

PREA Facility Audit Report: Final

Name of Facility: Northeast Oklahoma Community Corrections Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 07/13/2024

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: Ronell Prioleau	Date of Signature: 07/13/2024

AUDITOR INFORMATION	
Auditor name:	Prioleau, Ronell
Email:	r.priolo@yahoo.com
Start Date of On-Site Audit:	06/13/2024
End Date of On-Site Audit:	06/14/2024

FACILITY INFORMATION	
Facility name:	Northeast Oklahoma Community Corrections Center
Facility physical address:	442586 East 250 Road, Vinita, Oklahoma - 74301
Facility mailing address:	

Primary Contact

Name:	Derrick Yazel
Email Address:	derrick.yazel@doc.ok.gov
Telephone Number:	918-256-3392

Facility Director	
Name:	Derrick Yazel
Email Address:	derrick.yazel@doc.ok.gov
Telephone Number:	918-256-3392

Facility PREA Compliance Manager	
Name:	Ryan Kinsey
Email Address:	ryan.kinsey@doc.ok.gov
Telephone Number:	O: (918) 256-3392

Facility Health Service Administrator On-Site	
Name:	Sandra Yauch
Email Address:	sandra.yauch@doc.ok.gov
Telephone Number:	918-256-3392

Facility Characteristics	
Designed facility capacity:	525
Current population of facility:	483
Average daily population for the past 12 months:	487
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males

Age range of population:	18-70
Facility security levels/resident custody levels:	Community Confinement
Number of staff currently employed at the facility who may have contact with residents:	81
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	9
Number of volunteers who have contact with residents, currently authorized to enter the facility:	49

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

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Carla Braggs	Email Address:	Carla.Braggs@doc.ok.gov

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:

2

- 115.231 - Employee training
- 115.235 - Specialized training: Medical and mental health care

Number of standards met:

39

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:	2024-06-13
2. End date of the onsite portion of the audit:	2024-06-14

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:	Intergris Grove Hospital.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	525
15. Average daily population for the past 12 months:	487
16. Number of inmate/resident/detainee housing units:	2
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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	483
38. 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:	2
39. 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:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. 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:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. 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>44. 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>2</p>
<p>45. 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>46. 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>2</p>
<p>47. 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>48. 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>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. 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>91</p>
<p>50. 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:</p>	<p>44</p>

51. 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:	<p>9</p>
52. 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:	<p>No text provided.</p>
<h2>INTERVIEWS</h2>	
<h3>Inmate/Resident/Detainee Interviews</h3>	
<h4>Random Inmate/Resident/Detainee Interviews</h4>	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	<p>24</p>
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<p> <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 type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	<p>I reviewed the number of inmates required to interview. I reviewed all the inmate races, age span and varied release dates within the population. I then ensured I selected a variety of race, age and release dates. I further ensured I selected inmates from each housing unit. I also considered program assignments.</p>

56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	6
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
61. 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:	0

<p>a. 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>b. 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>The facility staff interviews, PAQ responses and informal staff conversations indicated there were no cognitive or functionally disability inmates.</p>
<p>62. 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:</p>	<p>0</p>
<p>a. 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>b. 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>The facility staff interviews, PAQ responses and informal staff conversations indicated there were no inmates who are Blind or have low vision.</p>
<p>63. 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:</p>	<p>0</p>

<p>a. 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>b. 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>The facility staff interviews, PAQ responses and informal staff conversations indicated there were no inmates who are Deaf or hard-of-hearing.</p>
<p>64. 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:</p>	<p>0</p>
<p>a. 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>b. 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>The facility staff interviews, PAQ responses and informal staff conversations indicated there were no inmates who are Limited English Proficient.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>2</p>

<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>2</p>
<p>67. 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>1</p>
<p>68. 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>0</p>
<p>a. 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>b. 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>The facility staff interviews, PAQ responses and informal staff conversations indicated there were no inmates who disclosed prior sexual victimization during risk screening.</p>
<p>69. 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>a. 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>b. 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>The facility staff interviews, PAQ responses and informal staff conversations indicated there were no inmates who are or were ever placed in segregated housing/isolation for risk of sexual victimization</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>13</p>
<p>72. 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 type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. 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>74. 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 text provided.</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>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>14</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. 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>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. 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>

80. 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
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	2
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input checked="" type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

Yes

No

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

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

Yes

No

86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

Yes

No

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

Yes

No

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

Yes

No

<p>89. 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>No text provided.</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>90. 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>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>No text provided.</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.

