who Identify as Lesbian, Gay, Bisexual, Transgender, or Intersex

Site Review Observations:

- During the onsite inspection, staff were routinely observed making cross-gender announcements when persons of the opposite gender entered resident housing areas.
- Supervisory staff were observed conducting their routine security checks within resident housing areas. Cross-gender announcements and supervisory rounds, both unannounced rounds and scheduled rounds, were subsequently documented on chronological activity logs.
- Privacy shields were in place inhibiting view into all resident toilets.
- Privacy shields were observed and/or available in medical examination rooms.
- Privacy curtains were observed in all shower areas.
- Video surveillance was not trained to areas where residents might routinely be in a state of undress.
- Reviewed of the current LCCC PREA Training Matrix, 2023-2024.

Standard Subsections:

(A) Agency policy (OP-040110) requires that “a person of the same gender of the inmate will be available to perform gender specific tasks (i.e. strip and visual body cavity searches).” Per the LCCC PCM, during the audit time frame, there have not been any (0) cross-gender strip or cross-gender visual body cavity searches

conducted. Random staff interviews confirm that staff do not conduct such searches. As well, interviews with random residents did not suggest that staff have ever conducted cross-gender strip or visual body cavity searches.

(B) The LCCC is a male facility. Interviews with random staff confirm adherence to agency policy (OP-040110) requiring “all cross-gender strip searches and any cross-gender body cavity searches shall be documented... Any cross-gender pat searches of inmates will be documented.” As well, interviews with residents reflect that the facility has never denied any female resident access to a regularly available program or out of cell activity due to an inability to conduct same-gender searches of residents.

(C) Agency policy (040110) requires that “all cross-gender strip searches and any cross-gender body cavity searches shall be documented... Any cross-gender pat searches of inmates will be documented.” As noted by the LCCC PCM, staff at the facility have not engaged any cross-gender strip searches of its male residents during the audit time frame. Nonetheless, all random staff interviewed understood that under exigent circumstances, should the need arise, such searches would require justification. All random residents interviewed noted that they had never been required to be in a state of undress while in the presence of opposite gender staff. Lastly, since the LCCC does not house female residents, no females have ever been subject to a cross-gender search.

(D) The agency has a policy (030601) in place that allows residents “to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks.” Random staff interviewed confirmed adherence to agency’s opposite gender announcement policy (030601), which requires that “at the beginning of each shift an announcement is made in the housing units notifying inmates that staff of the opposite gender will enter or be present on the housing unit during the shift. When the gender of the staff on the housing unit changes to the opposite gender, a notification will be made to inmates announcing the staffing change.” When interviewed, all opposite-gender staff confirmed their routine performance of opposite gender announcements. As well, all interviewed inmates stated that opposite gender staff do routinely engage opposite gender announcements. During the facility site review, modesty barriers and curtains were in place to inhibit the viewing of any resident in a state of undress. Lastly, a review of the facility’s video surveillance found that cameras were not trained to areas where residents might routinely be in a state of undress.

(E) Agency policy (040110) mandates that “the facility shall 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 may be determined through conversations with the inmate, by review of the medical records by the qualified health care/medical provider or, if necessary, by learning that information as part of a broader medical examination conducted in private by a qualified health care/medical provider.” In interviewing random staff, it was clearly expressed that if the gender of a resident is unknown, conducting a strip search to determine the genital status would be inappropriate. Rather, random staff generally expressed that to determine gender they would contact the medical department, agency records, their supervisor, or simply ask the resident. Additionally, staff indicated that using a resident’s name, as opposed to gendered pronouns, would also be appropriate for such situations.

(F) Agency policy (040110) requires that all staff are trained on how to conduct cross-gender pat-down searches, as well as searches of transgender and intersex residents. Agency policy (040110) provides clear instructions on how staff will perform searches of any resident, to include transgender persons. Facility records reflect that 100% of LCCC security staff have been trained on conducting said searches in a professional and least intrusive manner as possible consistent with security needs. During interviews, all random staff affirmed their obligation to conduct searches in a professional manner and only for security purposes. As well, all interviewed inmates confirmed that they had never been strip searched by persons of the opposite gender.

Reasoning & Findings Statement:

This standard requires that an agency place limits on cross-gender strip and visual body cavity searches. Accordingly, the agency has enacted policies prohibiting said searches in the absence of exigent circumstances. If exigent circumstances arise that require staff to engage in cross-gender strip or visual body cavity searches, policy subsequently requires these searches to be properly documented. It should be noted, however, that during the audit time frame, the LCCC has not engaged any opposite-gender strip or visual body cavity searches. Facility records reflect that all security staff have been trained on the proper procedures for conducting pat searches on transgender or intersex residents, which require said searches to be performed in a professional and least intrusive manner as possible. An extensive review of live video surveillance demonstrates that cameras are not trained in areas where residents would routinely be in a state of undress. The agency requires staff to make an opposite gender announcement at the start of each shift, as well, opposite gender staff are required to announce their presence upon entering housing areas where residents may be in a state of undress. During the onsite portion of the audit process, this announcement was routinely observed as opposite

	gender staff entered all housing areas, as well as other areas that might contain residents in any state of undress. Accordingly, the LCCC has met all provisions within this standard.
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115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> • ODOC, OP-030601, Oklahoma Prison Rape Elimination Act, 12-1-21 • ODOC Interpreter List, 2024 • LCCC Oklahoma PREA, LCCC-030601-01, 4-14-24 • LCCC PREA Coordinated Response Plan, 4-14-24 • LCCC Inmate Orientation Handbook, English, 1-1-24 • LCCC Inmate Orientation Handbook, Spanish, 12-12-23 • LCCC PREA Reporting and Advocacy Phamplet, English • LCCC PREA Reporting and Advocacy Phamplet, Spanish • LCCC New Directions Informational Poster, English • LCCC New Directions Information Poster, Spanish • LCCC Victim Services Posting, English • LCCC Victim Services Posting, Spanish • LCCC PREA Poster for Employees, English • LCCC PREA Poster for Employees, Spanish • LCCC PREA Poster for Visitors, English • LCCC PREA Poster for Visitors, Spanish • LCCC PREA Poster for Inmates, Speak Up, English • LCCC PREA Poster for Inmates, Speak Up, Spanish

- LCCC PREA Poster for Inmates, Zero Tolerance, English
- LCCC PREA Poster for Inmates, Zero Tolerance, Spanish
- LCCC PREA Poster for Inmates, Break the Silence, English
- LCCC PREA Poster for Inmates, Break the Silence, Spanish

Interviews:

- Agency Head
- Agency PREA Coordinator
- LCCC Facility Administrator
- LCCC PREA Compliance Manager
- Intermediate or Higher-Level Facility Staff
- Random Staff
- Residents with Disabilities
- Residents with Limited English Proficiency

Site Review Observations:

- Correctional staff assigned to housing areas entered each area within the building to loudly announce information, to include when opposite gender staff entered the housing area.
- Handicap accommodations were easily recognizable and accessible throughout the facility.
- PREA Notices, as well as other advisement notices, were posted in languages spoken by significant portions of the incarcerated person population; namely English and Spanish.
- PREA information is also available in large print.
- Staff translators in multitude of languages are available as needed.
- Observed an inmate demonstration of how to access PREA information on inmate tablets. This information is available in English and Spanish, as well as close

captioning and ASL.

Standard Subsections:

(A) The LCCC has developed agency-wide policies (030601) to enhance PREA communication efforts with disabled residents; such as those with hearing, vision, speech, or other physical disabilities; psychiatric or other intellectual disabilities, or those with limited English proficiency; so as to provide said residents with 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. PREA educational information is provided in writing, verbally, as well as presented in video format (available in English and Spanish). The video format includes both a deaf interpreter and closed caption. The LCCC maintains a ODOC staff translator list and interpretation services to assist residents who do not speak a language common to LCCC staff. In this, other agency staff can be used to translate PREA, as well other confidential information.

(B) The agency has taken reasonable steps to ensure meaningful access to all aspects of the agency's effort to prevent, detect, and respond to sexual abuse and sexual harassment of residents who have limited English proficiency, to include access to qualified interpreters for effective translations. The PREA informational brochure is printed in two different languages: English and Spanish. As well, per the PREA Coordinator, the PREA Informational video can be seen by residents in those languages, along with being illustrated via closed captioning and by a deaf interpreter. As needed, staff translators can be used to translate PREA information into other languages. During intake, risk screening, and investigator interviews, employees were aware of the need to obtain staff interpreters for sensitive security matters, such as PREA related investigations. All staff were aware that other residents could not be used to translate for any resident during a sexual abuse or sexual harassment investigation or incident. During the audit time frame, there have not been any (0) instances of LCCC using resident interpreters for PREA related matters. Residents with physical and/or intellectual disabilities were interviewed. These persons all stated that their disabilities did not prevent them from participating in any facility-based services or that LCCC has made accommodations for their disabilities, to include making accommodations for the agency's responsibility in preventing, detecting, and responding to instances of sexual abuse and sexual harassment.

(C) The agency does not rely on residents to interpreter, read, or otherwise provide assistance to other residents in response to allegations of sexual abuse or sexual harassment. Rather, the LCCC has developed agency-wide policy (030601) that

prohibits the use of resident interpreters or other types of resident-based assistance in the transmission or subsequent investigation of security sensitive information, such as PREA related matters. "All inmate education shall be provided to inmates by staff. No inmate interpreters will be utilized except in exigent circumstances. However, approved community of facility volunteers may be utilized." LCCC staff are aware of these agency policies and do not utilize resident interpreters for security sensitive matters. Rather, in excess of the PREA standards, the LCCC has negotiated a MOU with a civil rights law firm to provide disability services, via its legal services to prisoners program, to assist those residents in need of additional accommodations.

Reasoning & Findings Statement:

This standard empowers all residents with the ability to redress government in light of claims of sexual abuse and sexual harassment. An essential component to that requirement is the ability to access PREA information, services, and support services. Residents with disabilities; either cognitive, physical, or cultural, may require additional assistance in achieving said access. Hence, it is necessary for the agency to provide additional measures to ensure said residents have equal access. The LCCC recognizes this need and has created policies to address it. Furthermore, the agency has taken steps to ensure that the resident population is aware of translation services via a posted notice within the Inmate Orientation Handbook. The LCCC maintains sufficient stocks of Inmate Orientation Handbooks, which contain PREA informational papers, in both English and Spanish. The LCCC routinely shows the PREA informational video in English, as well as Spanish, the most spoken language inside of LCCC other than English. The PREA informational video, as well as other PREA resources, are also continuously available to residents, via their tablets, in both English and Spanish. To help accommodate inmates with other disabilities, the PREA video contains closed captioning and American Sign Language (ASL) interpretation. Lastly, it should be noted that at no time within the audit time frame, has LCCC used resident interpreters to help agency staff communicate with other residents regarding security sensitive information. Rather, when needed, staff commonly use staff interpreters or a language assistance phone line for communication with residents who have limited English proficiency. As well, American Sign Language interpretations can be used for those residents with hearing impairments. Finally, in significant excess of the standards, the LCCC has negotiated a MOU with a civil rights law firm to provide disability services, via its legal services to prisoners program, to assist those residents in need of additional accommodations. Accordingly, the agency, and by extension, the LCCC, has exceeded in the requirements of this standard.

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

Documents:

- ODOC, OP-030601, Oklahoma Prison Rape Elimination Act, 12-1-21
- ODOC, OP-110235, Hiring and Promotional Procedures, 6-22-22
- ODOC, OP-110210, Background Investigations and Post Conditional Offer of Employment Testing, 11-1-21
- LCCC Oklahoma PREA, LCCC-030601-01, 4-14-24
- LCCC PREA Coordinated Response Plan, 4-14-24
- LCCC NCIC Background Checks, 2023-2024

Interviews:

- Administrative (Human Resources) Staff
- Agency PREA Coordinator
- LCCC Facility Administrator
- LCCC PREA Compliance Manager

Site Review Observations:

- Review of additional employee/contractor files onsite for required PREA/ criminal background documentation.
- Review of LCCC employee PREA training tracking spreadsheet

Standard Subsections:

(A) The LCCC has developed an agency-wide policy (110235) that prohibits the hiring or promotion of employees and contracted workers who have engaged in

sexual abuse, been convicted of engaging or attempting to engage in a sexual activity with residents, or have been civilly or administratively adjudicated to have engaged in a sexual activity with residents while in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. The agency also has policies (110235, 030601) that stipulate prior to all hiring and promotional decisions of employees and contract workers, any incidents of sexual harassment will be considered. Prior to hiring any new employee or contract worker at the facility level, LCCC Human Resource staff ensure that criminal background checks have been conducted on the prospective employee. As well, as required by policy, and confirmed via interview with LCCC Human Resource staff, prior to employment, agency staff ensure that all previous institutions of employment are contacted to determine if candidates have any previously substantiated claims of sexual abuse or resigned during a pending investigation of such claims. Conversely, policy also requires that the LCCC cooperates with other correctional and law enforcement agencies to ensure that accurate information regarding PREA related employment laws are effectively shared between agencies.

(B) ODOC policy (110235) requires that “the appointing authority will consider any incidents of sexual harassment in determining whether to hire or promote any applicant/employee.” Likewise, in speaking with the LCCC Human Resource representative, agency policy requires Human Resource staff to also verify contractor employment history.

(C) Before hiring or promoting employees, policy (110210) requires the agency to perform criminal background checks. Policy (110210) also requires the agency to conduct checks with prior employers for any applicant previously employed by a correctional facility. Within the audit time frame, LCCC has hired four (4) persons who may have contact with residents. Per LCCC Human Resource staff, all such persons received a criminal records background check prior to starting their employment.

(D) Agency policy (110210) requires that prior to enlisting the services of any contractors who may have contact with residents, the agency performs criminal background records checks on said contractors. Per the LCCC Human Resource staff, said background checks are performed prior to the start of contractor service. An examination of LCCC’s current contractor background spreadsheet reflects that all persons contracted with the LCCC received an initial background check, as well as, where applicable, required subsequent checks within the required time frame.

(E) Once employed, agency policy (110210) requires that criminal background checks are conducted every five years to ensure that said persons have not been

found to have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. In excess of the standards, the ODOC utilizes Live Scan to ensure the fingerprints of all employees are submitted to the Oklahoma State Bureau of Investigation. Agency administration is subsequently notified when any employee having negative contact with law enforcement officials is arrested for any reason, to include sexual abuse or sexual harassment. This notification process occurs as an automated function of arrest. As well, employees have an affirmative duty to report any contact they may have had with other law enforcement agencies and to report any sexual misconduct they may have been found guilty of at any other institution (110210). Furthermore, employees are made aware that failing to provide this information, or providing false information regarding sexual misconduct, is grounds for employee discipline, to include termination of employment (110210). A review of LCCC's current employee background spreadsheet reflects that all persons working at the LCCC have received their initial criminal background check, as well as, where applicable, required subsequent checks within the required time frame. Within the audit time frame, the LCCC has engaged fifteen (15) contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents:

(F) As required by policy (110210), all applicants, as well as current employees, who may have contact with residents are directly asked to disclose any previous sexual misconduct that may have occurred in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. Additionally, the ODOC does impose a continuing affirmative duty on all employees to disclose any misconduct found within Section A of this standard (110210). Review of documentation specific to LCCC confirms the facility's adherence to said policies.

(G) Agency policy (110210) expressly advises employees that material omissions or providing false information regarding the aforementioned misconduct is grounds for termination. Facility adherence to said policy was confirmed by LCCC Human Resource staff.

(H) Agency policy (110210) allows that unless prohibited by law, the LCCC shall 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. Facility adherence to said policy was confirmed by LCCC Human Resource staff.

Reasoning & Findings Statement:

	<p>This standard requires the agency to consider the sexual safety of residents in all hiring and promotion decisions within the agency. The agency has numerous policies in place to ensure that end. As well, the LCCC Human Resource Department has developed standardized tracking methods to ensure timely reviews, and subsequent reviews, of applicants and continuing employees\contractors are conducted as required. Review of employee and contractor training files reflect that the LCCC Human Resource Department complies with agency policy. Also, in excess of the standards, the ODOC utilizes Live Scan to ensure the fingerprints of all employees are submitted to the Oklahoma Statue Bureau of Investigation. Agency administration is subsequently notified when any employee having negative contact with law enforcement officials is arrested for any reason, to include sexual abuse or sexual harassment. This notification process occurs as an automated function of arrest. As well, employees have an affirmative duty to report any contact they may have had with other law enforcement agencies and to report any sexual misconduct they may have been found guilty of at any other institution. As such, the LCCC clearly exceeds the requirements of this standard.</p>
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115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> • ODOC, OP-030601, Oklahoma Prison Rape Elimination Act, 12-1-21 • LCCC Oklahoma PREA, LCCC-030601-01, 4-14-24 • LCCC PREA Coordinated Response Plan, 4-14-24 <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Head • Agency PREA Coordinator • LCCC Facility Administrator • LCCC PREA Compliance Manager

Site Review Observations:

- Observed video monitoring technologies present within the facility.
- Reviewed live video surveillance across the facility.

Standard Subsections:

(A) Per the LCCC Administrator, the LCCC has not acquired a new facility, but it has made a substantial expansion or modification to the existing facility since the last PREA audit. Specifically, the institution added one modular building for education/program activities. Per the facility administrator, prior to this addition, the agency did consider the effect of the modification upon the facility's ability to protect residents from sexual abuse.

(B) The LCCC has not updated the video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.

Reasoning & Findings Statement:

Within the audit time frame, LCCC has made a substantial modification of the existing facility. Specifically, the institution added one modular building for education/program activities. Per the facility administrator, prior to this addition, the agency did consider the effect of the modification upon the facility's ability to protect residents from sexual abuse. As a function of its annual staffing review, the LCCC does consider, among other factors, generally accepted correctional practices and the use of video monitoring technologies. The LCCC has not updated the video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit. Currently, the LCCC has numerous cameras that provide sufficient coverage throughout the institution. In all staffing decisions, as well as decisions involving the use of video monitoring technology, the LCCC has certainly sought to maximize the facility's ability to protect residents from sexual abuse. As such, the agency, and by extension the LCCC, has met all provisions within this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

- ODOC, OP-030601, Oklahoma Prison Rape Elimination Act, 12-1-21
- ODOC, OP-040117, Investigations, 9-12-22
- ODOC, OP-140118, Emergency Medical Response, 3-10-22
- LCCC Oklahoma PREA, LCCC-030601-01, 4-14-24
- LCCC PREA Coordinated Response Plan, 4-14-24
- LCCC NIC, PREA: Investigating Sexual Abuse in a Confinement Setting, 10-26-24
- LCCC MOU with Southwestern Medical Center, 1-2-24
- LCCC MOU with The Help Advocacy Center of Southwest Oklahoma (SANE Center), 1-2-24
- LCCC Inmate Orientation Handbook, English, 1-1-24
- LCCC Inmate Orientation Handbook, Spanish, 12-12-23
- LCCC PREA Reporting and Advocacy Phamplet, English
- LCCC PREA Reporting and Advocacy Phamplet, Spanish
- LCCC New Directions Informational Poster, English
- LCCC New Directions Information Poster, Spanish

Interviews:

- Agency PREA Coordinator
- LCCC Facility Administrator
- LCCC PREA Compliance Manager
- Investigative Staff
- Random Staff

- Medical Staff
- Mental Health Staff
- SAFE and/or SANE Personnel of Southwestern Medical Center
- Community-Based Victim Advocacy Staff
- Residents Who Reported Sexual Abuse

Site Review Observations:

- Observed Medical Department and privacy screens/limitations.
- Observed interview rooms and protocol for confidential interviews.

Standard Subsections:

(A) Agency policies (030601, 040117, 140118) mandate that LCCC investigative staff follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

(B) As the LCCC does not house youth, it is not necessary to utilize a developmentally appropriate youth protocol. However, per the LCCC PCM, the agency is still required to utilize the U.S. Department of Justice's Office on Violence Against Women protocol; namely, A National Protocol for Sexual Assault Medical Forensic Examination, Adults/Adolescents as the evidence collection protocol manual.

(C) In accordance with agency protocol, the LCCC does ensure that all residents are given access to forensic medical examinations without cost (140118). These exams are performed at an outside facility by qualified SAFE/SANE nursing staff. As SAFE/SANE staff are either on duty or on call 24 hours a day, seven days a week, the examination will always be performed by a qualified medical practitioner. The facility utilizes Southwestern Medical Center for forensic exams. Within the audit time frame, the LCCC has not needed to facilitate any (0) such exams.

(D) Policy (030601) allows for the use of advocates as available from the local rape crisis center. The agency does provide victims of sexual assault with victim advocates from New Directions, a local rape crisis center. Persons from this center are continuously available for support as needed.

(E) In accordance with policy (030601, 040117, 140118), and as requested by the victim, the rape crisis advocates may remain with the resident through the forensic medical examination process. Furthermore, policy (030601) allows that, "with the alleged victim's consent, the case manager and/or the approved rape advocate, may sit in on OIG interviews." As requested, this person may provide emotional support, crisis intervention, information, and referrals.

(F) Agency policy (030601, 040117) allows that the investigation of allegations of sexual abuse and sexual harassment may be conducted by properly trained staff. In conducting these investigations, agency investigators must adhere to the requirements noted above.

(G) The auditor is not required to audit this provision.

(H) Only qualified staff members or qualified community-based staff may serve as rape crisis advocates. All such agency staff servicing in that role have been appropriately screened and trained for that purpose. Through a memorandum of understanding with the local rape crisis center, New Directions, as well as through the use of its own trained staff, the agency has ensured that all persons who have contact with LCCC residents have been appropriately screened and trained, along with having received education concerning sexual assault and forensic examination issues in general.

Reasoning & Findings Statement:

This standard concerns evidence protocol and forensic medical examinations. The LCCC has policies in place to ensure proper accountability during evidence collection and the forensic exam process. During the audit time frame, the LCCC has not been required to initiate the evidence protocol and forensic medical examination process. Nonetheless, as evidenced during the interview process, facility staff are very much aware of the policies and have standard practices in place to ensure the proper flow of the evidence collection process. As well, a MOU is in force between the LCCC and the New Directions, to ensure that residents are afforded access to a

	<p>local victim's advocate during and following the forensic exam process. As such, the LCCC has met the requirements of this standard.</p>
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115.222	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents:</p> <ul style="list-style-type: none"> • ODOC, OP-030601, Oklahoma Prison Rape Elimination Act, 12-1-21 • ODOC, OP-040117, Investigations, 9-12-22 • ODOC, OP-140118, Emergency Medical Response, 3-10-22 • LCCC Oklahoma PREA, LCCC-030601-01, 4-14-24 • LCCC PREA Coordinated Response Plan, 4-14-24 • LCCC NIC, PREA: Investigating Sexual Abuse in a Confinement Setting, 10-26-24 • LCCC MOU with Southwestern Medical Center, 1-2-24 <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Head • Agency PREA Coordinator • LCCC Facility Administrator • LCCC PREA Compliance Manager • Investigative Staff • Medical Staff • Mental Health Staff • SAFE and/or SANE Personnel of the Southwestern Medical Center

- Community-Based Victim Advocacy Staff
- Residents Who Reported Sexual Abuse

Site Review Observations:

- Observed Medical Department and privacy screens/limitations.
- Observed resident interview rooms for security investigations.

Standard Subsections:

(A) Policy (030601) requires “an investigation is conducted and documented whenever an allegation of sexual abuse or harassment is reported.” Adherence with agency policy was confirmed by the facility investigator. Within the audit time frame, the LCCC has not received any (0) allegations of sexual abuse and sexual harassment.

(B) The LCCC refers all allegations of sexual abuse and sexual harassment to the Office of the Inspector General (OIG). As noted by policy (040117), “Oklahoma State Statute, Title 57, Prisons and Reformatories, Section 508.4 creates an Investigation unit with the Oklahoma Department of Corrections (ODOC), with established jurisdiction to investigate criminal wrongdoing and administrative violations at ODOC owned or operated facilities, private prison facility or any other facility who contracts with ODOC house offenders for the State of Oklahoma.” As confirmed by the facility investigator, allegations of sexual abuse or sexual harassment are referred for investigation by the Office of the Inspector General, unless the allegation does not involve potentially criminal behavior. The ODOC has published this policy on the agency website. All referrals to the ODOC are documented by the agency.

(C) In accordance with policy (040117), the Office of the Inspector General is an investigative unit within the Oklahoma Department of Corrections.

(D) The auditor is not required to audit this provision.

	<p>(E) The auditor is not required to audit this provision.</p> <p>Reasoning & Findings Statement:</p> <p>This standard ensures that proper referrals of allegations are made for further investigations by an agency with proper authority to conduct criminal investigations. The LCCC refers all allegations of sexual abuse and sexual harassment to the Office of the Inspector General, which has the legal authority to conduct criminal investigations, as well as administrative ones. Within the audit time frame, the LCCC has not received any (0) allegations of sexual abuse or sexual harassment. However, in interviewing LCCC investigative staff, it is clear that the LCCC investigator would refer all required investigations to the Office of the Inspector General for further processing in accordance with policy. As such, the LCCC complies in all material ways with this standard for the relevant review period.</p>
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115.231	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> • ODOC, OP-030601, Oklahoma Prison Rape Elimination Act, 12-1-21 • ODOC, OP-030601, Oklahoma Prison Rape Elimination Act, Attachment A, 12-1-12 • LCCC Oklahoma PREA, LCCC-030601-01, 4-14-24 • LCCC PREA Coordinated Response Plan, 4-14-24 • ODOC, Security Search and Seizure Standards PowerPoint Slides, 2022 • ODOC, PREA for New Employees PowerPoint Slides, 2022 • LCCC Training Attendance Roster, Search and Seizure: 9-19-23a, 9-19-23b, 9-22-23, 9-29-23, 10-24-23 • LCCC PREA Training Matrix, 2023-2024 • LCCC Training Attendance Roster, PREA: 3-6-23, 3-21-23, 4-11-23, 5-18-23,

8-22-23, 8-30-23, 9-5-23, 9-27-23, 9-28-23, 10-2-23, 2-27-24, 3-12-24, 4-2-24, 6-11-24, 6-25-24, 7-15-24, 8-14-24, 8-26-24, 9-27-24

- LCCC Staff Training Acknowledgement, PREA: 2-27-24a, 2-27-24b, 2-27-24c, 3-12-24a, 3-12-24b, 3-12-24c, 4-2-24a, 4-2-24b, 4-3-24, 5-20-24a, 5-20-24b, 6-11-24a, 6-11-24b, 6-25-24a, 6-25-24b, 7-15-24a, 7-15-24b, 7-15-24c, 8-14-24a, 8-14-24b, 8-14-24c, 8-14-24d, 8-14-24e, 8-14-24f, 8-16-24, 8-26-24a, 8-26-24b, 8-26-24c, 9-5-24a, 9-5-24b, 9-25-24, 10-25-24

- LCCC NIC, PREA: Investigating Sexual Abuse in a Confinement Setting, 10-26-24

Interviews:

- LCCC Facility Administrator
- LCCC PREA Compliance Manager
- Administrative (Human Resources) Staff
- Medical Staff
- Mental Health Staff
- Random Staff

Site Review Observations:

- Random review of employee files, as well as matched review of employee files to employees interviewed, to confirm documentation of required PREA training.

Standard Subsections:

(A) The LCCC currently has thirty-two (32) employees assigned to the facility. Policy (030601) requires all employees to be fully trained on the agency's zero-tolerance policy for sexual abuse and sexual harassment. As verified by Human Resource staff, such training is initially performed as a function of the hiring process. This PREA for New Employees training is a comprehensive analysis of federal and state laws, as well as the and PREA standards. A review of training curriculum for this class reflects the agency's zero-tolerance policy for sexual abuse and sexual

harassment, and discussion on how employees may fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. Employees are also informed that residents have a right to be free from sexual abuse and sexual harassment, to be free from retaliation for reporting said abuse and harassment, the dynamics of sexual abuse/harassment, reactions to sexual abuse/harassment, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with residents, how to comply with relevant mandatory reporting laws specific to reporting abuse to outside authorities, and how to communicate effectively and professionally with residents; including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents. During random staff interviews, all employees confirmed receipt of said training. A random review of employee files also confirmed receipt of said training for all employee files reviewed.

(B) Training curriculum reviews demonstrate that the material is appropriate for the gender of residents at the employees' facility. As well, agency policy (030601) requires that "If an employee changes work locations, the newly assigned facility/unit shall ensure that additional training is provided for such staff that may have transferred from a male facility to a female facility or from a female facility to a male facility." As noted by Human Resource staff, during the audit time frame, the LCCC has not had any (0) employees reassigned from facilities housing opposite gender residents.

(C) A review of LCCC PREA Training Matrix (2023-2024) reflects that all actively employed staff have received their initial PREA training, as well as continued training as appropriate based on agency policy (030601). Following this initial training, subsequent refresher trainings are provided to staff at mandatory time intervals; specifically, their annual In-Service Training. A review of the LCCC PREA Training Matrix (2023-2024) reflects continuing training schedules have all been maintained.

(D) All PREA training documents acknowledging an employee's understanding of the information received require an employee signature.

Reasoning & Findings Statement:

This standard relates to employee training. The agency has clearly established training expectations and well-developed training curriculums. LCCC maintains compliance with those imperatives with 100% of its staff having received required

	<p>PREA training to date. All PREA training acknowledgments require employee signatures. During staff interviews, all employees affirmed their having received significant amounts of training as related to the PREA standards. When asked the series of questions noted within Subsection A of this standard, all staff knew and understood their responsibilities within the agency's zero-tolerance policy. As such, LCCC has clearly met the requirements of this provision. The ODOC, and by extension, the LCCC, has further exceeded the provisions of this standard by mandating all staff must receive initial PREA training prior to working with residents and refresher trainings on a yearly basis.</p>
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115.232	Volunteer and contractor training
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents:</p> <ul style="list-style-type: none"> • ODOC, OP-030601, Oklahoma Prison Rape Elimination Act, 12-1-21 • ODOC PREA Training for OK Department of Corrections Contractors PowerPoint Slides, 08/2013 • LCCC Oklahoma PREA, LCCC-030601-01, 4-14-24 • LCCC PREA Coordinated Response Plan, 4-14-24 • LCCC Training Attendance Roster, PREA: 6-14-23, 6-21-23, 9-8-23, 12-7-23, 1-29-24, 1-30-24, 2-20-24, 3-25-24, 6-18-24, 8-12-24 • LCCC Oklahoma PREA Volunteer/Contractor Training Acknowledgement: 6-14-23a, 6-14-23b, 6-14-23c, 6-14-23d, 6-14-23e, 6-14-23f, 6-14-23g, 6-14-23h, 6-14-23i, 1-29-24a, 1-29-24b, 1-29-24c, 1-29-24d, 1-30-24a, 1-30-24b, 2-20-24a, 2-20-24b, 3-25-24a, 3-25-24b, 3-25-24c, 6-18-24a, 6-18-24b, 6-18-24c, 6-18-24d, 6-18-24e, 6-18-24f, 6-18-24g, 6-18-24h, 6-18-24i, 6-18-24j, 6-18-24k, 6-18-24l, 6-18-24m, 6-18-24n, 6-18-24o, 6-18-24p, 6-18-24q, 6-18-24r, 6-18-24s, 6-18-24t, 6-18-24u, 6-18-24v, 6-18-24w, 6-18-24x, 6-18-24y, 6-18-24z, 6-18-24aa, 6-18-24bb, 6-18-24cc, 6-18-24dd, 6-18-24ee, 6-18-24ff, 6-18-24gg, 6-18-24hh, 6-18-24ii, 6-18-24jj, 6-18-24kk, 6-18-24ll, 6-18-24mm, 6-18-24nn, 6-18-24oo, 6-18-24pp, 6-18-24qq, 6-18-24rr, 6-18-24ss, 6-18-24tt, 6-18-24uu, 6-18-24vv, 8-12-24a, 8-12-24b, 8-12-24c, 8-12-24d • Documentation of Volunteer Training, OP-090211, Attachment C: 10-19-21a, 10-19-21b, 2-17-23, 3-11-23a, 3-11-23b, 6-17-23a, 6-17-23b, 6-17-23c, 8-7-23, 8-17-23, 9-14-23, 9-23-23, 9-25-23, 9-26-23, 10-18-23, 10-25-23, 10-26-23a, 10-26-23b, 11-9-23, 11-13-23, 11-18-23, 10-12-24a, 10-12-24b, 10-15-24a,

10-15-24b, 10-15-24c, 10-15-24d, 10-22-24a, 10-22-24b, 10-29-24, 10-30-24

Interviews:

- LCCC Facility Administrator
- LCCC PREA Compliance Manager
- Administrative (Human Resources) Staff
- Medical Staff
- Mental Health Staff
- Contractors Who May Have Contact with Residents
- Volunteers Who May Have Contact with Residents

Site Review Observations:

- Review of volunteer and contractor worker standard of conduct training forms.

Standard Subsections:

(A) Policy (030601) requires that "Volunteers who have inmate contact will receive PREA training as part of (their) initial orientation and then every other year thereafter." As well, "contract staff whose primary duties include teaching, training or supervising inmates, shall receive training on the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents." That said, however, per the PREA Coordinator, it was noted that contractor staff receive annual PREA training similar to correctional employees. At the time of the audit, the LCCC had thirty-three (33) volunteers and contract workers present in the facility within the audit time frame who could have had contact with residents. As affirmed by the LCCC PREA Compliance Manager, 100% of those persons have received appropriate PREA training, dependent on their level of contact with residents, prior to their entrance into the facility. Volunteer and contractor files were randomly reviewed onsite for receipt of required training documentation. Additionally, when interviewed, both contractors and volunteers confirmed their initial receipt of PREA training, as well as subsequent annual trainings as required.

(B) As affirmed by the LCCC PREA Compliance Manager, all volunteers and contract workers have received PREA training appropriate for their role on the facility. When interviewed, both volunteers and contract workers all stated that they had been made aware of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment. They further stated that if the need arose, they could report an incident of sexual abuse or sexual harassment to their supervisor or a security staff member. Volunteer and contractor files were randomly reviewed onsite for receipt of required training documentation.

(C) Volunteers and contractors are required to receive PREA training prior to working/volunteering within the facility. After receipt of training, contractors and volunteers sign an acknowledgement form indicating the date of the training and that they understood the training that they had received. The facility then maintains a copy of all training files belonging to both volunteers and contractors. When asked, volunteers and contract workers all confirmed that they had received PREA training prior to their actual start date with the agency. Volunteer and contractor files were randomly reviewed onsite for receipt of required training documentation.

Reasoning & Findings Statement:

The agency requires all volunteers and contractors to receive formal training on the agency's zero-tolerance policy for sexual abuse and sexual harassment. In this, volunteers and contractors must be provided sufficient notice of the agency's zero-tolerance policy of sexual abuse and sexual harassment. As well, said persons must be informed of how to report any knowledge they may have regarding such abuse. Lastly, the standard requires that the agency maintain appropriate training records to verify that volunteers and contractors understood the training that they had received. In excess of the PREA Standards, agency policy requires that all volunteers receive PREA refresher training every other year. Agency documentation also reflects that contractors receive PREA refresher training annually. As with employee training, the LCCC has ensured both volunteers and contractors conducting business on the facility have received initial and subsequent PREA trainings, as well as maintained documentation of those trainings in accordance to the agency's training schedules. In speaking with volunteer and contracted personnel, all persons stated that they have received both initial and subsequent annual PREA training. They further noted their understanding of the nature of the PREA, along with their own roles within it. Lastly, all contractors and volunteers interviewed were also able to articulate their responsibilities within the zero-tolerance policy specific to reporting acts of sexual abuse and sexual harassment. As such, LCCC has exceeded the requirements of this standard.