92. 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

93. 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	1	0	1	0
Staff-on-inmate sexual harassment	1	0	1	0
Total	2	0	2	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.

94. 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

95. 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.

96. 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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	1	0
Staff-on-inmate sexual harassment	1	0	0	0
Total	1	0	1	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

3

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input 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>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>2</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input 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>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. 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>105. 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>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input 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>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
115. 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.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff	
<p>116. 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.</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:</p>	<p>1</p>
AUDITING ARRANGEMENTS AND COMPENSATION	
<p>121. Who paid you to conduct this audit?</p>	<p><input type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
<p>Identify the name of the third-party auditing entity</p>	<p>Corrections Consulting Services</p>

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Specialized staff interviews 2. ODOC completed PAQ 3. Policy OP-030601 4. Informal staff interviews <p>Oklahoma Department of Corrections (ODOC) and Northeast Oklahoma Community Corrections (NOCCC) has implemented an agency-wide procedure, the Prison Rape Elimination Act (PREA) Operating Procedure, which enforces a strict no-tolerance policy towards sexual assault, abuse, and harassment. The PREA outlines NOCCC’s strategy for training its employees, volunteers, and contractors on how to prevent, detect, and respond to such incidents, and it emphasizes the staff’s obligation to report any such occurrences. A designated PREA Coordinator, who is responsible to</p>

	<p>the Corrections Administrator, has been appointed agency wide. The auditor has meticulously reviewed the agency’s policies, procedures, and organizational chart, and has conducted interviews with both staff and inmates. The auditor has confirmed that the agency has successfully established an appropriate zero-tolerance policy, which includes methods for preventing, detecting, and responding to all allegations of sexual abuse and harassment. The Deputy Warden has been assigned to develop, implement, and supervise the agency’s and facility’s efforts to comply with PREA. Consequently, NOCCC has effectively fostered a culture of zero tolerance towards all forms of sexual abuse and harassment.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>
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115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Policy OP-030601 2. Specialized staff interviews 3. ODOC completed PAQ 4. Geo/Bridgeway contracts <p>ODOC Policy is written in compliance with the standard and requires confinement of inmates in any new contract or contract renewal includes compliance with PREA standards. ODOC policy requires contracts include a provision for contract monitoring to ensure the contract facility is complying with the PREA standards. Policy does not allow the NOCCC to enter a contract with an entity that fails to comply with PREA standards except in emergency situations. The ODOC has included language in all contracts to ensure that contracted facilities comply with PREA Standards. The number of contracts for the confinement of inmate that the agency entered or renewed with private entities or other government agencies since the last PREA audit is one (2). The number of contracts that DID NOT require contractors to adopt and comply with PREA standards is zero (0). The Auditor reviewed the contract between the ODOC and GEO Corrections & Detention and Bridgeway LLC. There have been contract extensions and renewals since 2013. Each included requirements for GEO Group and Bridgeway LLC to comply with PREA standards. There is a provision in the contract that allows the NOCCC to monitor GEO and Bridgeway’s compliance with PREA. During an interview with the PREA Coordinator indicated that, ODOC has a Private Prison Liaison Officer, who monitors the contract at the private prison to ensure the performance is in accordance with</p>

	<p>agency policy and procedures, mandates and legal requirements.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>
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115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Specialized staff interviews 2. Informal conversations with staff 3. ODOC completed PAQ 4. NOCCC staffing plan 5. Random staff interviews 6. Site review observations <p>The facility operates according to a staffing plan that aligns with recognized detention and correctional practices. This plan is reviewed on an annual basis, and any issues that are identified are prioritized and addressed. Recently, there have been no issues with staffing shortages.</p> <p>Supervisors and Lieutenants carry out unannounced rounds across all shifts at random times. These rounds are documented in the “Unannounced Rounds/PREA Log”. Interviews with inmates confirm that supervisors regularly visit housing units and other areas.</p> <p>The staffing plan considers a variety of factors. These include the physical layout of the facility, the population of offenders, the placement of supervisory staff, institutional programs, local laws, and incidents of sexual abuse. The plan is a combination of the facility’s current Post Audit, approved Shift Design, and proper roster management.</p> <p>Over the last 12 months, there have been no deviations from the staffing plan however the most common reasons for deviations from the staffing plan have included scheduled leave time, mandatory training, staff vacancies, short-term medical leave, approved scheduled leave, and call-ins. Any deviations from the plan must be documented and justified.</p> <p>The facility Superintendent reviews the staffing plan annually, or more frequently if necessary. If the facility is not staffing according to the plan, a comprehensive</p>