115.233

Resident education

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

Documents:

- ODOC, OP-030601, Oklahoma Prison Rape Elimination Act, 12-1-21
- ODOC Inmate Orientation Handbook, English
- ODOC Inmate Orientation Handbook, Spanish
- LCCC Oklahoma PREA, LCCC-030601-01, 4-14-24
- LCCC PREA Coordinated Response Plan, 4-14-24
- LCCC Inmate Orientation Handbook, English, 1-1-24
- LCCC Inmate Orientation Handbook, Spanish, 12-12-23
- LCCC PREA Reporting and Advocacy Phamplet, English
- LCCC PREA Reporting and Advocacy Phamplet, Spanish
- LCCC New Directions Informational Poster, English
- LCCC New Directions Information Poster, Spanish
- LCCC Victim Services Posting, English
- LCCC Victim Services Posting, Spanish
- LCCC PREA Poster for Employees, English
- LCCC PREA Poster for Employees, Spanish
- LCCC PREA Poster for Visitors, English
- LCCC PREA Poster for Visitors, Spanish
- LCCC PREA Poster for Inmates, Speak Up, English
- LCCC PREA Poster for Inmates, Speak Up, Spanish
- LCCC PREA Poster for Inmates, Zero Tolerance, English
- LCCC PREA Poster for Inmates, Zero Tolerance, Spanish
- LCCC PREA Poster for Inmates, Break the Silence, English

- LCCC PREA Poster for Inmates, Break the Silence, Spanish
- LCCC Initial Orientation Verification Form: 1-10-24, 5-9-24, 7-2-24, 7-16-24, 7-18-24, 7-24-24a, 7-24-24b, 7-24-24c, 7-25-24, 7-26-24, 7-31-24a, 7-31-24b, 7-31-24c, 8-6-24, 8-13-24, 8-13-24, 8-28-24, 9-3-24, 9-6-24a, 9-6-24b, 9-11-24a, 9-11-24b, 9-20-24, 9-24-24, 9-25-24a, 7-25-24b, 9-25-24c, 9-25-24d, 9-27-24, 10-15-24
- LCCC Oklahoma PREA Zero Tolerance Acknowledgements for Inmates: 1-10-24, 5-8-24, 7-2-24, 7-16-24, 7-18-24, 7-23-24a, 7-24-24b, 7-24-24c, 7-25-24, 7-26-24, 7-31-24a, 7-31-24b, 7-31-24c, 8-6-24, 8-13-24, 8-9-24, 8-28-24, 9-4-24, 9-5-24a, 9-6-24b, 9-10-24a, 9-11-24b, 9-20-24, 9-24-24, 9-25-24a, 7-25-24b, 9-25-24c, 9-25-24d, 9-27-24, 10-15-24

Interviews:

- Agency PREA Coordinator
- LCCC PREA Compliance Manager
- Intake Staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness
- Random Residents

Site Review Observations:

- Observed the resident reception area.
- Observed PREA Risk Screening process.
- Observed PREA informational postings in resident Housing, Education, Library, Law Library, and other areas of high traffic.
- Observed a variety of PREA related materials and information available for resident use within the facility libraries and on facility-based resident computer terminals.
- Observed Resident PREA training video.
- Observed resident demonstrating retrieval and use of PREA information on inmate's tablet.
- Reviewed resident files for documentation of PREA training.

Standard Subsections:

(a) Policy (030601) requires that upon receipt into the facility, “every inmate will receive a written copy of the agency’s orientation material in formats or through methods to ensure effective communication. Inmates whose primary language is not English will normally be provided a copy or translation of the orientation material in their own language.” Residents will also be informed of reporting mechanisms to expose incidents or suspicions of sexual abuse and harassment. Residents will also be made aware of their right to be free from retaliation for reporting incidents of sexual abuse and sexual harassment. Within the audit time frame, the LCCC has received 200 residents during the Intake process. Per the PREA Compliance Manager, 100% of those residents were provided initial PREA information.

(b) Per agency policy (030601), “community centers shall provide refresher information to transferred inmates.” As noted by Intake staff, residents are immediately provided this PREA refresher information upon their arrival to the facility. In excess of the standards, every resident transferring into LCCC, regardless of how long the resident has been incarcerated the ODOC or at another transfer facility, will participate in facility orientation, including a comprehensive component on sexual abuse and sexual harassment prevention and response training. This comprehensive training detailing the key points of the PREA process is provided within seven (7) days of intake. Within the audit time frame, the LCCC has received 200 new residents, with 27 of those residents being transferred from different community confinement facilities. Of these, 100% were provided both the refresher PREA information, as well as a more comprehensive explanation of the PREA process.

(c) All PREA information is provided in several alternative formats to ensure residents with disabilities, to include those with limited English proficiency, have equal opportunity to receive, understand, and utilize the PREA process as necessary to promote the sexual safety of all residents assigned to the ODOC, and more specifically, the LCCC. PREA information and informational posters are provided in both English and Spanish, the two most common languages spoken within the LCCC. Translation services are available for residents who don’t speak English. The PREA video is available in two languages: English and Spanish. The PREA video also contains closed captioning and an ASL interpretation service. Not only is this video shown to all residents during their Intake/Orientation process, but for residents requiring more time to comprehend information, the video is also continuously available for inmate review via their personal tablets. Finally, in significant excess of the standards, the ODOC has negotiated a MOU with a civil rights law firm to

provide disability services, via its legal services to prisoners program, to assist those residents in need of additional accommodations.

(d) In accordance with policy (030601), and as confirmed by Intake Staff, at Intake, residents are provided with a brief PREA overview. Within seven (7) days of Intake, residents are then provided with a more comprehensive facility orientation, to include PREA training. The information received is documented on the Initial Orientation Verification Form, which is then acknowledged by signature by both the resident receiving training and the staff member providing it. The agency maintains this documentation to reflect that all residents have been made aware of their rights under the PREA program. During resident interviews, none (0) of the 20 residents provided the opportunity to interview stated that they had not received, or did not remember receiving, PREA training. Files were reviewed for all residents interviewed. At that time, it was noted that twenty (20) residents had, in fact, received PREA training, as well as signed documentation acknowledging this training.

(e) In addition to receiving information on the agency PREA policy during facility intake, residents assigned to the LCCC also have key information from the agency/ facility PREA program continuously available to them via posters, handbooks, and other written formats. Specifically, residents are provided personal copies of the ODOC Inmate Orientation Handbook (available in English and Spanish) upon receipt into the ODOC system, they are also given a unit specific orientation handbook at Intake of their assigned institution. In this case, Intake staff noted that all inmates are given a copy of the LCCC Inmate Orientation Handbook, in either English or Spanish, upon receipt into the facility. This material, as well as a wealth of other PREA related information, to include the PREA video, is continuously available within the facility's Law Library. It is also continuously available via each resident's tablet. Throughout the facility, as well as posted near all resident phones, PREA informational posters are displayed in both English and Spanish. There are posters give both a PREA reporting hotline number, as well as the name and contact information for a local Rape Crisis Center that provides sexual abuse recovery support services to all requesting residents.

Reasoning & Findings Statement:

This standard works to ensure that residents are cognizant of the agency's zero-tolerance policy toward sexual abuse and sexual harassment, as well as have subsequent access to, and can effectively utilize, the PREA reporting mechanism. The facility has met this standard by providing all residents with PREA specific information, or refresher information, upon their assignment to the facility. The facility has exceeded in this standard by also providing comprehensive PREA

education to all residents within seven (7) days of their facility assignments. Comprehensive PREA information, to include the PREA video, is continuously available to all residents via their tablets. In addition, all residents are also provided outside support services to assist them in their understanding of the PREA process. In speaking with residents assigned to the LCCC, all residents stated that they were aware of PREA and its purpose within the facility. While residents were collectively aware of the policy and their rights to varying degrees, all residents interviewed were specifically aware of at least one, but generally more, methods by which they could report allegations of sexual abuse or sexual harassment. Accordingly, the LCCC has exceeded the requirements of this standard.

115.234	Specialized training: Investigations
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> · ODOC, OP-030601, Oklahoma Prison Rape Elimination Act, 12-1-21 · ODOC, Security Search and Seizure Standards PowerPoint Slides, 2022 · ODOC, PREA for New Employees PowerPoint Slides, 2022 · ODOC, Specialized Investigator Training Memo, 3-20-24 · ODOC, NIC, PREA: Investigating Sexual Abuse in a Confinement Setting: 6-15-20, 3-10-22, 6-27-22, 6-15-23, 8-29-23, 10-24-23, 3-4-24, 3-18-24 · Department of Justice, National Institute of Corrections (NIC), Investigating Sexual Abuse in Confinement Setting PowerPoint Slides · LCCC Oklahoma PREA, LCCC-030601-01, 4-14-24 · LCCC PREA Coordinated Response Plan, 4-14-24 · LCCC PREA Training Matrix, 2023-2024 · LCCC NIC, PREA: Investigating Sexual Abuse in a Confinement Setting, 10-26-24 <p>Interviews:</p>

- Agency PREA Coordinator
- LCCC Facility Administrator
- LCCC PREA Compliance Manager
- Administrative (Human Resources) Staff
- LCCC Investigative Staff

Site Review Observations:

- Observed investigative training certifications.
- Reviewed agency training records documenting investigative training curriculums.

Standard Subsections:

(A) Per policy (030601), "specialized training is provided for employees who may respond, as part of their job duties, to reported incidents of sexual assault." This training is provided in excess of the generalized sexual abuse and sexual harassment training provided to other staff. Among other classes, investigators participate in training which shall include, but not limited to, conducting investigations in confinement settings. In interviewing LCCC investigative staff, said staff confirmed participation in numerous related courses. Additionally, training curriculums and employee training certifications provided additional documentation to support facility compliance.

(B) Per policy (030601), all investigators must receive specialized training in excess of the generalized sexual abuse and sexual harassment training provided to other staff. Among other classes, investigators participate in training which shall include, but not limited to, interviewing techniques for sexual abuse victims, proper use of Garrity warnings, sexual abuse evidence collection and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. In interviewing ODOC and LCCC investigative staff, said staff confirmed participation in numerous related courses. Additionally, training curriculums and employee training certifications provided additional documentation to support facility compliance.

(C) The agency maintains documentation that agency investigators have completed the required specialized training related to sexual abuse investigations. Specifically, policy (030601) requires that “documentation of training will be retained in the employee personnel file.” A review of training certifications confirms that such documentation is maintained within agency files for all investigators currently utilized within the ODOC and the LCCC.

(D) The auditor is not required to audit this provision.

Reasoning & Findings Statement:

This standard works to ensure that persons investigating allegations of sexual abuse and sexual harassment have been sufficiently trained in related procedural and due process requirements necessary for both administrative prison hearings and for federal or state judiciary proceedings. The ODOC and LCCC investigative staff are required to attend both the agency’s general PREA training, as well as training specific to conducting investigations of sexual victimization in a confinement setting. In excess of the required trainings, ODOC investigative staff must take additional courses to educate in proper procedures relative to sexual abuse investigations, such as crime scene management, evidence collection protocol, and crisis intervention. When interviewed, ODOC investigative staff affirmed receipt of more than sufficient training necessary to confidently conduct sexual abuse investigations in a confinement setting. As such, the agency, and by extension, the LCCC exceeds the requirements of this standard.

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> • ODOC, OP-030601, Oklahoma Prison Rape Elimination Act, 12-1-21 • LCCC Oklahoma PREA, LCCC-030601-01, 4-14-24 • LCCC PREA Coordinated Response Plan, 4-14-24

- ODOC, Security Search and Seizure Standards PowerPoint Slides, 2022
- ODOC, PREA for New Employees PowerPoint Slides, 2022
- LCCC Training Attendance Roster, Search and Seizure: 9-19-23a, 9-19-23b, 9-22-23, 9-29-23, 10-24-23
- LCCC PREA Training Matrix, 2023-2024
- LCCC Training Attendance Roster, Specialized Medical PREA PP: 3-4-22, 1-25-23, 1-24-24
- LCCC PREA Specialized Training for Medical/Dental/Mental Health: 10-6-20, 9-7-21a, 9-7-21b, 3-22-22a, 3-22-22b, 1-24-23, 2-2-23, 12-18-23a, 12-18-23b, 1-24-24a, 1-24-24b
- LCCC Oklahoma PREA Staff Training Acknowledgement: 1-26-23. 2-6-23, 8-22-23
- LCCC ODOC Virtual Training Attestation: 1-24-22

Interviews:

- Agency PREA Coordinator
- LCCC Facility Administrator
- LCCC PREA Compliance Manager
- Administrative (Human Resources) Staff
- Medical Staff
- Mental Health Staff
- SAFE and/or SANE Personnel of the Southwestern Medical Center

Site Review Observations:

- Review of facility training records.

Standard Subsections:

(A) The LCCC provides medical and mental health services to residents assigned to its facility. Policy (030601) requires that in addition to the generalized training provided to all staff, “mental health and medical staff will be provided training to detect and assess signs of sexual abuse and/or predation, preserve evidence of sexual abuse, respond to sexual assault victims, and knowledge of department procedures in regard to the PREA reporting process.” There are three (3) medical and mental health care practitioners who regularly work at the LCCC, with 100% having received training on the agency’s PREA policies. Interviews with LCCC medical/mental health staff confirm that said staff have received trainings as required. A review of agency training records document staff participation in initial PREA training. In excess of the standards, medical and mental health also receive both annual general employee PREA training and annual medical/mental health specialized PREA training.

(B) In accordance agency policy and verified through interviews with LCCC medical/mental health staff, medical staff at LCCC do not conduct forensic medical examinations. Rather, as confirmed by SAFE/SANE personnel, residents are transported to a nearby public medical facility, Southwestern Medical Center, for such services.

(C) A review of training records reflects that 100% of the three (3) Medical and Mental Health employees assigned to the LCCC have received specialized training appropriate for their professional roles. The agency does maintain documentation to support this fact.

(D) As well, in accordance with their professional role, a review of training records reflects medical and mental health practitioners have also received the generalize PREA training provided to all other persons working within a correctional setting.

Reasoning & Findings Statement:

This standard works to ensure that medical and mental health staff have received specialized training for medical and mental health services provided to victims of sexual abuse and sexual harassment. The LCCC has policies in place to ensure all LCCC medical and mental health staff are furnished this training. LCCC medical and mental health administration confirmed that said staff have received all required and continuing education classes specific to their professional role as it applies to medical and mental health services administered when assisting victims of sexual abuse and sexual harassment. Also, the SAFE/SANE personnel assigned to the Southwestern Medical Center confirmed that all persons conducting forensic

	<p>medical exams are properly certified to perform said exams. Documentation of agency training verified that said staff do receive not only the generalized PREA training provided to all staff, but also specialized training specific to their medical and mental health roles within the agency. In excess of these training requirements, it is further noted that policy requires medical and mental health staff to receive both comprehensive generalized PREA training, as well as PREA training specific to their professional roles, on an annual basis. As such, the LCCC has exceeded requirements of this standard.</p>
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115.241 Screening for risk of victimization and abusiveness	
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents:</p> <ul style="list-style-type: none"> • ODOC, OP-030601, Oklahoma Prison Rape Elimination Act, 12-1-21 • ODOC, OP-030102, Inmate Housing, 9-23-22 • ODOC, OP-030102, Self Report Form, English, 05/21 • ODOC, OP-030102, Self Report Form, Spanish, 05/21 • ODOC, OP-060106, Non-Associations and Protective Measures, 3-30-22 • ODOC, OP-140114, Screening New Arrivals, 2-20-24 • ODOC, OP-140147, Determination and Management of Inmates with Gender Dysphoria, 12-21-22 • ODOC Cell Assessment Paper Form • ODOC Cell Assessment Electronic Form • ODOC, Inmates' Guide to Sexual Misconduct: How to Identify and Address Sexual Misconduct, 2021 • LCCC Oklahoma PREA, LCCC-030601-01, 4-14-24 • LCCC PREA Coordinated Response Plan, 4-14-24 • LCCC PREA Screening, Initial Assessment: 9-20-24a, 9-20-24b, 9-20-24c, 9-25-24, 10-22-24, 10-23-24a, 10-23-24b, 10-24-24a, 10-24-24b, 10-24-24c, 10-25-24, 10-28-24 • LCCC PREA Screening, Reassessment: 10-8-24, 10-9-24a, 10-9-24b,

10-11-24a, 10-11-24b, 10-16-24a, 10-16-24b, 10-16-24c, 10-17-24, 10-23-24, 10-28-24a, 10-28-24b, 10-28-24c, 10-28-24d

- LCCC Cell Assessment Form: 2-27-24, 3-5-24, 3-12-24, 3-19-24, 4-25-24, 5-8-24, 6-25-24, 7-8-24, 7-26-24, 8-9-24

Interviews:

- Agency PREA Coordinator
- LCCC Facility Administrator
- LCCC PREA Compliance Manager
- Intake Staff
- Medical Staff
- Mental Health Staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness
- Residents Who Identify as Lesbian, Gay, Bisexual, Transgender, or Intersex
- Residents Who Reported Sexual Abuse
- Limited English Proficient Residents
- Disabled Residents
- Random Residents

Site Review Observations:

- Observed PREA screening demonstration.
- Observed housing formats and locations.
- Reviewed resident files.

Standard Subsections:

(A) Policy (030102) requires that “upon arrival to the assigned facility inmates will be screened for potential vulnerabilities or tendencies of acting out with sexually aggressive behavior.” The LCCC Intake staff affirm the facility’s adherence to agency policy. Specifically, all residents received into the facility are screened for sexual victimization and/or sexually abusive risk factors on the same day that the residents are received into the facility. Mock Intake and Risk Screening Processes were observed by the auditor.

(B) Policy (030102) requires that the screenings will be completed “upon arrival to the assigned facility.” In speaking with LCCC Intake staff, the LCCC PREA Compliance Manager, and well as facility residents, it was noted that said screenings take place immediately upon each resident’s arrival to the facility. In accordance with agency policy, of the 200 residents entering the facility (either through intake or transfer) within the audit time frame, 100% were subsequently provided risk screening assessments for their risk of being sexually victimized or for being a sexual abuser the same day they entered the facility.

(C) The PREA screening assessment is conducted using objective screening instruments; namely, the Cell Assessment Form and the Self Report Form. A review of the twenty-one (21) survey questions provided to residents on the Cell Assessment Form and a review of the nine (9) survey questions on the Self Report Form do not present with either an implicit bias or leading statements. Neither the Cell Assessment Form nor the Self Report Form contains value statements, bias language, or implied negative consequences for affirmative answers to any of the questions asked. Rather, they are strictly utilitarian forms that were administered in a nonjudgmental manner during a mock screening demonstration.

(D) The Cell Assessment Form and the Self Report Form do consider, at a minimum, if the resident has a mental, physical, or developmental disability. It considers the age of the resident, the resident’s physical build, whether the resident has previously been incarcerated, whether the resident’s criminal history is exclusively nonviolent, whether the resident has prior convictions for sex offenses against an adult or child, whether the resident has previously experienced sexual victimization, the residents’ own perception of vulnerability, and whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming. Residents are explicitly asked if they are gay, lesbian, bisexual, transgender, intersex, or gender nonconforming/gender nonbinary. Residents are then asked if others perceive them as the same. The risk screener is allowed to enter his/her subjective perception of the resident’s gender expression, as well as any additional information regarding the resident’s sexual safety. It should be noted that the LCCC does not detain residents solely for immigration purposes. During resident interviews, most residents stated that they had, in fact, been asked the aforementioned questions upon their receipt into the LCCC. Of these, a significant

number of residents interviewed also affirmed that staff later asked them questions related to their sexual safety. Only one (1) resident stated that a risk assessment was never completed. Facility documentation, however, confirms that said resident did, in fact, receive both an initial and subsequent risk assessment upon receipt into the facility.

(E) In assessing residents for their risk of being sexually abusive, the Cell Assessment and Self Report Forms do consider prior acts of sexual abuse, prior convictions for violent offenses, and the history of prior institutional violence or sexual abuse. Along with observing a mock screening process, the auditor also reviewed several Cell Assessment and Self Report Forms completed within the auditing time frame. Forms were generally filled out in their entirety, with residents having generally provided relevant answers to each of the questions asked. It should further be noted that risk assessment staff confirmed that residents may refuse to answer any question on the survey or may refuse participation in the entire survey without the threat of negative consequences.