	<p>written explanation is required. This explanation must include possible solutions to increase staffing levels.</p> <p>During a tour of the facility, potential “blind spots” were identified however all were corrected on the immediately. The facility leadership is constantly reviewing potential problem areas and implementing solutions.</p> <p>The auditor concluded that the facility’s staffing plan is adequate to ensure the protection of staff and inmates from sexual abuse. The auditor’s compliance determination was based on a review of policies, procedures, the staffing plan, facility logbooks, shift rosters, observations, and interviews with staff and inmates.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>
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115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Policy OP-030601 2. Site review observations 3. Informal conversations with staff and inmates 4. Targeted inmate interviews 5. ODOC completed PAQ 6. Staff training records <p>Strip searches are conducted without opposite-gender witnesses. Inmates remove all clothing for inspection. ODOC employees visually inspect the disrobed individual, who adopts various positions for thoroughness. No physical contact or intrusion occurs during the inspection. The individual dresses immediately after the search.</p> <p>Opposite-gender strip searches by ODOC employees are only conducted under immediate threats to facility operation, with no alternatives available. Such searches require approval from the Shift Commander, who notifies the superintendent. Corrections Officers submit an Internal Incident Report post-search.</p> <p>In the past year, there were no cross-gender strip or visual body cavity searches. The NOCCC does not house female offenders. Policies allow offenders to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing them, except in exigent circumstances or incidental to</p>

	<p>routine cell checks. Female staff announces their presence when entering housing units with male offenders.</p> <p>Offenders are not searched or physically examined solely to determine genital status. If unknown, intake staff initiates a private, professional conversation with the offender or status maybe documented through medical records or unrelated physical exam. Pat searches are conducted by same-gender staff unless an emergency or special situation exists. Staff are trained to conduct searches of transgender and intersex offenders professionally and minimally intrusively. The auditor concluded through demonstrations that staff are appropriately trained to conduct cross-gender searches, transgender and intersex pat searches and consistently make opposite-gender announcements when entering sleeping areas and restrooms. Inmates can shower, change clothing, and use the restroom without non-medical staff of the opposite gender viewing them.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>
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115.216	Residents with disabilities and residents who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Policy OP-030601 2. ODOC completed PAQ 3. Site review observation 4. Random staff interviews 5. Targeted inmate interviews 6. Specialized staff interviews 7. Informal staff and inmate conversations <p>The staff at the Northeast Oklahoma Community Correctional Center ensures that each inmate receives information about the Prison Rape Elimination Act (PREA) upon arrival. For inmates who are disabled or do not speak English, the facility provides intake and orientation materials in both English and Spanish and offers translation services if needed. Staff members also provide individual assistance to inmates who need additional help understanding the information. The facility does not use inmate interpreters; instead, they have selected bilingual staff and access</p>

to a phone interpretation service. This was verified through targeted inmate interviews and random staff interviews. Additionally, I was provided a copy of the agency wide staff list of staff who speak various languages.

During the site review, the auditor observed that the facility has a written policy mandating zero tolerance towards sexual abuse and sexual harassment. The auditor observed PREA posters and other materials posted in housing units and other common areas, all of which were in English and Spanish. Inmate tablets and kiosks are also available in both languages. The facility uses various services to ensure that all inmates, including those who are limited English-speaking, have disabilities, or have a speech disability, have an equal opportunity to participate in PREA education. These services include a PREA Handbook and a Spanish Offender Training Acknowledgement form, and various interpreter services.