(F) Policy (030102) requires that “based upon the inmate’s risk for victimization or abusiveness, the inmate will be re-assessed as determined by the facility head, not to exceed 30 days, from the date of the last cell assessment.” Within the audit time frame, 100% of the 198 residents with a length of stay in the facility for 30 days or more, were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival to the LCCC. In speaking with LCCC risk assessment staff, their adherence to this policy was confirmed. Additionally, a review of documentation specific to said assessments confirmed both initial and subsequent assessments were provided within the required time frames.

(G) Policy (030102) allows that a resident’s risk level will be reassessed “when warranted due to a referral, request, incident of sexual abuse, or receipt of information related to the inmate risk of sexual victimization or abusiveness.” Both the LCCC PREA Compliance Manager and staff who perform screening for risk of victimization and abusiveness confirm reassessments are conducted as required. As well, in discussing reassessment processes with residents, several residents stated that they believed if they would bring concerns for their safety to the attention of security personnel, they would be subsequently interviewed by either the LCCC PREA Compliance Manager or Unit Management staff regarding these concerns. Ultimately, all of these residents believed that LCCC staff would address their needs in a timely manner. When asked, all of the residents interviewed stated that they felt their sexual safety was not at risk at LCCC.

(H) Policy (030102) expressly prohibits disciplinary sanctions against any resident

who refuses to answer or fails to provide complete and/or accurate answers to any of the questions noted on the Cell Assessment or Self Report forms. When interviewed, Intake, risk assessors, and the LCCC PREA Compliance Manager affirmed that disciplinary sanctions were not imposed against residents for refusing or failing to answer any of the questions on the PREA Assessment Form. As well, resident interviews confirmed that said population was aware of their right not to answer related questions.

(I) Policy (030601) requires that “facilities will ensure appropriate control, for dissemination of information collected through the screening process in order to ensure sensitive information is not exploited to the detriment of the inmate by staff or other inmates.” Accordingly, all PREA screenings are provided the same level of privacy as any other medical information assessment. Policy further requires, as well as reinforced by the electronic credential requirements necessary to gain access to electronically stored Cell Assessment and Self Report forms, that facility staff must restrict the spread of information obtained as a function of the assessment process to only those designated staff members with an operational need for said information in order to inform classification, housing and work assignments, programmatic and non-programmatic activities, or other relevant institutional activities. LCCC risk assessment and other operative staff associated with the assessment process affirmed the information obtained by way of said documents were considered restricted, and as such, was not distributed to unauthorized staff. Lastly, the auditor observed that completed assessment forms did require authorized credentials to access said documents within the LCCC electronic data base, as well as restricted access for physical copies of any assessment documents.

Reasoning & Findings Statement:

This standard works to ensure residents are properly screened for their risks of sexual victimization and abusiveness. Agency policy provides for an objective PREA Assessment Form, which is administered and scored at the facility level as a simple fact assessment. Residents are reassessed annually as required by policy, to include if new information is discovered by facility staff that might warrant changes in residents’ risk status. Interviews with facility screening staff, as well as with residents, confirm that the proper screening tools are being utilized at the LCCC. As well, the information gleaned from these forms is appropriately used to inform classification, housing, work, programming, and other facility-based activities. Staff charged with administering assessment forms affirm the restricted nature of the information and their adherence to the facility’s limited distribution list. As such, the LCCC has satisfied the requirements of this standard and is found to meet its expectations.

115.242	Use of screening information
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 453 376">Documents:</p> <ul data-bbox="280 483 1458 1814" style="list-style-type: none"> • ODOC, OP-030601, Oklahoma Prison Rape Elimination Act, 12-1-21 • ODOC, OP-030102, Inmate Housing, 9-23-22 • ODOC, OP-030102, Self Report Form, English, 05/21 • ODOC, OP-030102, Self Report Form, Spanish, 05/21 • ODOC, OP-060106, Non-Associations and Protective Measures, 3-30-22 • ODOC, OP-140114, Screening New Arrivals, 2-20-24 • ODOC, OP-140147, Determination and Management of Inmates with Gender Dysphoria, 12-21-22 • ODOC Cell Assessment Paper Form • ODOC Cell Assessment Electronic Form • ODOC, Inmates' Guide to Sexual Misconduct: How to Identify and Address Sexual Misconduct, 2021 • LCCC Oklahoma PREA, LCCC-030601-01, 4-14-24 • LCCC PREA Coordinated Response Plan, 4-14-24 • LCCC PREA Screening, Initial Assessment: 9-20-24a, 9-20-24b, 9-20-24c, 9-25-24, 10-22-24, 10-23-24a, 10-23-24b, 10-24-24a, 10-24-24b, 10-24-24c, 10-25-24, 10-28-24 • LCCC PREA Screening, Reassessment: 10-8-24, 10-9-24a, 10-9-24b, 10-11-24a, 10-11-24b, 10-16-24a, 10-16-24b, 10-16-24c, 10-17-24, 10-23-24, 10-28-24a, 10-28-24b, 10-28-24c, 10-28-24d • LCCC Cell Assessment Form: 2-27-24, 3-5-24, 3-12-24, 3-19-24, 4-25-24, 5-8-24, 6-25-24, 7-8-24, 7-26-24, 8-9-24 <p data-bbox="280 1921 437 1957">Interviews:</p>

- Agency PREA Coordinator
- LCCC Facility Administrator
- LCCC PREA Compliance Manager
- Intake Staff
- Medical Staff
- Mental Health Staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness
- Residents Who Identify as Lesbian, Gay, Bisexual, Transgender, or Intersex
- Residents Who Reported Sexual Abuse
- Limited English Proficient Residents
- Disabled Residents
- Random Residents

Site Review Observations:

- Observed PREA screening demonstration.
- Observed housing formats and locations.
- Reviewed resident files.

Standard Subsections:

(A) Policy (030601) requires that the agency use information from the PREA risk screening evaluation to help separate residents with a high risk of being sexually victimized from those residents with a high risk of being sexually abusive. As such, the information gleaned from the Cell Assessment Form is used to inform resident housing, bed, work, education, and program assignments. In speaking with Intake staff, as well as the LCCC PREA Compliance Manager, once a resident is deemed as a possible high risk for sexual victimization, staff will ensure that the resident at risk is not housed in a vulnerable location with respect to other residents who are assessed at a high risk to sexually abuse other residents. Facility documentation reflects this is an institutionalized process.

(B) Policy (030601) requires that “each facility shall make individualized determinations about how to best ensure the safety of each inmate.” In speaking with the PREA Coordinator and the LCCC PREA Compliance Manager, staff affirmed that the concerns for every resident are reviewed on an individual basis. In speaking with residents currently assigned to the LCCC, all residents stated that their own opinions regarding their personal safety are considered by LCCC staff when provided housing or job assignments. Residents further stated that if their concerns for their own safety changed, they believed LCCC staff would take their concerns seriously. As such, there weren’t any (0) residents who expressed any fear or concern for their sexual safety while assigned to LCCC.

(C) In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, agency policy (030601) requires that administrators consider, on a case-by-case basis, whether such a placement would ensure residents’ health and safety and whether such a placement would present management or security problems. In speaking with the PREA Coordinator and the LCCC PREA Compliance Manager, staff affirmed that the genital status of residents is not the sole determining factor in placing transgender or intersex residents in male or female facilities, or in placing said residents within specific housing or program assignments within a facility.

(D) Agency policy (030601) requires that the “placement and programming assignments for each transgender or intersex inmates shall be reassessed at least twice each year to review any threats to safety experienced by the inmate.” When interviewed, LCCC Risk Screening staff did affirm the facility’s compliance with this policy. As there aren’t any (0) transgender residents currently assigned to the LCCC, it was not possible to speak with anyone from this targeted category.

(E) Agency policy (030601) requires that upon the routine review of the placement and programming assignments of transgender or intersex residents, the transgender or intersex resident’s own view with respect to his or her own safety shall be given serious consideration. When interviewed, LCCC Risk Screening staff did affirm the facility’s compliance with this policy. As there aren’t any (0) transgender residents currently assigned to the LCCC, it was not possible to speak with anyone from this targeted category. However, during random and targeted interviews with other residents, all stated that they believed LCCC staff would consider residents’ own views with respect to their own safety.

(F) Policy (030601) allows for transgender and intersex residents to be given the

opportunity to shower separately from other residents. As there aren't any (0) transgender residents currently assigned to the LCCC, it was not possible to speak with anyone from this targeted category. However, in speaking with the PREA Coordinator and the LCCC PREA Compliance Manager, it was noted that said residents do have the opportunity to shower separately. As well, during the onsite inspect, it was further noted that all showers do contain PREA privacy screens.

(G) There aren't any correctional facilities within the LCCC subject to consent decrees, legal settlements, or legal judgments requiring any facility to be established as a dedicated facility or housing unit for lesbian, gay, bisexual, transgender, or intersex residents. As such, policy

(030601) expressly states that "the agency shall not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such 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 such inmates." In speaking with the PREA Coordinator and the LCCC PREA Compliance Manager, staff adamantly affirm that residents who identify as transgender or intersex are not placed in a facility, or within a housing assignment, based solely on their sexual or gender identity. During interviews of gay and bisexual residents, none (0) stated that they had ever been housed in a facility, or in a specific housing assignment within the LCCC, based solely on their gender identity or sexual orientation. As well, of the random staff interviewed, none (0) suggested that the LCCC houses, or would house, transgender, intersex, gay, or bisexual residents in any specific areas based solely on their gender identity or sexual orientation.

Reasoning & Findings Statement:

This standard works to ensure the adequate use of screening information to promote and protect residents who may be at high risk of being sexually victimized. The LCCC has numerous policies in place to ensure the most effective and secure use of the PREA assessment process. Residents deemed to be at high risk are routinely monitored by the LCCC PREA Compliance Manager, as well as unit staff, to ensure their sexual safety. Agency policies require staff to make individualized determinations on a case-by-case basis regarding resident safety. Interviews with the agency PREA Coordinator and the LCCC PREA Compliance Manager reflect that facility staff have discretion in managing the safety of individual residents. The LCCC PREA Compliance Manager, as well as all other LCCC staff, affirm their adherence to agency policies and also confirm that residents' own views regarding their own safety are given serious consideration specific to facility operations. When present, transgender residents are allowed to shower separately from the general population. Additionally, transgender residents are reviewed every six months specific to their placement and programming assignments. As such, agency policy

meets, and LCCC adheres to, the requirements of this standard.

115.251 Resident reporting

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

Documents:

- ODOC, OP-030601, Oklahoma Prison Rape Elimination Act, 12-1-21
- ODOC, OP-050109, Reporting Incidents, 3-29-22
- ODOC Offender Orientation Manual, Jan 2012
- ODOC Cell Assessment Paper Form
- ODOC Cell Assessment Electronic Form
- ODOC MOU with Oklahoma State Bureau of Investigation, 9-8-19
- LCCC Oklahoma PREA, LCCC-030601-01, 4-14-24
- LCCC PREA Coordinated Response Plan, 4-14-24
- LCCC Inmate Orientation Handbook, English, 1-1-24
- LCCC Inmate Orientation Handbook, Spanish, 12-12-23
- LCCC PREA Reporting and Advocacy Phamplet, English
- LCCC PREA Reporting and Advocacy Phamplet, Spanish
- LCCC New Directions Informational Poster, English
- LCCC New Directions Information Poster, Spanish
- LCCC Victim Services Posting, English
- LCCC Victim Services Posting, Spanish
- LCCC PREA Poster for Employees, English
- LCCC PREA Poster for Employees, Spanish
- LCCC PREA Poster for Visitors, English
- LCCC PREA Poster for Visitors, Spanish

- LCCC PREA Poster for Inmates, Speak Up, English
- LCCC PREA Poster for Inmates, Speak Up, Spanish
- LCCC PREA Poster for Inmates, Zero Tolerance, English
- LCCC PREA Poster for Inmates, Zero Tolerance, Spanish
- LCCC PREA Poster for Inmates, Break the Silence, English
- LCCC PREA Poster for Inmates, Break the Silence, Spanish

Interviews:

- Agency Head
- Agency PREA Coordinator
- LCCC Facility Administrator
- LCCC PREA Compliance Manager
- Random Staff
- Just Detention International
- Community-Based Victim Advocacy Staff
- Random Residents
- Residents Who Disclosed Sexual Victimization During Risk Screening
- Residents Who Reported Sexual Abuse

Site Review Observations:

- Reviewed documentation related to resident reports of sexual abuse and sexual harassment.
- Observed PREA Risk Screening assessments.
- Observed PREA Risk Screening process.
- Observed informational posters throughout the facility advising residents of various reporting mechanisms for allegations of sexual abuse and sexual harassment.

- Observed numerous PREA educational and reporting references available for resident use within the facility Law Library and tablets.
- Observed PREA informational video.
- Observed resident general visitation and legal visitation informational posters.
- Observed visitation area designated for members of an approved victim advocate service.
- Tested PREA Hotline number residents can use to engage resident reporting.

Standard Subsections:

(A) The agency provides multiple internal ways for residents to privately report sexual abuse and sexual harassment, as well as neglect or violations of staff responsibilities that may have contributed to such incidents. As noted in policy (030601), residents have “the option to report the incident to a designated staff member or any other staff. Other reporting methods include: facility/unit head, third party contacts, PREA Hotline, sick call, request to staff, anonymous, Office of Inspector General or the Oklahoma State Bureau of Investigations.” Additionally, residents may use these same methods to report any subsequent retaliatory measures experienced as a result of having reported said abuse. Upon receipt onto the facility, all residents are provided a PREA risk screening, via the Cell Assessment Form, and advised of their right to be free of sexual abuse and sexual harassment under the PREA standards. Residents are subsequently given a more comprehensive resident orientation within seven (7) days of their admittance into the facility. This orientation includes detailed training on the LCCC PREA program. This training includes information on, and contact information for, internal and external reporting agencies. Residents are also provided with an LCCC Resident Orientation Handbook, which contains contact information for internal and external reporting agencies and victim services organizations. In interviewing staff, all employees were aware of residents’ right to report allegations of sexual abuse and sexual harassment and to be free from measures of retaliation for having reported said abuse. In interviewing residents, all residents were equally aware of their right to report allegations of sexual abuse and sexual harassment and to be free from measures of retaliation for having reported said abuse. During random and targeted interviews, all residents were able to articulate at least one (1) manner by which a report could be made, with the majority of residents being able to provide multiple reporting methods.

(B) The facility also provides at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency. Namely, residents are notified that they may report said allegations to the

Oklahoma State Bureau of Investigation, which can receive and immediately forward resident reports to agency officials for their investigation. Upon a resident's request, the Oklahoma State Bureau of Investigation will allow a resident to remain anonymous. Per the agency PREA coordinator, reporting detailed reporting information is available to all residents via their institutional handbooks, as well as posted throughout the facility.

(C) Per policy (050109, 030601), staff accept all reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. All employees interviewed stated that they would act on any report of sexual abuse or sexual harassment regardless of the manner by which they became aware of that information. In doing so, staff stated that they would subsequently document all such reports via an Incident/Staff Report. All residents interviewed affirmed their right to make either verbal or written reports of sexual abuse and sexual harassment. Most residents were also aware that they could make reports of sexual abuse and sexual harassment via third party or anonymously. Lastly, all residents interviewed stated that they believed LCCC staff would take any complaint of sexual safety seriously and act accordingly to address their concerns.

(D) Per policy (050109, 030601), staff have an affirmative duty to report any knowledge, suspicion, or information they may have regarding sexual abuse, sexual harassment, or retaliation against residents or staff for having reported such abuse. Nonetheless, staff are also provided several means to privately report sexual abuse or sexual harassment; namely, by notifying the Office of Inspector General, calling the PREA Reporting Line, or by emailing the agency PREA Coordinator. When asked, all staff knew of at least one (1) way to make private or anonymous reports of sexual abuse and sexual harassment.

Reasoning & Findings Statement:

This standard works to ensure residents, staff, and outside agents have the ability to report all instances of sexual abuse and sexual harassment against residents. The agency does have multiple avenues by which residents may make formal reports, to include verbal, written, anonymous, and third-party reports. Residents are provided detailed instructions, contact persons, phone numbers, e-mail addresses, and physical addresses for correspondence where incidents or suspicions of sexual abuse, sexual harassment, and retaliation may be reported. To test the functionality of these services, the auditor utilized the weblink on the LCCC website to submit a written test complaint. In response, the auditor received responsive comments from the agency within two business days. Additionally, while residents are not encouraged to utilize rape counseling support service centers as reporting avenues, they will also serve in this capacity if explicitly requested by the resident. With this

	<p>in mind, the auditor solicited resident contact information from one rape counseling center central to the LCCC and a nationally based referral service. The referral service, Just Detention International, indicated that it did not receive any complaints of sexual abuse or sexual harassment from residents assigned to the LCCC within the reporting time frame. New Directions, a local rape counseling advocacy service, was also contacted and asked to provide relevant information specific to the LCCC PREA audit. Lastly, the auditor conducted a testing of the PREA Hotline number commonly referenced by residents. In doing this, a confirmation response was received the same business day. In interviewing correctional staff, all such persons were aware that residents could report allegations of sexual abuse and sexual harassment verbally, in writing, anonymously, and through a third party. When receiving verbal reports of sexual abuse and sexual harassment, all staff recognized the need to take immediate action to protect the resident in question and the need to document the verbal complaint as soon as possible. In speaking with residents, all persons were aware of their right to be free from sexual abuse and sexual harassment, as well as their right not to suffer retaliation for having reported such abuse. All residents understood their right to make verbal and written complaints. The majority of residents understood their right to make anonymous and third-party complaints. As such, it is evident that the LCCC has exceeded the requirements of this standard.</p>
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115.252	Exhaustion of administrative remedies
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ul style="list-style-type: none"> • ODOC, OP-030601, Oklahoma Prison Rape Elimination Act, 12-1-21 • ODOC, OP-090124, Inmate/Offender Grievance Process, 1-18-22 • LCCC Oklahoma PREA, LCCC-030601-01, 4-14-24 • LCCC PREA Coordinated Response Plan, 4-14-24 <p>Interviews:</p> <ul style="list-style-type: none"> • LCCC Facility Administrator • Operation Compliance Manager

- Investigative Staff

- Random Residents

Site Review Observations:

- Reviewed complaint submission process.

Standard Subsections:

(A) The LCCC does have administrative procedures (090124) to address resident grievances regarding sexual abuse or sexual harassment. In this, “grievances may be submitted directly to the reviewing authority without informal resolution process when the complaint is of a sensitive nature or when substantial risk of personal injury, sexual assault, or other irreparable harm exists.” During the audit time frame, the LCCC did not receive any (0) grievances regarding sexual abuse or sexual harassment.

(B) Policy (090124) explicitly notes that “there will be no time limit to any portion of a grievance regarding an allegation of sexual abuse.” In speaking with residents, several noted the filing of a grievance as a means to inform staff of sexual abuse or sexual harassment allegations. During the audit time frame, the LCCC did not receive any (0) grievances regarding sexual abuse or sexual harassment.

(C) Policy (090124) indicates that “grievances may be submitted directly to the reviewing authority without informal resolution process when the complaint is of a sensitive nature or when substantial risk of personal injury, sexual assault, or other irreparable harms exists.” In speaking with residents, several noted the filing of a grievance as a means to inform staff of sexual abuse or sexual harassment allegations. During the audit time frame, the LCCC did not receive any (0) grievances regarding sexual abuse or sexual harassment.

(D) Policy (090124) requires that “upon receipt of a grievance marked ‘emergency’ or ‘sensitive,’ the reviewing authority will have 24 hours to determine if it is a fact an emergency or sensitive grievance. If so, an expedited review will be conducted and a response provided to the inmate/offender within 48 hours of receipt, excluding weekends and holidays.” In speaking with residents, several noted the

filing of a grievance as a means to inform staff of sexual abuse or sexual harassment allegations. During the audit time frame, the LCCC did not receive any (0) grievances regarding sexual abuse or sexual harassment.

(E) Policy (090124) allows “third parties, including fellow inmates/offenders, staff members, family members, attorneys, and outside advocates will be permitted to assist inmate/offenders in filing requests for administrative remedies relating to allegations of sexual abuse and will also be permitted to file such requests on behalf of inmates/offenders.” It is further noted that “if the inmate/offender declines to have the request processed on their behalf, the agency will document the inmate’s offender’s decision.” In speaking with residents, several noted the filing of a grievance as a means to inform staff of sexual abuse or sexual harassment allegations. During the audit time frame, the LCCC did not receive any (0) grievances regarding sexual abuse or sexual harassment.

(F) Policy (090124) advised inmates that “grievances may be submitted directly to the reviewing authority without informal resolution process when the complaint is of a sensitive nature or when substantial risk of personal injury, sexual assault, or other irreparable harm exists.” Additionally, “upon receipt of a grievance marked ‘emergency’ or ‘sensitive,’ the reviewing authority will have 24 hours to determine if it is a fact an emergency or sensitive grievance. If so, an expedited review will be conducted and a response provided to the inmate/offender within 48 hours of receipt, excluding weekends and holidays.” In speaking with residents, several noted the filing of a grievance as a means to inform staff of sexual abuse or sexual harassment allegations. During the audit time frame, the LCCC did not receive any (0) grievances regarding sexual abuse or sexual harassment.

(G) Policy (090124) provides that “when the appropriate reviewing authority determines that a grievance is not of an emergency or sensitive nature, the inmate/offender will be provided written notification that the grievance is not of an emergency or sensitive nature and that the standard grievance process must be followed. In speaking with residents, several noted the filing of a grievance as a means to inform staff of sexual abuse or sexual harassment allegations. During the audit time frame, the LCCC did not receive any (0) grievances regarding sexual abuse or sexual harassment.

Reasoning & Findings Statement:

This standard works to ensure resident access to courts by way of exhausting administrative remedies specific to allegations of sexual abuse and sexual

	<p>harassment. Policy does permit residents to submit grievances alleging sexual abuse and sexual harassment. The agency investigates all such allegations. In this, the reviewing authority, in coordination with unit administration, then processes the allegations as a formal sexual abuse or sexual harassment complaint.</p> <p>Documentation supporting the submission of grievance process was reviewed to confirm LCCC staff would investigate and respond to such grievances in a timely fashion. In speaking with residents, several noted the filing of a grievance as a means to inform staff of sexual abuse or sexual harassment allegations. During the audit time frame, the LCCC did not receive any (0) grievances regarding sexual abuse or sexual harassment. Nonetheless, as the proper submission of a resident complaint alleging sexual abuse and sexual harassment constitutes exhaustion of administrative remedies, the LCCC meets the provisions of this standard.</p>
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115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> • ODOC, OP-030601, Oklahoma Prison Rape Elimination Act, 12-1-21 • ODOC, OP-030119, Inmate Telephone Privileges, 10-11-22 • LCCC Oklahoma PREA, LCCC-030601-01, 4-14-24 • LCCC PREA Coordinated Response Plan, 4-14-24 • LCCC MOU with Southwestern Medical Center, 1-2-24 • LCCC MOU with The Help Advocacy Center of Southwest Oklahoma (SANE Center), 1-2-24 • LCCC PREA Reporting and Advocacy Phamplet, English • LCCC PREA Reporting and Advocacy Phamplet, Spanish • LCCC New Directions Informational Poster, English • LCCC New Directions Information Poster, Spanish • LCCC Inmate Orientation Handbook, English, 1-1-24 • LCCC Inmate Orientation Handbook, Spanish, 12-12-23 • LCCC Victim Services Posting, English

- LCCC Victim Services Posting, Spanish
- LCCC PREA Poster for Employees, English
- LCCC PREA Poster for Employees, Spanish
- LCCC PREA Poster for Visitors, English
- LCCC PREA Poster for Visitors, Spanish
- LCCC PREA Poster for Inmates, Speak Up, English
- LCCC PREA Poster for Inmates, Speak Up, Spanish
- LCCC PREA Poster for Inmates, Zero Tolerance, English
- LCCC PREA Poster for Inmates, Zero Tolerance, Spanish
- LCCC PREA Poster for Inmates, Break the Silence, English
- LCCC PREA Poster for Inmates, Break the Silence, Spanish

Interviews:

- Agency PREA Coordinator
- LCCC Facility Administrator
- LCCC PREA Compliance Manager
- Medical Staff
- Mental Health Staff
- SAFE and/or SANE Personnel of Southwestern Medical Center
- Mailroom Staff
- Random Staff
- LCCC Website Third Party Reporting Coordinator
- Just Detention International
- Community-Based Victim Advocacy Staff
- Random Residents
- Residents Who Disclosed Sexual Victimization During Risk Screening

Site Review Observations:

- Reviewed PREA Cell Assessment Form.
- Review of distributed information upon LCCC reception at Intake area.
- Observed informational posters throughout the facility advising residents, employees, and visitors of various reporting mechanisms for allegations of sexual abuse and sexual harassment.
- Observed numerous PREA educational and reporting references available for resident use within the facility Law Library and tablet.
- Observed resident general visitation and legal visitation informational posters.
- Observed visitation area designated for members of an approved victim advocate service.
- Tested PREA Hotline number residents can use for access to confidential rape crisis counseling services.

Standard Subsections:

(A) Policy (030601) requires that “the facility shall maintain or attempt to enter into a memoranda of understanding (MOU) or other agreements with community service providers who are able to provide inmates with confidential emotional support services related to sexual abuse. If an MOU/agreement is entered into, the facility will provide inmates access to the contact information for the community service provider as outlined in the MOU/agreement.” The LCCC Resident Handbook, 2024, provides contact information for reporting sexual abuse and sexual harassment. Via institutional awareness posters, residents are also provided the physical address to write for confidential emotional support services. Resident pamphlets also provide the contact information for a local rape crisis center; namely, New Directions. During resident interviews, many were aware that this information was provided to them via their Resident Handbook and all were aware this information could be found on advisement notices posted throughout the facility, to include near the phones in their housing units.

(B) Per policy (030119) residents are notified that general outgoing calls are subject to monitoring. When interviewed, most residents indicated their awareness, by way of the information provided on the sexual abuse posters or via the sexual abuse prevention video, that call made to the PREA Hotline and to rape crisis centers were

	<p>subject to monitoring.</p> <p>(C) The LCCC has negotiated a contract between itself and The Help Advocacy Center of Southwest Oklahoma, also known as New Directions, to help provide rape crisis support services as requested by residents assigned to the LCCC. The LCCC does maintain, and did supply, a facility-based contract for review.</p> <p>Reasoning & Findings Statement:</p> <p>This policy works to ensure that residents assigned to the LCCC have access to outside confidential rape crisis support services and that access is provided in the most confidential manner as possible. Residents are advised that calls to rape crisis centers are subject to monitoring. The LCCC has also secured a memorandum of understanding with a local rape crisis center, New Directions, for support services. When interviewed, all employees and residents knew that the agency provided free emotional support or mental health services to residents upon request. As well, many residents knew that they could initiate access to those services by contacting the rape crisis center using the information posted on the PREA awareness posters predominately displayed throughout the facility. As such, the LCCC has met the minimum standards of this provision.</p>
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115.254	Third party reporting
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> • ODOC, OP-030601, Oklahoma Prison Rape Elimination Act, 12-1-21 • LCCC Oklahoma PREA, LCCC-030601-01, 4-14-24 • LCCC PREA Coordinated Response Plan, 4-14-24 • LCCC PREA Reporting and Advocacy Phamplet, English • LCCC PREA Reporting and Advocacy Phamplet, Spanish • LCCC New Directions Informational Poster, English

- LCCC New Directions Information Poster, Spanish
- LCCC Inmate Orientation Handbook, English, 1-1-24
- LCCC Inmate Orientation Handbook, Spanish, 12-12-23
- LCCC Victim Services Posting, English
- LCCC Victim Services Posting, Spanish
- LCCC PREA Poster for Employees, English
- LCCC PREA Poster for Employees, Spanish
- LCCC PREA Poster for Visitors, English
- LCCC PREA Poster for Visitors, Spanish
- LCCC PREA Poster for Inmates, Speak Up, English
- LCCC PREA Poster for Inmates, Speak Up, Spanish
- LCCC PREA Poster for Inmates, Zero Tolerance, English
- LCCC PREA Poster for Inmates, Zero Tolerance, Spanish
- LCCC PREA Poster for Inmates, Break the Silence, English
- LCCC PREA Poster for Inmates, Break the Silence, Spanish

Interviews:

- Agency PREA Coordinator
- LCCC Facility Administrator
- LCCC PREA Compliance Manager
- Investigative Staff
- Random Residents
- LCCC Website Third Party Reporting Coordinator
- Just Detention International
- Community-Based Victim Advocacy Staff

Site Review Observations:

- Review ODOC website specific to PREA and third-party reporting methods
- Tested ODOC online third-party reporting system.
- Tested PREA Hotline number residents can use to engage third-party reporting.
- Observed the Resident Visitation Area informational posters.
- Observed informational postings and other publications throughout the resident housing areas.
- Observed PREA reporting information available in the Law Library and on resident tablets.

Standard Subsections:

(A) Policy (030601) allows for the use of third-party reporting on allegations of sexual abuse and sexual harassment. During the onsite review, signage throughout the facility encouraged residents to third-party report if needed. Additional literature, such as sexual abuse resource pamphlets and the LCCC Resident Orientation Handbook, also provided detailed contact information for both self-reporting and reporting on behalf of another resident. As well, public notices on PREA reporting, specifically third-party reporting, were available for review by resident family and friends via the facility's Resident Visitation Room. Additionally, public notice on third party PREA reporting is available to the general public on the agency's website. To verify the system was operational, the auditor submitted a test email to the agency's online reporting address, with responsive comments being returned within two business days. As well, the PREA Hotline used by residents was also tested for functionality and service. A response was received back from the hotline and forwarded to the agency, as well as the facility, within the same business day. Documentation review reflected that LCCC staff would accept and process third-party PREA allegations to the same extent as complaints made by affected residents. All staff interviewed confirmed that the LCCC would accept third-party reports of sexual abuse. As well, all residents interviewed believed that the facility would accept, and take seriously, any allegations of sexual abuse reported by a third party.

Reasoning & Findings Statement:

This standard works to ensure a publicly available third-party reporting mechanism exists for claims of sexual abuse and sexual harassment being inflicted upon

residents. In accordance with policy, the LCCC promotes the use of third-party reporting via informational posters and other literature spread out across the facility, to include the Resident Visitation Area. Electronic contact information is freely distributed on the agency’s website to allow the general public direct access to reporting options, either by phone, letter, or email. To ensure the functionality of the LCCC site, all electronic links were tested and found to be operating as required. To ensure the functionality of the LCCC online third-party reporting system, a test submission was successfully sent. As well, PREA informational posters and the resident PREA training video also provide residents with a plethora of agency telephone numbers, physical addresses, and electronic contact methods that can be used to make a third-party report. While residents themselves should not be able to access Internet resources, they can communicate this reference information to their family, friends, and personal advocates. Residents themselves are provided numerous state and advocacy addresses to submit third-party correspondence. As well, residents may also make a third-party party complaint via any staff member or other PREA reporting mechanisms, such as the PREA Hotline. The PREA Hotline was tested for functionality and service. When interviewed, all staff, as well as all residents, were aware that the facility would accept and investigate third-party complaints of sexual abuse and sexual harassment from resident advocates. Accordingly, the LCCC has exceeded the provisions of this standard.

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> • ODOC, OP-030601, Oklahoma Prison Rape Elimination Act, 12-1-21 • ODOC, Security Search and Seizure Standards PowerPoint Slides, 2022 • ODOC, PREA for New Employees PowerPoint Slides, 2022 • LCCC Oklahoma PREA, LCCC-030601-01, 4-14-24 • LCCC PREA Coordinated Response Plan, 4-14-24 • LCCC PREA Training Matrix, 2023-2024 <p>Interviews:</p>

- Agency PREA Coordinator
- LCCC Facility Administrator
- LCCC PREA Compliance Manager
- Investigative Staff
- Medical Staff
- Mental Health Staff
- Random Staff
- Random Residents
- Residents Who Reported Sexual Abuse
- Residents Who Disclosed Sexual Victimization During Risk Screening

Site Review Observations:

- Employee training records

Standard Subsections:

(A) Policy (030601) mandates that all staff, volunteers, and contractors must immediately report all “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.” As well, staff have an affirmative duty to report all knowledge, suspicion, or information regarding retaliation against residents or staff for having reported an incident of sexual abuse and sexual harassment. Staff also have an affirmative duty to report any negligence or violation of responsibilities that may have contributed to an incident of sexual abuse, sexual harassment, or retaliation. A review of employee training records, as well as training curriculum records, reflects that all LCCC staff had received initial PREA training, including acknowledgment of their affirmative duty responsibilities. When interviewed, all staff confirmed their obligation to immediately report any information they might have regarding allegations of sexual abuse and sexual harassment.

(B) Policy (030601) notifies all staff that “all documents associated with claims of

sexual assault, including incident reports, investigative reports, inmate information, case disposition, medical and mental health evaluation findings and recommendations for post release treatment and/or counseling are confidential and retained by ODOC. All investigative files are considered confidential information.” As such, employees are cautioned to share reported information only with authorized staff. Random staff interviews confirm that facility employees are aware of the sensitive and confidential nature of said complaints. In speaking with the LCCC PREA Compliance Manager, the totality and reasoning surrounding the confidential investigatory process was clearly explained.

(C) Policy (030601) requires that medical and mental health practitioners have a duty to disclose their mandatory reporting status, including limitations of confidentiality. During interviews with medical and mental health services staff, the need for said staff to inform residents (at the initiation of professional services) of their duty to report, as well as to their limitations of confidentiality, was affirmed.

(D) All residents incarcerated within the LCCC are legally classified as adults. As such, there aren't any juveniles assigned to this facility. However, the facility may still have persons classified as vulnerable adults. Per state law, if a resident is considered a vulnerable adult the institution is required to notify the Oklahoma Department of Human Services. During the audit time frame, LCCC did not have any (0) instances of required reporting for vulnerable adults.

(E) Policy (030601) mandates that all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, are referred to the Oklahoman Office of Inspector General for processing. When interviewing random facility staff, all employees affirmatively responded that any reports of sexual abuse and sexual harassment received by them would be immediately referred to supervisory and/or other entities appropriate for further investigations.

Reasoning & Findings Statement:

This standard works to ensure mandatory staff and agency reporting requirements. Both agency and facility policies mandate staffs' duty to report all allegations of sexual abuse and sexual harassment. Policy further stresses the importance of confidentiality as it applies to reported incidents of sexual abuse and sexual harassment. Lastly, policy requires that all medical and mental health staff disclose their limits of confidentiality and obtain informed consent prior to the initiation of services. In interviewing correctional staff, both uniformed and non-uniformed, all employees expressed an understanding of policy. Training records and course

	<p>curriculums document correctional staff training specific to mandatory reporting requirements. In interviewing LCCC medical and mental health staff, the process of limited confidential and informed consent used by said staff was explained in detail. As well, training records and course curriculums for the specialized training of medical staff document an understanding of mandatory reporting requirements. As such, the LCCC meets the provisions established within this standard.</p>
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115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ul style="list-style-type: none"> • ODOC, OP-030601, Oklahoma Prison Rape Elimination Act, 12-1-21 • LCCC Oklahoma PREA, LCCC-030601-01, 4-14-24 • LCCC PREA Coordinated Response Plan, 4-14-24 • ODOC, Security Search and Seizure Standards PowerPoint Slides, 2022 • ODOC, PREA for New Employees PowerPoint Slides, 2022 • LCCC PREA Training Matrix, 2023-2024 <p>Interviews:</p> <ul style="list-style-type: none"> • Agency PREA Coordinator • LCCC Facility Administrator • LCCC PREA Compliance Manager • Designated Staff Member Charged with Monitoring Retaliation • Incident Review Team Member • Intermediate or Higher-Level Facility Staff • Investigative Staff • Intake Staff

- Staff Who Perform Screening for Risk of Victimization and Abusiveness
- Medical Staff
- Mental Health Staff
- Random Staff
- Random Residents
- Residents Who Reported Sexual Abuse
- Residents Who Disclosed Sexual Victimization During Risk Screening

Site Review Observations:

- Review of retaliation monitoring documentation

Standard Subsections:

(A) Per policy (30601), "when the agency learns an inmate is subject to a substantial risk of imminent sexual abuse, it shall take action to protect the inmate." In speaking with the LCCC Facility Administrator and random staff, a plethora of possible options were discussed specific to resident protection measures. As the LCCC did not find any evidence within the audit time frame that any (0) residents assigned to the facility were at a substantial risk of sexual abuse, the facility has no documentation for review. Likewise, no protective actions were required.

Reasoning & Findings Statement:

This standard works to actualize the processes of resident protection. Agency policy requires staff to take immediate action to ensure the safety of all residents who are at a high risk of sexual victimization. During the audit time frame, the LCCC did not receive any reports from residents who were at a substantial risk of sexual abuse. In interviewing random staff, all persons were asked specifically what actions would be taken if a resident presented as a high risk for sexual victimization. Unequivocally, all staff responded that they would take immediate action to protect the potential victim. Additionally, supervisory staff were questioned as to their role in this potentially dangerous situation. While supervisory staff did provide a more technical and inclusive response, they too, were centrally focused on protecting the resident. Hence, the LCCC has clearly realized the provisions of this standard.