The facility takes 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. NOCCC refrain from relying on offender interpreters, readers, or other types of offender assistance, except in limited circumstances where a delay in obtaining an effective interpreter could compromise the offender's safety. This was verified through informal interviews with staff and inmates. The auditor concluded that the agency provides information that ensures equal opportunities to inmates who are disabled and takes reasonable steps to provide inmates who are limited English proficient meaningful access to all aspects of the agency's prevention, detection, and response policies towards sexual abuse and sexual harassment.

After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.

115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Policy OP-110235; OP-110210 2. Specialized staff interviews 3. Informal conversations with staff 4. ODOC completed PAQ <p>The agency has established comprehensive policies and procedures to identify individuals who have been convicted of sexual abuse in a confinement setting, or who have engaged in or attempted to engage in sexual activity in the community. This also extends to those who have been civilly or administratively adjudicated for</p>

	<p>the same. To facilitate this, the agency has developed the Oklahoma Department of Corrections Applicant Questionnaire and Background Investigation Form. This form is designed to inquire specifically about these activities, encompassing all provisions outlined in this standard.</p> <p>In order to ensure the effectiveness of these measures, I conducted interviews with staff and Human Resources, verifying the utilization of the form. This was further confirmed through a review of personnel files, where it was found that the questions were consistently asked and answered. The staff interviews also confirmed that they were asked these questions.</p> <p>The documentation review revealed that this process is not only used for new applicants but is also integrated into the agency’s promotion system. This was further corroborated through agency-level interviews and discussions with promoted personnel.</p> <p>The agency has implemented a thorough background investigation process for all new employees, contractors, and volunteers, conducted in accordance with Department policy. As part of this process, a Criminal History Check is carried out through the National Crime Information Center (NCIC). In addition, the agency utilizes the Rap Back System through the Oklahoma Law Enforcement Telecommunications System. This system provides constant updates on any changes in the criminal history of any staff, volunteer, or contractor, thereby eliminating the need for a five-year Criminal History Check.</p> <p>Moreover, the facility conducts a separate five-year Criminal History Check. A review of the logs confirmed that these checks are being carried out for all staff. Thus, the agency’s commitment to maintaining a safe and secure environment is evident in its rigorous screening and monitoring processes.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets 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>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Specialty staff interviews 2. Observations during site review 3. Informal conversations with staff 4. ODOC completed PAQ

The agency, in its commitment to maintaining a safe and secure environment, has not undertaken any significant expansion of the existing facility, nor are there any approved plans for such developments in the foreseeable future. There have been recent discussions for improving the inmate bathrooms. This decision is rooted in a comprehensive understanding of the facility's current capabilities and the security and safety needs related to the inmate population.

During several interviews, it was confirmed that should there be any future expansions or acquisitions, a holistic approach to security and safety will be adopted. This approach will encompass all aspects of inmate safety, with a particular emphasis on ensuring the sexual safety of all inmates and staff. This commitment to safety is a testament to the agency's dedication to upholding the rights and well-being of those within its care.

The facility superintendent advised during the site review the facility is currently expecting additional cameras and it was confirmed during the interviews that if any future installations of surveillance equipment are to take place, the overall security and safety of the inmates will be the primary consideration. This includes the sexual safety of the staff and inmates, further underscoring the agency's commitment to creating a secure environment.

For any proposed new construction or renovation projects, the agency adheres to Attachments A and B of policy OP-150101. These documents serve as a guide, directing that the agency's ability to protect inmates from sexual abuse must be a key consideration in any new construction or renovation projects. The policy ensures that any changes to the physical environment of the facility are made with the utmost consideration for the sexual safety of staff and inmates.

Finally, it is important to note that any new construction or renovations must receive approval from the Regional Director and Chief of Operations. This level of oversight ensures that all changes align with the agency's broader objectives and maintain the highest standards of safety and security.

The superintendent and the agency's approach to facility management demonstrates a strong commitment to maintaining a safe and secure environment for its inmates. Through careful planning, adherence to policy, and a focus on comprehensive safety measures, the agency strives to uphold its responsibilities and commitments to those in its care.