115.263	Reporting to other confinement facilities
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 453 376">Documents:</p> <ul data-bbox="280 483 1378 878" style="list-style-type: none"> <li data-bbox="280 483 1321 519">• ODOC, OP-030601, Oklahoma Prison Rape Elimination Act, 12-1-21 <li data-bbox="280 555 1072 591">• LCCC Oklahoma PREA, LCCC-030601-01, 4-14-24 <li data-bbox="280 627 1059 663">• LCCC PREA Coordinated Response Plan, 4-14-24 <li data-bbox="280 698 1378 734">• ODOC, Security Search and Seizure Standards PowerPoint Slides, 2022 <li data-bbox="280 770 1184 806">• ODOC, PREA for New Employees PowerPoint Slides, 2022 <li data-bbox="280 842 1034 878">• LCCC PREA Training Matrix, 2023-2024 <p data-bbox="280 985 437 1021">Interviews:</p> <ul data-bbox="280 1128 1347 1451" style="list-style-type: none"> <li data-bbox="280 1128 568 1164">• Agency Head <li data-bbox="280 1200 762 1236">• LCCC Facility Administrator <li data-bbox="280 1272 845 1308">• LCCC PREA Compliance Manager <li data-bbox="280 1344 925 1379">• Residents Who Reported Sexual Abuse <li data-bbox="280 1415 1347 1451">• Residents Who Disclosed Sexual Victimization During Risk Screening <p data-bbox="280 1559 651 1594">Site Review Observations:</p> <ul data-bbox="280 1702 1002 1738" style="list-style-type: none"> <li data-bbox="280 1702 1002 1738">• Review of facility-to-facility referral process. <p data-bbox="280 1845 600 1881">Standard Subsections:</p> <p data-bbox="280 1989 1474 2069">(A) LCCC policy (030601) requires that when a facility receives notice regarding allegations of sexual abuse and sexual harassment occurring at another facility, the</p>

head of the facility who received the allegations must provide documented notice of these allegations to the of the head of the destination facility within 72 hours. A review of documents within the audit time frame reflects that there have not been any (0) referrals made from LCCC to another facility and no (0) referrals received by LCCC from another facility. As such, there wasn't any documentation to review. However, an explanation of the process, when applicable, was given by the facility administrator.

(B) Per LCCC policy (030601), written notice of the aforementioned allegations must be provided as soon as possible, but not more than 72 hours after learning of the allegations. The LCCC Facility Administrator confirmed that all notices are sent by the Administrator's Office to the destination facility as soon as possible, but certainly within 72 hours.

(C) When received, the LCCC does document this notification in accordance with policy (030601).

(D) Upon receipt of said allegations, policy (030601) requires that the "facility/unit head or office receiving such notification shall ensure the allegation is reported to the OIG for investigation." During the audit time frame, the LCCC did not receive any (0) allegations from other facilities.

Reasoning & Findings Statement:

This policy works to ensure agency staff are provided sufficient due process with respect to the timely notification of resident allegations involving sexual abuse and sexual harassment. Within the audit time frame, the LCCC has not received any (0) incoming allegations of sexual abuse and sexual harassment from residents who reported such at another LCCC facility. Within the audit time frame, the LCCC has not received any (0) outgoing allegations of sexual abuse and sexual harassment from residents who reported to LCCC staff that such an incident occurred at another facility. As such, there wasn't any (0) documentation relevant to this reporting process available for review. However, the Facility Administrator did provide an explanation of this process, to include required reporting time lines, for use when necessary. Hence, agency policy, staff comments, and an explanation of the collaborative processes all reflect that the LCCC has satisfied the provisions of this standard.

115.264	Staff first responder duties
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 453 376">Documents:</p> <ul data-bbox="280 483 1331 663" style="list-style-type: none"><li data-bbox="280 483 1331 519">• ODOC, OP-030601, Oklahoma Prison Rape Elimination Act, 12-1-21<li data-bbox="280 555 1082 591">• LCCC Oklahoma PREA, LCCC-030601-01, 4-14-24<li data-bbox="280 627 1066 663">• LCCC PREA Coordinated Response Plan, 4-14-24 <p data-bbox="280 770 437 806">Interviews:</p> <ul data-bbox="280 913 1347 1594" style="list-style-type: none"><li data-bbox="280 913 762 949">• LCCC Facility Administrator<li data-bbox="280 985 842 1021">• LCCC PREA Compliance Manager<li data-bbox="280 1057 721 1093">• LCCC Investigative Staff<li data-bbox="280 1128 724 1164">• OSHP Investigative Staff<li data-bbox="280 1200 963 1236">• Intermediate or Higher-Level Facility Staff<li data-bbox="280 1272 571 1308">• Random Staff<li data-bbox="280 1344 612 1379">• First Responders<li data-bbox="280 1415 644 1451">• Random Residents<li data-bbox="280 1487 922 1523">• Residents Who Reported Sexual Abuse<li data-bbox="280 1559 1347 1594">• Residents Who Disclosed Sexual Victimization During Risk Screening <p data-bbox="280 1702 651 1738">Site Review Observations:</p> <ul data-bbox="280 1845 979 1953" style="list-style-type: none"><li data-bbox="280 1845 900 1881">• Review of employee training records.<li data-bbox="280 1917 979 1953">• Review of investigator narrative case files.

Standard Subsections:

(A) Policy (030601, LCCC-030601-01) requires the first responding security staff member to immediately separate the alleged victim and abuser. After ensuring the safety of the victim, policy (030601, LCCC-030601-01) requires staff to preserve and protect the crime scene until evidence collection is possible. If the first responder learns that the victim has been sexually abused, and the abuse occurred within a time period that still allows for the collection of physical evidence, the first responder should 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. Once the first responder learns that an resident has been sexually abusive, and the abuse occurred within a time period that still allows for the collection of physical evidence, the first responder should 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. Within the audit time frame, LCCC has not received any (0) allegations from residents who claim to have been victims of sexual abuse. Interviews with staff who have previously acted as first responders, reflects that staff took the appropriate actions required of their role consistent with policy. As well, during contractor and volunteer interviews, it was noted that all contractors and volunteers understood the absolute need to protect the victim and notify supervisory staff as soon as possible.

(B) Policy (030601, LCCC-030601-01) requires that non-security first responders notify their immediate supervisor or the security shift supervisor and instruct the victim not to take any action that could destroy physical evidence. Within the audit time frame, LCCC has not received any (0) allegations from residents who claim to have been victims of sexual abuse. Nonetheless, interviews with non-security staff who previously served as first responders, reflects that non-security staff took the appropriate actions required of their role consistent with policy.

Reasoning & Findings Statement:

This standard works to determine whether facility staff understand their role when responding to resident allegations of sexual abuse and sexual harassment. Of primary importance is separating and securing the alleged victim and abuser. Of this, all staff interviewed absolutely articulated that point. The majority of staff then articulated the need to preserve any evidence possibly remaining at the crime scene and on the alleged victim. A review of employee training records and class curriculums reflect staff have received required training specific to the preservation of evidence regarding allegations of sexual abuse and sexual harassment. The immediate notification of a security supervisor provides assurance that all

	<p>subsequent critical steps will be followed. This information, combined with agency policy, staff interviews, facility training documentation, and the review of documentation related to the PREA initiation process sufficiently supports the expectations required by this standard.</p>
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115.265	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents:</p> <ul style="list-style-type: none"> • ODOC, OP-030601, Oklahoma Prison Rape Elimination Act, 12-1-21 • ODOC, OP-050109, Reporting of Incidents, 3-39-22 • ODOC, OP-140201, Mental Health Services Duties and Responsibilities, 6-25-24 • ODOC, OP-040117, Investigations, 9-12-22 • LCCC Oklahoma PREA, LCCC-030601-01, 4-14-24 • LCCC PREA Coordinated Response Plan, 4-14-24 <p>Interviews:</p> <ul style="list-style-type: none"> • Agency PREA Coordinator • LCCC Facility Administrator • LCCC PREA Compliance Manager • Designated Staff Member Charged with Monitoring Retaliation • Incident Review Team Member • Intermediate or Higher-Level Facility Staff • Investigative Staff • Medical Staff • Mental Health Staff

	<ul style="list-style-type: none"> • SAFE and/or SANE Personnel of the Southwestern Medical Center • Random Staff <p>Site Review Observations:</p> <ul style="list-style-type: none"> • Review of departmental level facility processes <p>Standard Subsections:</p> <ul style="list-style-type: none"> • The LCCC has developed a written institutional plan; namely, LCCC’s PREA Coordinated Response Plan, LCCC-030601-01, 4-14-24, to coordinate actions amongst first responders, medical and mental health practitioners, investigators, and facility leadership in response to incidents of sexual abuse and sexual harassment. <p>Reasoning & Findings Statement:</p> <p>This provision works to coordinate facility efforts so that victims of sexual abuse and sexual harassment receive adequate support services. To coordinate facility efforts in the most efficient manner possible, the LCCC implemented a unit-based policy, LCCC-030601-01, that details the coordinated response plan to an incident of resident sexual abuse. In this, the roles of all facility staff are discussed and, perhaps even more importantly, the way those roles interact with one another are outlined. This policy is a conveniently written overview of departmental responsibilities, equipped with notification and referral reminders. When asked, various departmental staff were able to articulate their role in the response process. As well, during resident interviews, many were able to articulate the responsibilities of responding staff; thus, demonstrating this process has been institutionalized within the facility. As such, the LCCC has met all the provisions within this standard.</p>
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115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

- ODOC, OP-030601, Oklahoma Prison Rape Elimination Act, 12-1-21
- LCCC Oklahoma PREA, LCCC-030601-01, 4-14-24
- LCCC PREA Coordinated Response Plan, 4-14-24

Interviews:

- Agency Head
- Agency Contract Administrator
- Agency PREA Coordinator
- LCCC Facility Administrator
- LCCC PREA Compliance Manager
- Administrative (Human Resources) Staff
- Residents Who Reported Sexual Abuse
- Residents Who Disclosed Sexual Victimization During Risk Screening

Site Review Observations:

- Oklahoma is a right to work state as of September, 2001.

Standard Subsections:

(A) Per policy the Agency PREA Coordinator, the agency is 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 residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. As such, the ODOC, and by extension, the LCCC retains the management rights to remove alleged staff sexual abusers

from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

(B) The auditor is not required to audit this provision.

Reasoning & Findings Statement:

This provision allows the agency to protect residents from having contact with sexual abusers and sexual harassers. Policy allows for employees to be suspended from duty, or otherwise removed from contact with residents, pending the outcome of a sexual abuse or sexual harassment investigation. In speaking with investigative staff and the LCCC Facility Administrator, the process of suspending or separating an employee from employment as a function of a negative sexual abuse or sexual harassment investigation finding was explained. It was also noted that the ODOC; more specifically, LCCC facility administration, has no reservations about discharging employees for engaging in sexual abuse and sexual harassment. Hence, the LCCC has satisfactorily met all provisions within this standard.

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none">• ODOC, OP-030601, Oklahoma Prison Rape Elimination Act, 12-1-21• ODOC, Security Search and Seizure Standards PowerPoint Slides, 2022• ODOC, PREA for New Employees PowerPoint Slides, 2022• ODOC, Protection Against Retaliation – Staff, 12/21• ODOC, Protection Against Retaliation – Inmate, 12/21• LCCC Oklahoma PREA, LCCC-030601-01, 4-14-24• LCCC PREA Coordinated Response Plan, 4-14-24• LCCC PREA Training Matrix, 2023-2024

Interviews:

- Agency PREA Coordinator
- LCCC Facility Administrator
- LCCC PREA Compliance Manager
- Institutional Investigator
- Designated Staff Member Charged with Monitoring Retaliation
- Random Staff
- Random Residents
- Residents Who Reported Sexual Abuse
- Residents Who Disclosed Sexual Victimization During Risk Screening

Site Review Observations:

- Reviewed process for utilizing retaliation monitoring logs.

Standard Subsections:

(A) Policy (030601) prohibits retaliation for reporting sexual abuse or sexual harassment and for cooperating with a sexual abuse and sexual harassment investigations. In accordance with these policies, the LCCC Facility Administrator monitors all retaliation resulting from allegations of sexual abuse or sexual harassment.

(B) Per policy (030601), the facility shall 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", as well as "engaging emotional support services such as mental health services for inmates and Employee Assistance Program for staff who fear retaliation for reporting sexual abuse or harassment or for cooperating with investigations." In speaking with the LCCC Facility Administrator, it was noted that additional emotional support services,

via New Directions, were also available for victims of sexual abuse.

(C) Per policy (030601), for a minimum of 90 days following a report of sexual abuse or sexual harassment, the facility shall monitor “the conduct and treatment of the inmates or staff who reported the abuse and of inmates who were reported to have suffered sexual abuse for changes that may suggest possible retaliation by inmates or staff. Findings shall be reported to the facility/unit head who shall act promptly to remedy any such retaliation. The facility monitoring will include:

§ Inmate discipline or misconducts;

§ Housing, program or classification changes;

§ Negative job/performance reviews;

§ Reassignment of staff;

§ If the inmate or staff is transferred during this 90 day period, the facility head of the current facility shall notify the receiving facility head of the continued need for monitoring;

§ The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need; and

§ In the case of inmates, such monitoring shall also include periodic status checks.”

(D) Per policy (030601), in the case of residents, such monitoring shall also include periodic in-person status checks. Per the Facility Administrator, these checks occur at least every 30 days. Within the audit time frame, there have not been any (0) acts of retaliation noted for having engaged the PREA process.

(E) As noted by the Facility Administrator, if any other individual (staff, volunteer, contractor, or resident) who cooperates with an investigation expresses a fear of retaliation, the facility shall take appropriate measures to protect that individual against retaliation. Documentation reflects that within the audit time frame, there have not been any (0) expressed concerns of fear for retaliation due to having cooperated with, or having engaged, the PREA process.

(F) The auditor is not required to audit this provision.

Reasoning & Findings Statement:

	<p>This standard works to prevent retaliation against employees and residents for reporting sexual abuse and sexual harassment or for having cooperated with an investigation into such. LCCC policy provides a comprehensive overview of agency protection against sexual abuse and sexual harassment. In speaking with residents, none noted that they had ever experienced retaliation for participating in a PREA related facility investigation. The Facility Administrator provided detailed explanations of the monitoring process, to include a review of retaliation monitoring forms for both staff and residents. Given the totality of the policies provided, document review, and staff knowledge regarding the process, the LCCC has satisfied the basic provisions of this standard.</p>
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115.271	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ul style="list-style-type: none"> • ODOC, OP-030601, Oklahoma Prison Rape Elimination Act, 12-1-21 • ODOC, OP-040117, Investigations, 9-12-22 • ODOC, OP-140118, Emergency Medical Response, 3-10-22 • LCCC Oklahoma PREA, LCCC-030601-01, 4-14-24 • LCCC PREA Coordinated Response Plan, 4-14-24 • LCCC NIC, PREA: Investigating Sexual Abuse in a Confinement Setting, 10-26-24 • LCCC PREA Training Matrix, 2023-2024 <p>Interviews:</p> <ul style="list-style-type: none"> • Agency PREA Coordinator • LCCC Facility Administrator • LCCC PREA Compliance Manager

- Investigative Staff
- Residents Who Reported Sexual Abuse
- Residents Who Disclosed Sexual Victimization During Risk Screening

Site Review Observations:

- Reviewed investigator training certifications.
- Reviewed agency training records documenting investigator training curriculums.

Standard Subsections:

(A) Policy (040117) requires that when the agency conducts allegations of sexual abuse and sexual harassment in a prompt, thorough, and objective manner. As noted by Investigative Staff, this requirement also applies to third-party and anonymous reports.

(B) Policy (030601, 040117) requires investigators to have received specialized training in excess of the generalized sexual abuse and sexual harassment training provided to other staff. In interviewing LCCC Investigative Staff, said staff confirmed participation in numerous related courses, to include NIC's Investigating Sexual Abuse in a Confinement Setting. As well, training curriculums, employee training certifications, as well as completed training rosters, provide additional documentation to support facility compliance.

(C) Per policy (030601, 040117), Investigative Staff shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. Policy (030601) allows that Investigative Staff will interview alleged victims, suspected perpetrators, and witnesses. Also, as noted by Investigative Staff, any other available information that might be relevant to the allegations, such as prior reports and complaints of sexual abuse involving the suspected perpetrator, would also be reviewed.

(D) Per Investigative Staff, compel interviews would only be conducted after consulting with the prosecution to determine if compelled interviews may be

problematic for subsequent judicial hearings, if deemed appropriate.

(E) Per Investigative Staff, the credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and not based on that individual's status as a resident or staff member. Policy (030601, 040117) further prohibits the use of a polygraph test or other truth-telling device as a condition of investigating allegations of sexual abuse or sexual harassment. Investigative Staff further confirm that the credibility of the interviewed subject is, in fact, determined on an individual basis considering the totality of the evidence presented.

(F) Policy (030601, 040117) requires administrative investigations to consider whether staff actions or failures to act contributed to the sexual abuse and sexual harassment. All administrative investigations are documented in written reports. As a function on that documentation, these reports include a description of the physical evidence and testimonial evidence, the reasoning behind credible assessments, as well as investigative facts and findings. LCCC Investigative Staff confirm that the credibility of the interviewed subject is, in fact, determined on an individual basis considering the totality of the evidence presented.

(G) Policy (030601, 040117) requires that all criminal investigations are documented in written reports. As a function on that documentation, these reports include a description of the physical evidence, testimonial evidence, and documentary evidence. An interview with Investigative Staff supports the facility's adherence to this policy.

(H) As noted by the Investigative Staff, and required by policy (030601, 040117), all substantiated allegations of conduct that appear to be criminal in nature are referred for prosecution. During the audit time frame, the LCCC did not receive any allegations of sexual abuse or sexual harassment. As such, there weren't any (0) referral of such cases for prosecution.

(I) Policy (040117) requires that all "all PREA investigations will be maintained as long as the alleged abuser is incarcerated and/or employed by the agency, plus five years." Investigative Staff confirm agency adherence to said policy.

(J) Per Investigative Staff, the departure of the alleged abuser or victim from the employment or control of either the facility or of the ODOC as a whole, would not provide a basis for terminating an investigation.

(K) The auditor is not required to audit this provision.

(L) Per Investigative Staff, if an outside agency were to investigate any allegations of sexual abuse or sexual harassment within a facility, facility staff would both cooperate with these outside investigators and endeavor to remain informed about the progress of the investigation.