After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence relied upon to make Compliance Determination:

1. Policy OP-040117; OP-030601; OP-140118
2. Targeted inmate interviews
3. Specialty staff interviews
4. Community partner interviews
5. Random staff interviews
6. Informal staff and inmate conversations
7. Baptist Healthcare MOU

The facility policy is written in accordance with the PREA standard. The agency is responsible for conducting both administrative and criminal investigations of all incidents involving sexual abuse and sexual harassment. These investigations begin at the facility level with a team approach, involving notification of administration, medical staff, and mental health professionals. The Office of Fugitive Apprehensions and Investigations is then responsible for further investigation, with sworn law enforcement officers who are highly trained in evidence collection and identification leading the process.

Upon reviewing the training materials and interviewing the lead investigator from this division, it was found that they strictly follow the evidence protocols outlined in the policy and are well-versed in evidence identification and collection. The investigator was very knowledgeable about all cases discussed and appeared to be intricately involved in all facility investigations. The facility also utilizes a SANE (Sexual Assault Nurse Examiner) and victim advocate from Integris Grove Hospital, AKA Grove Baptist Healthcare, as confirmed during interviews with hospital staff.

The protocols outlined in the policies are deemed developmentally appropriate for youth and exceed nationally accepted standards. Victim advocates are available to provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. This was verified through interviews with targeted inmates and random staff interviews.

Although these services have not yet been utilized at the facility, their availability was confirmed through interviews and review of the memorandum of understanding. After a thorough review of all documentation and information obtained during interviews at both agency and facility levels, it was determined that the facility and its leadership consistently work community partners to meet requirements of this standard and all provisions.

After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.

115.222	Policies to ensure referrals of allegations for investigations
	<p data-bbox="280 188 981 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1094 376">Evidence relied upon to make Compliance Determination:</p> <ol data-bbox="280 412 783 663" style="list-style-type: none"> <li data-bbox="280 412 687 448">1. Policy OP-040117; 030601 <li data-bbox="280 483 671 519">2. Specialty staff interviews <li data-bbox="280 555 783 591">3. Informal conversations with staff <li data-bbox="280 627 628 663">4. ODOC completed PAQ <p data-bbox="280 698 1481 860">NOCCC has shown an unwavering dedication to thoroughly investigating all allegations of sexual abuse and harassment. This commitment is not just verbal, but is embedded in their administrative procedures and policies, which I have personally examined.</p> <p data-bbox="280 896 1474 1057">To further validate the agency’s compliance with these policies, I conducted interviews with investigators and staff members. These discussions offered valuable insights into the practical implementation of the policies and confirmed that all allegations are indeed investigated without exception.</p> <p data-bbox="280 1093 1474 1209">I also evaluated the agency’s investigative reports, which serve as concrete proof of the agency’s commitment to investigating all allegations and further validate their adherence to their stated policies.</p> <p data-bbox="280 1245 1417 1361">Transparency is a crucial element of the agency’s investigative approach. This is evidenced by the public accessibility of the agency’s investigative procedure on their website, which I have personally verified.</p> <p data-bbox="280 1397 1468 1603">The agency has also instituted a set of policies that guide the investigative process. These policies provide a structure for conducting investigations and ensure uniformity and fairness. I confirmed the existence and application of these policies during my review of the agency’s policies and through my interviews with investigators.</p> <p data-bbox="280 1639 1455 1756">After a thorough review of all the documentation and information received during interviews at the facility levels, I have drawn a conclusion. The agency is consistently working within the requirements of this standard and all its provisions.</p> <p data-bbox="280 1792 1391 1908">The agency has shown a strong commitment to investigating all allegations of sexual abuse and harassment. Their policies and procedures are robust and transparent, and they have consistently adhered to these policies in practice.</p> <p data-bbox="280 1944 1474 2024">After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>

115.231	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Policy OP-030601 2. ODOC completed PAQ 3. Random staff interviews 4. Personnel records 5. Informal staff conversations <p>The agency conducts comprehensive annual training for all employees, covering the topics outlined in this standard. My review of the training curriculum and materials confirmed their thoroughness in addressing all areas. This was further corroborated through staff interviews and examination of training records.</p> <p>New employees undergo an initial training session followed by annual in-service training. Staff interviews revealed that they also receive updates during staff briefings. The training encompasses protocols for interacting with male and transgender inmates. This was verified through a review of training materials and staff interviews.</p> <p>Employees confirm their receipt of training through a signature, as evidenced in the sample signature acknowledgement forms reviewed. All facility staff are provided with a laminated card outlining the required response to a Prison Rape Elimination Act (PREA) incident. Several staff members presented their cards during the interview process.</p> <p>The agency's training is updated annually by the PREA Coordinator. At the start of each year, the coordinator meets with all training officers to provide them with the updated training and explain any changes. The PREA Coordinator is continually improving the training materials.</p> <p>After a meticulous review of all documentation and information received during facility-level interviews, I concluded that the agency is consistently managing the standard above the requirements. This decision was based on the agency's unwavering commitment to sexual safety within their facilities.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets and exceeds the requirements of this standard.</p>

115.232	Volunteer and contractor training
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Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon to make Compliance Determination:

1. Specialty staff interviews
2. Contractor/Volunteer training records
3. ODOC Completed PAQ
4. Informal staff conversations
5. Contractor/Volunteer training curriculum

Northeast Oklahoma Community Corrections Center prioritizes comprehensive training for all volunteers and contractors who interact with inmates, ensuring they understand their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies. The training approach varies based on the services provided and the level of inmate contact. At a minimum, volunteers and contractors receive clear information about the agency's zero-tolerance policy regarding sexual misconduct and harassment, along with guidance on reporting incidents.

To validate this practice, I consulted with a Chaplain designated as a longtime local volunteer and a seasonal construction contractor. The agency conducts training sessions at its level, emphasizing recertification every two years. These sessions cover essential topics, including PREA prevention, detecting and PREA reporting and the zero-tolerance policy. Notably, the facility ensures that all volunteers and contractors currently in contact with inmates receive this training. I verified this through a review of volunteer and contractor training records. I further validated this process by conducting additional telephonic interviews with multiple contractors and volunteers.

Documentation confirming comprehension of training is meticulously maintained at the facility level, as evidenced during the review of volunteer and contractor acknowledgment forms. Additionally, telephone interviews with multiple contractors and volunteers verified the rigorous training process, emphasizing awareness of the zero-tolerance policy and PREA prevention, detection and reporting. Informal conversations with random staff and my assistant's required completion of the contractor training prior to conducting inmate interviews further demonstrates the facility's culture to ensure inmate safety when contractors enter the facility.

After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon to make Compliance Determination:

1. Policy OP-030601
2. Site review observation
3. Inmate intake records
4. inmate handbook
5. Random inmate interviews
6. Specialized staff interviews
7. Informal conversations with staff and inmates

During the intake process, inmates receive comprehensive information about the agency's zero tolerance policy regarding sexual abuse and sexual harassment. The policy is written in accordance of PREA standard. This critical information is outlined in the inmate handbook.

Confirmation of this policy occurs through interviews with both inmates and staff. Additionally, I verified its implementation by reviewing inmate files, ensuring that the Zero Tolerance Acknowledgment for Offenders Forms were signed by inmates.

Within seven days of arriving at the facility, inmates participate in an in-depth orientation. During this orientation, the facility provides training on the Prison Rape Elimination Act, as confirmed during staff and inmate interviews.

To ensure accessibility, the facility tailors inmate education to various formats. This includes accommodating inmates who are limited English proficient, deaf, visually impaired, or otherwise disabled. Materials are also available in Spanish, and designated staff can provide interpretation in other languages.

Signage throughout the facility reinforces the zero-tolerance policy and reporting avenues. I personally observed this signage during the facility site review, and it was also confirmed during interviews with inmates and staff.

Furthermore, I conducted interviews with inmates across multiple housing units. They consistently reported receiving training and education every time they arrive at a new facility. My review of inmate files revealed that several inmates had the Zero Tolerance Acknowledgment for Offenders Forms from other facilities as well as the current facility in their files. Based on a thorough examination of all documentation and information gathered from facility-level interviews, I conclude that the facility is consistently managing the requirements of this standard.

After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.