Reasoning & Findings Statement:

The Office of Inspector General (OIG) operates as the law enforcement branch inside of the ODOC, and by extension, the LCCC. As such, the ODOC conducts its own criminal and administrative investigations. To work as a criminal investigator within the agency, personnel must have law enforcement credentials. As well, to perform sexual abuse or sexual harassment investigations, ODOC staff must have met additional training requirements for conducting sexual abuse/sexual harassment investigations within a confinement setting. OIG staff do have the authority to investigate criminal and administrative cases within the LCCC, to include collecting evidence, as well as interviewing victims, suspected perpetrators, and witnesses. OIG investigators have been trained on the standards of evidence required to support a finding of guilt in criminal cases. As well, OIG investigators have been trained on due process and procedural requirements of criminal cases. As confirmed through interviews with OIG Investigative Staff, they work collaboratively with facility administration to facilitate communication between the two departments. Lastly, it is noted that all PREA investigations are referred to the OIG to determine if the allegations necessitate a criminal investigation and/or subsequent criminal prosecution. As such, the LCCC has clearly met the requirements of this standard.

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: <ul style="list-style-type: none">• ODOC, OP-030601, Oklahoma Prison Rape Elimination Act, 12-1-21• ODOC, OP-040117, Investigations, 9-12-22

- LCCC Oklahoma PREA, LCCC-030601-01, 4-14-24
- LCCC PREA Coordinated Response Plan, 4-14-24

Interviews:

- LCCC Facility Administrator
- LCCC PREA Compliance Manager
- Investigative Staff

Site Review Observations:

- Reviewed procedures for processing sexual abuse/sexual harassment allegations.

Standard Subsections:

(A) Policy (030601) clearly establishes the standard of proof required to substantiate claims of sexual abuse and sexual harassment. Policy (030601) requires that “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.” Specifically, per Investigative Staff, the allegations are determined substantiated, unsubstantiated, or unfounded based on the preponderance of the evidence. For substantiated claims, this simply means that the weight of the evidence must indicate that the allegations are more likely to be true than not true.

Reasoning & Findings Statement:

Agency policy requires that Investigative Staff establish a standard of proof no higher than a preponderance of the evidence when determining whether allegations of sexual abuse or sexual harassment are substantiated. When interviewed, Investigative Staff confirmed that standard of proof to be slightly more than half. As such, the LCCC has satisfied all material provisions for this standard.

115.273	Reporting to residents
	<p data-bbox="280 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 266 564 300">Auditor Discussion</p> <p data-bbox="280 344 453 378">Documents:</p> <ul data-bbox="280 483 1331 875" style="list-style-type: none"> • ODOC, OP-030601, Oklahoma Prison Rape Elimination Act, 12-1-21 • ODOC, OP-040117, Investigations, 9-12-22 • ODOC, OP-140118, Emergency Medical Response, 3-10-22 • ODOC, Notification of Investigation Status, 12/21 • LCCC Oklahoma PREA, LCCC-030601-01, 4-14-24 • LCCC PREA Coordinated Response Plan, 4-14-24 <p data-bbox="280 987 437 1021">Interviews:</p> <ul data-bbox="280 1133 1251 1379" style="list-style-type: none"> • LCCC Facility Administrator • LCCC PREA Compliance Manager • Designated Staff Member Charged with Monitoring Retaliation • Investigative Staff <p data-bbox="280 1491 647 1525">Site Review Observations:</p> <ul data-bbox="280 1637 1426 1704" style="list-style-type: none"> • Reviewed procedures for processing sexual abuse and sexual harassment allegations. <p data-bbox="280 1816 596 1850">Standard Subsections:</p> <p data-bbox="280 1962 1410 2074">(A) Policy (030601) requires that “following an investigation into an inmate’s allegation that he or she suffered sexual abuse in an agency facility, the facility head shall inform the inmate victim at the conclusion of the investigation as to</p>

where the allegation has been determined to be substantiated, unsubstantiated, or unfounded.” Investigative Staff confirmed adherence to agency policy.

(B) As noted by Investigative Staff, outside entities do not conduct investigations of sexual abuse or sexual harassment within the ODOC. However, in the event that such an investigation were to occur, Investigative Staff noted that the resident would still be informed of the investigative outcome utilizing the agency’s Notification of Investigation Status Form.

(C) Policy (030601) requires that when a resident has filed allegations of sexual abuse against a staff member (unless unfounded), the institutional investigator shall inform the resident upon the following:

- a. The staff member is no longer posted within the resident’s unit;
- b. The staff member is no longer employed at the facility;
- c. The institution learns that the staff member has been indicted on a charge related to sexual abuse within the institution;
- d. The institution learns that the staff member has been convicted on a charge related to sexual abuse within the institution.

(D) Policy (030601) requires that when a resident has filed allegations of sexual abuse against another resident, the agency must notify the resident whenever the alleged abuser has been “indicted or convicted on the sexual offense.” Investigative Staff confirmed adherence to agency policy.

(E) Policy (030601) requires that “the facility head will ensure notifications to inmates.” As well, as noted by the Facility Administrator, these notifications will be documented on the Notification of Investigative Status Form. However, during the audit time frame, the LCCC did not receive any allegations of sexual abuse or sexual harassment. As such, there weren’t any (0) notifications available for review.

(F) Auditor is not required to audit this provision.

Reasoning & Findings Statement:

Agency policy requires LCCC staff to provide residents with dispositions for all

claims of sexual abuse and sexual harassment. OIG Investigative Staff conduct all administrative sexual abuse and sexual harassment investigations. Agency policy provides that all residents who have filed a previously substantiated sexual abuse and sexual harassment claims against agency staff or other residents, receives notification upon a change in housing status for the resident or a change in job status for the employee. Lastly, policy requires these notifications to be documented. Within the audit time frame, the LCCC did not receive any allegations of sexual abuse or sexual harassment. As such, there weren't any (0) notifications for review. Nonetheless, agency policy and documentation, as well as staff interviews, confirm that if allegations were presented, agency staff would notify residents of the outcome to any investigative findings. As such, the LCCC is operating in accordance with all parts of this provision.

115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> • ODOC, OP-030601, Oklahoma Prison Rape Elimination Act, 12-1-21 • ODOC, OP-040117, Investigations, 9-12-22 • LCCC Oklahoma PREA, LCCC-030601-01, 4-14-24 • LCCC PREA Coordinated Response Plan, 4-14-24 <p>Interviews:</p> <ul style="list-style-type: none"> • LCCC Facility Administrator • LCCC PREA Compliance Manager • Investigative Staff • Oklahoma State Highway Patrol • Random Staff <p>Site Review Observations:</p>

- Review of staff disciplinary protocols for sexual abuse and sexual harassment determinations

Standard Subsections:

(A) Policy (030601) clearly advises that “sexual conduct between staff and inmates is strictly prohibited, subject to administrative disciplinary sanctions and referral for prosecution.” Interviews with the LCCC Facility Administrator and Investigative Staff confirm facility adherence to agency policy specific to employee disciplinary and termination processes for any employee found to be engaging in acts of sexual abuse or sexual harassment. Interviews with random staff reflect employee awareness to zero-tolerance policies for engaging in sexual abuse and sexual harassment of residents. During the audit time frame, there have not been any (0) staff found to have engaged in acts of sexual abuse or sexual harassment.

(B) Policies (030601) clearly advises that “sexual conduct between staff and inmates is strictly prohibited, subject to administrative disciplinary sanctions and referral for prosecution.” In this, termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse of a resident. Within the audit time frame, there have not been any (0) employees who violated agency policy resigned prior to termination due to having engaged in an appropriate sexual relationship with residents.

(C) Policies (030601) clearly advises that “sexual conduct between staff and inmates is strictly prohibited, subject to administrative disciplinary sanctions and referral for prosecution.” Interviews with the LCCC Facility Administrator and Investigative Staff confirm their adherence to agency policy specific to employee disciplinary and termination processes for any employee found to be engaging in acts of sexual abuse or sexual harassment. Within the audit time frame, there haven’t been any (0) employees assigned to the LCCC disciplined for violation of agency policy related to sexual abuse or sexual harassment.

(D) Policy (030601) notes that “all inmates or staff members found guilty of committing sexual assault are disciplined in accordance with agency procedures and will be referred for criminal prosecution by the Office of the Inspector General.” Within the audit time frame, the LCCC has not reported any (0) employees to law enforcement for any violation of agency sexual abuse or sexual harassment policies.

	<p>Reasoning & Findings Statement:</p> <p>This standard works to ensure agency staff understand the gravity and the criminal nature of engaging in sexual abuse or sexual harassment of residents. The Oklahoma Department of Corrections has made the consequences of engaging in such behavior exceptionally clear. Within the audit time frame, there have not been any (0) staff members assigned to the LCCC who have violated any (0) aspects of the agency's sexual abuse or sexual harassment policies. During staff interviews, all staff expressed their knowledge of the agency's zero tolerance policy. In total, the ODOC, as well as LCCC administration, has satisfied the provisions of this standard.</p>
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115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> • ODOC, OP-030601, Oklahoma Prison Rape Elimination Act, 12-1-21 • ODOC, OP-040117, Investigations, 9-12-22 • LCCC Oklahoma PREA, LCCC-030601-01, 4-14-24 • LCCC PREA Coordinated Response Plan, 4-14-24 • ODOC PREA Training for OK Department of Corrections Contractors PowerPoint Slides, 08/2013 • LCCC Training Attendance Roster, PREA: 6-14-23, 6-21-23, 9-8-23, 12-7-23, 1-29-24, 1-30-24, 2-20-24, 3-25-24, 6-18-24, 8-12-24 • LCCC Oklahoma PREA Volunteer/Contractor Training Acknowledgement: 6-14-23a, 6-14-23b, 6-14-23c, 6-14-23d, 6-14-23e, 6-14-23f, 6-14-23g, 6-14-23h, 6-14-23i, 1-29-24a, 1-29-24b, 1-29-24c, 1-29-24d, 1-30-24a, 1-30-24b, 2-20-24a, 2-20-24b, 3-25-24a, 3-25-24b, 3-25-24c, 6-18-24a, 6-18-24b, 6-18-24c, 6-18-24d, 6-18-24e, 6-18-24f, 6-18-24g, 6-18-24h, 6-18-24i, 6-18-24j, 6-18-24k, 6-18-24l, 6-18-24m, 6-18-24n, 6-18-24o, 6-18-24p, 6-18-24q, 6-18-24r, 6-18-24s, 6-18-24t, 6-18-24u, 6-18-24v, 6-18-24w, 6-18-24x, 6-18-24y, 6-18-24z, 6-18-24aa, 6-18-24bb, 6-18-24cc, 6-18-24dd, 6-18-24ee, 6-18-24ff, 6-18-24gg, 6-18-24hh, 6-18-24ii, 6-18-24jj, 6-18-24kk, 6-18-24ll, 6-18-24mm, 6-18-24nn, 6-18-24oo, 6-18-24pp, 6-18-24qq, 6-18-24rr, 6-18-24ss, 6-18-24tt, 6-18-24uu, 6-18-24vv, 8-12-24a,

8-12-24b, 8-12-24c, 8-12-24d

- Documentation of Volunteer Training, OP-090211, Attachment C: 10-19-21a, 10-19-21b, 2-17-23, 3-11-23a, 3-11-23b, 6-17-23a, 6-17-23b, 6-17-23c, 8-7-23, 8-17-23, 9-14-23, 9-23-23, 9-25-23, 9-26-23, 10-18-23, 10-25-23, 10-26-23a, 10-26-23b, 11-9-23, 11-13-23, 11-18-23, 10-12-24a, 10-12-24b, 10-15-24a, 10-15-24b, 10-15-24c, 10-15-24d, 10-22-24a, 10-22-24b, 10-29-24, 10-30-24

Interviews:

- Agency Contract Administrator
- LCCC Facility Administrator
- Investigative Staff
- Administrative (Human Resources) Staff
- Contractors Who May Have Contact with Residents
- Volunteers Who May Have Contact with Residents

Site Review Observations:

- Review contractor/volunteer files

Standard Subsections:

(A) Policy (030601) advises contractors and volunteers that rape and related sex crimes are “defined by law as a felony.” Interviews with contracted staff and volunteers evidenced that the agency’s zero-tolerance policy is institutionalized. A review of contractor/volunteer files and PREA training materials indicates that all such persons are aware of agency policy regarding the sexual abuse and sexual harassment of residents. During the audit time frame, there have not been any (0) contractors or volunteers having been reported to law enforcement for engaging in sexual abuse of residents.

(B) Policy (030601) notes that sexual conduct between employees, volunteers, and contract staff of the ODOC “is strictly prohibited, subject to administrative

	<p>disciplinary sanctions and referral for prosecution.” Interviews with contracted staff and volunteers, as well as training curriculums for said persons, indicates that the consequences of engaging in sexual conduct with residents is clearly understood.</p> <p>Reasoning & Findings Statement:</p> <p>Policy expressly states that contactors and volunteers who engage in sexual abuse with residents will be removed from contact with residents pending the outcome of the investigation. Contractors or volunteers who engage in sexual abuse will be reported to law enforcement and to any relevant licensing bodies. These persons will also be subject to criminal sanctions. During the audit time frame, the LCCC has not had any (0) contractors or volunteers engage in sexual abuse or harassment of any resident. During LCCC contractor and volunteer interviews, both the prohibition against sexual abuse and sexual harassment of residents, as well as the consequences of having engaged such, were clearly known. Documentation of contractor and volunteer training records further supports this assertion. Hence, the provisions of this standard have been met and LCCC is in compliance with such.</p>
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115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> • ODOC, OP-030601, Oklahoma Prison Rape Elimination Act, 12-1-21 • ODOC, OP-060125, Disciplinary Procedures, 10-9-23 • ODOC, Inmates’ Guide to Sexual Misconduct: How to Identify and Address Sexual Misconduct, 2021 • ODOC Sexual Misconduct and Harassment, OP-030601, Attachment A, 12/21 • LCCC Oklahoma PREA, LCCC-030601-01, 4-14-24 • LCCC PREA Coordinated Response Plan, 4-14-24 • LCCC Inmate Orientation Handbook, English, 1-1-24 • LCCC Inmate Orientation Handbook, Spanish, 12-12-23

- LCCC Initial Orientation Verification Form: 1-10-24, 5-9-24, 7-2-24, 7-16-24, 7-18-24, 7-24-24a, 7-24-24b, 7-24-24c, 7-25-24, 7-26-24, 7-31-24a, 7-31-24b, 7-31-24c, 8-6-24, 8-13-24, 8-13-24, 8-28-24, 9-3-24, 9-6-24a, 9-6-24b, 9-11-24a, 9-11-24b, 9-20-24, 9-24-24, 9-25-24a, 7-25-24b, 9-25-24c, 9-25-24d, 9-27-24, 10-15-24

- LCCC Oklahoma PREA Zero Tolerance Acknowledgements for Inmates: 1-10-24, 5-8-24, 7-2-24, 7-16-24, 7-18-24, 7-23-24a, 7-24-24b, 7-24-24c, 7-25-24, 7-26-24, 7-31-24a, 7-31-24b, 7-31-24c, 8-6-24, 8-13-24, 8-9-24, 8-28-24, 9-4-24, 9-5-24a, 9-6-24b, 9-10-24a, 9-11-24b, 9-20-24, 9-24-24, 9-25-24a, 7-25-24b, 9-25-24c, 9-25-24d, 9-27-24, 10-15-24

Interviews:

- LCCC Facility Administrator
- LCCC PREA Compliance Manager
- Investigative Staff
- Medical Staff
- Mental Health Staff
- Random Staff
- Random Residents

Site Review Observations:

- Review of resident disciplinary files.

Standard Subsections:

(A) Policy (030601) notes that following a finding that a resident engaged in resident-on-resident sexual abuse, said resident will be “disciplined in accordance with agency procedures and will be referred for criminal prosecution by the Office of the Inspector General. During the audit time frame, the LCCC has not had any (0) findings of resident-on-resident sexual abuse.

(B) Policy (030601) ensures that disciplinary sanctions imposed are commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. As well, sanctions consider aggravating and mitigating factors.

(C) When determining a resident's disciplinary sanctions, policy (030601) does consider how a resident's mental disabilities or mental illness contributed to his behavior. Interviews with the LCCC Facility Administrator, as well as Risk Screening and Mental Health Staff, confirm that the mental state of residents is given consideration during disciplinary proceedings.

(D) As noted by LCCC Mental Health staff, programming and/or interventions services are provided to residents found to have engaged in sexual abuse.

(E) Per policy (030601), the agency may discipline a resident for sexual contact and/or sexual conduct with staff only upon finding out that the staff member did not consent to such contact or conduct. An interview with the Facility Administrator confirms the facility's adherence to agency policy.

(F) Per policy (030601), a report made in good faith based upon a reasonable belief that the alleged conduct did occur does not constitute falsely reporting an incident or lying for the purpose of disciplinary action, even if the investigation does not establish evidence sufficient to substantiate the allegations. As noted by the Agency PREA Coordinator, this information is provided to residents during each facility orientation. A review of inmate training documentation confirms the facility's adherence to said policy.

(G) Per policy (060125), the agency clearly distinguishes between consensual sex, which is still a violation of agency policy, and resident-on-resident sexual abuse.

Reasoning & Findings Statement:

The resident disciplinary process is a formal means to address institutional misconduct. The LCCC uses a progressive disciplinary system, which allows for consideration of aggravating and mitigating factors. Within the audit time frame, the LCCC has not processed any (0) administrative finding of guilt regarding resident-on-resident sexual abuse that occurred at the facility. A review of

	<p>documentation, as well as staff interviews, reflects that the mental health of a resident is given serious consideration in sentencing and the availability of subsequent mental health services. In considering agency policies, facility procedures, staff interviews, and resident comments, LCCC is compliant with disciplinary standards as required under this provision.</p>
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115.282	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ul style="list-style-type: none"> • ODOC, OP-030601, Oklahoma Prison Rape Elimination Act, 12-1-21 • ODOC, OP-140118, Emergency Medical Response, 3-10-22 • LCCC Oklahoma PREA, LCCC-030601-01, 4-14-24 • LCCC PREA Coordinated Response Plan, 4-14-24 <p>Interviews:</p> <ul style="list-style-type: none"> • LCCC PREA Compliance Manager • Medical Staff • Mental Health Staff • SAFE and/or SANE Personnel of the Southwestern Medical Center • Community-Based Victim Advocacy Staff • Security Staff and/or Non-Security Staff Who Have Acted As First Responders • Random Staff <p>Site Review Observations:</p> <ul style="list-style-type: none"> • Observed Medical Department

- Review of Medical/Mental Health Screening Form

Standard Subsections:

(A) In accordance with the policy (140118), “each facility will have an emergency area within their medical services” to provide emergency care as needed. Per Medical and Mental Health Staff, all residents are provided emergency medical treatment and crisis intervention services, which the nature and scope of those services being determined according to their professional judgement, as well as within agency policy. It was further noted by medical and/or mental health staff, that if it was medically necessary, residents would be transported to an outside hospital for examination and treatment as deemed medically appropriate.

(B) Policy (140118) requires “each facility provides the availability of 24 hour emergency medical, dental, and mental health care.” In speaking with medical and mental health staff, 24-hour availability of qualified medical and mental health practitioners was affirmed. Lastly, during interviews with first responders, as well as random security staff, all personnel recognized with immediacy the need to notify medical staff of any sexual abuse allegations.

(C) Policy (140118) requires that “while incarcerated, victims of sexual abuse will be offered timely information about and timely access to emergency contraceptives and sexually transmitted infections prophylaxis according to medical protocol, where medically appropriate.” In speaking with medical staff, adherence to this policy was confirmed. In speaking with SANE/SAFE personnel, it was further noted that all medical precautions, to include appropriate prophylactic information and treatment for sexually transmitted diseases, are given to victims of sexual abuse.

(D) Policy (140118) notes that “treatment services will be provided to the victim without any co-pay and regardless of whether the victim names the abuser or cooperates with any investigation arising from the reported incident.” In speaking with medical staff, adherence to this policy was confirmed.

Reasoning & Findings Statement:

This standard is designed to provide residents access to emergency medical and mental health services. In this, facility staff are meeting all the provisions within this standard. Policy allows that upon receipt of a resident into the Medical Department,

	<p>medical staff shall determine the resident’s course of treatment; specifically, what is medically indicated based on evidence collection or physical trauma. During the audit time frame, there weren’t any (0) allegations of sexual abuse or sexual harassment. As such, no (0) residents required the services of an outside hospital. Nonetheless, in reviewing the totality of the information provided, as well as staff/ resident interviews, the LCCC has met the minimums provisions of this standard.</p>
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<p>115.283</p>	<p>Ongoing medical and mental health care for sexual abuse victims and abusers</p>
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ul style="list-style-type: none"> • ODOC, OP-030601, Oklahoma Prison Rape Elimination Act, 12-1-21 • ODOC, OP-140118, Emergency Medical Response, 3-10-22 • LCCC Oklahoma PREA, LCCC-030601-01, 4-14-24 • LCCC PREA Coordinated Response Plan, 4-14-24 <p>Interviews:</p> <ul style="list-style-type: none"> • LCCC PREA Compliance Manager • Medical Staff • Mental Health Staff <p>Site Review Observations:</p> <ul style="list-style-type: none"> • Observed Medical Department • Review of Medical and Mental Health PREA Screening Forms

Standard Subsections:

(A) Policy (030601) requires that “if the screening indicates an inmate has experienced or perpetrated prior sexual victimization, whether it occurred in an institutional setting or in the community setting, staff shall ensure the inmate is offered a follow-up meeting with a mental health provide within 14 days of the intake screening.” In speaking with risk screeners, medical, and mental health staff, adherence to this policy was confirmed. In speaking with correctional staff, there were no instances where any staff indicated that the medical or mental health departments had ever, or would ever, refuse to provide medical or mental health treatment to any resident who claimed to have been a victim of sexual abuse. In speaking with residents who were noted prior instances of sexual abuse, all confirmed that upon making their allegations, they were automatically placed on the mental health roster for an evaluation that occurred the same day of their Intake.

(B) Policy (030601) provides for continuing mental health services to residents throughout their assignment to the LCCC. As noted by medical and mental health staff, even upon resident release from the agency, continued care can be arranged.

(C) As noted by both Medical and Mental Health staff, all 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. If not referred to an outside hospital emergency department, the resident is treated in the facility infirmary after evaluation by a primary care provider. In each instance, as confirmed by medical and mental health staff, related services are provided in accordance with the judgement of qualified health care providers. The medical and mental health services provided are consistent with the community level of care.

(D) Within the audit time frame, LCCC has not had any (0) biological females incarcerated at the facility. Accordingly, pregnancy tests are not medically appropriate.

(E) Within the audit time frame, LCCC has not had any (0) biological females incarcerated at the facility. Accordingly, pregnancy services are not medically appropriate.

(F) Policy (140118) requires that “victims of sexual abuse will be offered timely information about and timely access to emergency contraceptives and sexually transmitted infections prophylaxis according to medical protocol, where medically appropriate.” In speaking with medical staff, it was noted that all residents are provided medical services as appropriate for the nature of their concerns.

(G) Policy (140118) notes that “treatment services will be provided to the victim without any co-pay and regardless of whether the victim names the abuser or cooperates with any investigation arising from the reported incident.” In speaking with medical staff, adherence to this policy was confirmed.

(H) Policy (030601) requires that “If an inmate is identified as a High Risk Sexual Predator (HRSP) or as a victim/potential victim at any time during his/her incarceration the inmate will be evaluated for appropriate housing and programs.” In speaking with mental health staff, it was noted that while agency policy allows for 60 days to evaluate abusers, to help ensure the safekeeping of all residents, any known abusers are generally evaluated at a much faster rate.

Reasoning & Findings Statement:

This standard is designed to ensure ongoing medical and mental health care for sexual abuse victims and abusers. The LCCC offers qualified and coordinated medical and mental health care regardless of a resident’s ability to pay for said services. As appropriate, residents are provided the opportunity to attend follow-up treatments, for both medical and mental health services. Once established, agency policy requires that access to said treatment follows the resident throughout the LCCC system and can be coordinated with community care upon the resident’s release from the LCCC. The medical and mental health services provided are consistent with the community level of care. Additionally, because this level of care is coordinated to ensure that residents receive every aspect of sexual abuse treatment, addressing both medical and mental health needs on a regular and timely basis, without regard to cost, the opportunity for treatment received in this institutional setting equals that of individuals receiving similar treatments within the community. Accordingly, the LCCC has met each of the provisions within this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

- ODOC, OP-030601, Oklahoma Prison Rape Elimination Act, 12-1-21
- ODOC, OP-030601, Sexual Abuse/Harassment Incident Review, 12/21
- LCCC Oklahoma PREA, LCCC-030601-01, 4-14-24
- LCCC PREA Coordinated Response Plan, 4-14-24

Interviews:

- Agency PREA Coordinator
- LCCC Facility Administrator
- LCCC PREA Compliance Manager
- Incident Review Team Member

Site Review Observations:

- Reviewed Incident Review Team procedures.

Standard Subsections:

(A) Policy (030601) states that “in all instances where a sexual abuse investigation occurs, regardless of findings, at the conclusion of the investigation the facility shall conduct a sexual abuse incident review.” During the audit time frame, the LCCC has not received any (0) sexual abuse allegations. As such, there was no documentation to review. Nonetheless, in speaking with the LCCC PREA Compliance Manager, the process of such reviews was explained in detail.

(B) Policy (030601) requires that sexual abuse incident reviews “shall occur within 30 days of the receipt by the facility or of OIG investigative findings.” During the audit time frame, the LCCC has not received any (0) sexual abuse allegations. As such, there was no documentation to review. Nonetheless, in speaking with the LCCC PREA Compliance Manager, the process of such reviews was explained in detail.

(C) Policy (030601) requires that “the review team shall include administrative staff, with input from line supervisors, investigators, medical/mental health professional and facility PREA Compliance Manager.” During the audit time frame, the LCCC has not received any (0) sexual abuse allegations. As such, there was no documentation to review. Nonetheless, in speaking with the LCCC PREA Compliance Manager, the process of such reviews was explained in detail.

(D) Policy (030601) requires that the sexual abuse incident review team considers:

- a. Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- b. Whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
- c. Examine whether the area in the facility where the incident allegedly occurred contains physical barriers in the area may enable abuse;
- d. The adequacy of staffing levels in that area during different shifts;
- e. Whether monitoring technology should be deployed or augmented to supplement supervision by staff.
- f. Following consideration, the sexual abuse incident review team will prepare a report of the review team’s findings.

(E) Upon completion of the incident review report, the facility “shall implement the recommendations for improvement or shall document the reasons for not doing so.”

Reasoning & Findings Statement:

During the audit time frame, the LCCC did not receive any (0) sexual abuse

	<p>allegations, regardless of the findings. As such, it was not necessary to engage the sexual abuse incident review team. In speaking with the LCCC PREA Compliance Manager, as well as the Agency PREA Coordinator, each person explained their role within the incident review process. As such, it is evident that the facility has procedures in place to engage incident reviews and that staff are knowledgeable in their obligations to the team. Accordingly, LCCC has satisfied the requirements of this standard.</p>
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115.287	Data collection
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ul style="list-style-type: none"> • ODOC, OP-030601, Oklahoma Prison Rape Elimination Act, 12-1-21 • LCCC Oklahoma PREA, LCCC-030601-01, 4-14-24 • LCCC PREA Coordinated Response Plan, 4-14-24 <p>Interviews:</p> <ul style="list-style-type: none"> • Agency PREA Coordinator • LCCC Facility Administrator • LCCC PREA Compliance Manager <p>Site Review Observations:</p> <ul style="list-style-type: none"> • Extensive review of agency website/PREA section • Reviewed 2022 PREA Outcome Measures <p>Standard Subsections:</p>

(A) Policy (030601) provides all staff within the LCCC a standardized set of definitions specific to sexual abuse/sexual harassment allegations. In speaking with the LCCC Investigative Staff, adherence to the use of these definitions was confirmed.

(B) Policy (030601) further requires that “the agency shall aggregate the incident-based sexual abuse data at least annually.” The LCCC PREA Coordinator confirmed the facility’s overall adherence to this policy. As well, an interview with the Agency PREA Coordinator confirms the agency’s adherence to this provision.

(C) Per policy (030601), “incident-based data collected shall 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.” The LCCC PREA Coordinator confirmed the facility’s overall adherence to this policy. As well, an interview with the Agency PREA Coordinator confirms the agency’s adherence to this provision.

(D) Policy (030601) requires that “the agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.” The LCCC PREA Coordinator confirmed the facility’s overall adherence to this policy. As well, an interview with the Agency PREA Coordinator confirms the agency’s adherence to this provision.

(E) Policy (030601) mandates that “the agency shall also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates.” The LCCC PREA Coordinator confirmed the facility’s overall adherence to this policy. As well, an interview with the Agency PREA Coordinator confirms the agency’s adherence to this provision. A review of the agency’s website finds institutional information readily available:

<https://oklahoma.gov/doc/prison-rape-elimination-act.html>

(F) Policy (030601) requires that “upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.” An interview with the Agency PREA Coordinator confirms the agency’s adherence to this provision.

Reasoning & Findings Statement:

	<p>This standard works to ensure that specific data relative to promoting sexual safety within a correctional institution is collected on a monthly basis. That data is then aggregated and made available for public review. The LCCC has complied with the timely collection of said data and subsequently furnishes it to appropriate entities as required. Hence, the LCCC has met all provisional requirements and is in compliance with this standard.</p>
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115.288	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ul style="list-style-type: none"> • ODOC, OP-030601, Oklahoma Prison Rape Elimination Act, 12-1-21 • LCCC Oklahoma PREA, LCCC-030601-01, 4-14-24 • LCCC PREA Coordinated Response Plan, 4-14-24 <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Head • Agency PREA Coordinator • LCCC Facility Administrator • LCCC PREA Compliance Manager <p>Site Review Observations:</p> <ul style="list-style-type: none"> • Extensive review of agency website/PREA section • Reviewed 2022 PREA Outcome Measures

Standard Subsections:

(A) Policy (030601) requires “the Office of the Inspector General shall collect accurate, uniform data for every allegation of sexual abuse at facilities using a standardized instrument and set of definitions.” Following which, the ODOC then uses that data to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training. Specifically, the ODOC works to identify problem areas, take corrective action on an ongoing basis, and prepares an annual report of its findings from the data review and any corrective actions for each facility, as well as the agency as a whole. The PREA Coordinator confirmed adherence to this policy. As well, the ODOC Annual Report of Sexual Violence for ODOC for years 2020, 2021, and 2022 does reflect the intelligent use of said data.

(B) Policy (030601) requires that annual statistical reports include a comparison of the current year’s data and corrective actions with those from prior years and provides an assessment of the ODOC’s progress in addressing sexual abuse and sexual harassment. The Agency PREA Coordinator confirms adherence to this policy. As well, the LCCC Annual Internal Report on Sexual Assault Data for years 2020, 2021, and 2022 does reflect a comparative analysis across years.

(C) Policy (030601) requires that upon completion of each year’s annual report, it “will be approved by the agency director and made available on the agency website and updated annually.” A review of the ODOC website indicates that upon approval from the agency director, the report is then made available to the public on the agency website. The PREA Coordinator confirms adherence to this policy. Furthermore, a review of the ODOC website finds all agency PREA reports publicly available: <https://oklahoma.gov/doc/prison-rape-elimination-act.html>

(D) Policy (030601) requires that “individually identifying information will be redacted.” In speaking with the Agency PREA Coordinator, it was noted that should the agency need to redact specific information other than publicly identifying statistics, proper procedural restraints would be applied.

Reasoning & Findings Statement:

This standard works to determine if agency, and by extension, facility base staff use aggregated data to promote the overall safety and security of the facility. In speaking with the Agency PREA Coordinator and the LCCC Facility Administrator, the manner in which person utilized the data to improve overall institutional safety,

	based on their role within the agency, was explained. Hence, the LCCC has demonstrated clear compliance with each of the provisions, and as such, has reached the goal of the standard.
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115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> • ODOC, OP-030601, Oklahoma Prison Rape Elimination Act, 12-1-21 • LCCC Oklahoma PREA, LCCC-030601-01, 4-14-24 • LCCC PREA Coordinated Response Plan, 4-14-24 <p>Interviews:</p> <ul style="list-style-type: none"> • Agency PREA Coordinator • LCCC Facility Administrator • LCCC PREA Compliance Manager <p>Site Review Observations:</p> <ul style="list-style-type: none"> • Extensive review of agency website/PREA section <p>Standard Subsections:</p> <p>(A) Policy (030601) requires all aggregated data to be securely retained for “at least ten years after the date of the initial collection unless Federal, State, or local law requires otherwise.” The PREA Coordinator confirms agency compliance with this directive. As well, review of the agency website reflects the collection of all annual aggregated reports previously published pursuant to §115.87.</p>

(B) Policy (030601) requires all aggregated data to be securely retained for “at least ten years after the date of the initial collection unless Federal, State, or local law requires otherwise.” The PREA Coordinator confirms agency compliance with this directive. As well, review of the agency website reflects the collection of all annual aggregated reports previously published pursuant to §115.87. This data is made readily available to the public through the ODOC website.

(C) Policy (030601) requires that “individually identifying information will be redacted.” The PREA Coordinator confirms agency compliance with this directive. As well, review of the agency website reflects the collection of all annual aggregated reports previously published pursuant to §115.87.

(D) Policy (030601) requires all aggregated data to be securely retained for “at least ten years after the date of the initial collection unless Federal, State, or local law requires otherwise.” The PREA Coordinator confirms agency compliance with this directive. As well, review of the agency website reflects the collection of all annual aggregated reports previously published pursuant to §115.87. This data is made readily available to the public through the ODOC website.

Reasoning & Findings Statement:

This standard works to ensure both public availability and agency integrity in the presentation of aggregated sexual abuse data. In reviewing agency documents and speaking with staff, it is more than apparent that both the LCCC Facility Administrator, as well as the Agency PREA Coordinator, operate with transparency in government. As such, the facility has clearly obtained each provision, and thus, satisfactorily achieve overall compliance.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Documents: <ul style="list-style-type: none"> • ODOC, OP-030601, Oklahoma Prison Rape Elimination Act, 12-1-21

- LCCC Oklahoma PREA, LCCC-030601-01, 4-14-24
- LCCC PREA Coordinated Response Plan, 4-14-24

Interviews:

- Agency PREA Coordinator
- LCCC Facility Administrator
- LCCC PREA Compliance Manager
- Random/Targeted Staff
- Random/Targeted Residents

Site Review Observations:

- Onsite inspection of the entire LCCC
- Review of documentation available via the LCCC PREA website

Standard Subsections:

(A) As evidenced by presence of facility audits on the ODOC website, and confirmed by the Agency PREA Coordinator, PREA audits have been completed at all ODOC correctional facilities to provide for at least one-third of each facility type operated by the agency being audited during each audit year.

(B) This is Audit Year 2 of Cycle 4.

(H) The auditor had full access to all areas of the facility.

(A) All documents requested by the auditor were received in a timely manner.

	<p>(A) The auditor was permitted to conduct private interviews with residents.</p> <p>(B) Residents were permitted to correspond with the auditor using privileged mail processes.</p> <p>Reasoning & Findings Statement:</p> <p>Both the PREA Coordinator and the LCCC Facility Administrator were exceptionally prepared for this review. The auditor was provided the PAQ well in advance of arriving to the facility. The auditor was given unrestricted access to the institution and provided with all reference materials requested. The auditor was provided with a convenient location from which to interview both employees and staff in a confidential manner. Agency staff ensured that the flow of interview traffic was never restricted and that the auditor was able to attend all requested resident functions throughout the facility as needed. The auditor did not experience any significant barriers, at any stage of the audit, that were under the control of either the agency or the LCCC. Accordingly, LCCC has exceeded the provisions of this standard.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ul style="list-style-type: none"> • ODOC, OP-030601, Oklahoma Prison Rape Elimination Act, 12-1-21 • LCCC Oklahoma PREA, LCCC-030601-01, 4-14-24 • LCCC PREA Coordinated Response Plan, 4-14-24 <p>Interviews:</p> <p>Agency PREA Coordinator</p>

Site Review Observations:

Review of documentation available via the ODOC PREA website

Standard Subsections:

A review of the agency website reflects that the ODOC has published all final audit reports for prior audits completed during the last three years preceding this audit. The PREA Coordinator affirms that all facilities within the ODOC have been audited, and their reports subsequently published, on the agency's website.

Reasoning & Findings Statement:

The function of this standard is to promote transparency in government by ensuring that all facility audits are available for public review, by way of, for example, the agency's website. In this case, the LCCC does have an agency website and has made all facility PREA reports conveniently accessible to the public.

Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	yes

	emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	yes
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.216 (b)	Residents with disabilities and residents who are limited English proficient	

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

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217	Hiring and promotion decisions	

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

	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

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

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

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

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

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

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

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

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

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

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

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

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

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

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	yes

	of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to	yes

	alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	yes

	washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

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

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271	Criminal and administrative agency investigations	

(h)		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	na

	request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.277 (a)	Corrective action for contractors and volunteers	

	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.278 (d)	Disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a	yes

	condition of access to programming and other benefits?	
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	na

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287	Data collection	

(c)		
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	yes

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