115.234	Specialized training: Investigations
	<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 1098 376">Evidence relied upon to make Compliance Determination:</p> <ol data-bbox="280 412 756 801" style="list-style-type: none"> <li data-bbox="280 412 564 448">1. Policy OP-030601 <li data-bbox="280 483 628 519">2. ODOC completed PAQ <li data-bbox="280 555 756 591">3. Specialized training curriculum <li data-bbox="280 627 705 663">4. Specialized staff interviews <li data-bbox="280 698 721 734">5. Investigator training records <li data-bbox="280 770 938 806">6. Affirmation memorandum from OIG director <p data-bbox="280 842 1481 1128">The ODOC holds a significant position in conducting both administrative and criminal investigations related to incidents of sexual abuse and harassment at Northeast Oklahoma Community Corrections Center. These investigations are spearheaded by the Office of Fugitive Apprehensions and Investigations (OIG). A key aspect of these investigations is the involvement of qualified and trained investigators. These investigators are sworn law enforcement officers, possessing the requisite expertise to conduct criminal inquiries.</p> <p data-bbox="280 1164 1481 1406">They receive comprehensive training that includes understanding and applying Miranda and Garrity warnings, techniques for interviewing victims of sexual abuse, appropriate methods for evidence collection in confinement settings, and understanding the criteria and evidence required to substantiate a case for administrative action or prosecution referral. This training equips the investigators with the necessary skills to handle sensitive cases while adhering to legal standards.</p> <p data-bbox="280 1442 1481 1729">The auditor verified the training received by investigators through various methods such as informal staff interviews, an in-person interview with the State lead investigator, investigation file reviews, and policy assessments. The qualifications of the investigators were validated through training records and an affirmation memorandum from the OIG agency director. Furthermore, all agency investigators hold certification from the Oklahoma Council on Law Enforcement Education and Training, which underscores their expertise in criminal investigations.</p> <p data-bbox="280 1765 1449 1926">Upon reviewing all documentation and conducting interviews, the facility consistently adheres to the requirements of this standard. The commitment of the facility to effectively manage cases of sexual abuse and harassment is further evidenced by the lead investigator’s in-person interview.</p> <p data-bbox="280 1962 1458 2087">NOCCC’s meticulous approach, the qualifications of its investigators, and its strict adherence to standards collectively contribute to creating a safer environment and enhancing accountability in matters related to sexual abuse and harassment</p>

	<p>incidents</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>
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115.235	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Specialized staff interviews 2. Policy OP-030601 3. ODOC completed PAQ 4. Informal conversations with staff 5. Medical staff training acknowledgements <p>All medical and mental health care practitioners working at Northeast Oklahoma Community Corrections Center, whether they are full-time or part-time, have undergone comprehensive training in several critical areas. These areas include:</p> <p>Detection and Assessment: They have been trained on how to identify and evaluate signs of sexual abuse and harassment. This training equips them with the necessary skills to recognize potential cases of abuse and take appropriate action.</p> <p>Preservation of Evidence: Practitioners are taught how to preserve physical evidence of sexual abuse. This is crucial in ensuring that any evidence collected can be used in subsequent investigations and legal proceedings.</p> <p>Response to Victims: The training also covers how to respond effectively and professionally to victims of sexual abuse and harassment. This includes providing immediate care and support, as well as referring victims to appropriate services.</p> <p>Reporting Procedures: Practitioners are trained on how and to whom they should report allegations or suspicions of sexual abuse and harassment. This ensures that all incidents are reported promptly and handled correctly.</p> <p>The effectiveness of this training has been confirmed through a thorough review of the training materials used by the Oklahoma Department of Corrections. Additionally, the PREA Training for Medical & Mental Health Course Rosters at the Oklahoma DOC facilities were reviewed, where medical and mental health staff are assigned. Interviews with the medical and mental health staff also provided further</p>

	<p>confirmation of this training.</p> <p>It's important to note that the medical staff employed by the Oklahoma DOC does not conduct sexual assault examinations. Instead, these examinations are conducted by hospital staff or staff from rape crisis centers across the agency. This ensures that the examinations are carried out by professionals who specialize in dealing with sexual assault cases.</p> <p>Depending on their status in the agency, medical and mental health care practitioners also receive additional training mandated for employees under § 115.31 or for contractors and volunteers under § 115.32. This was confirmed during the review of training rosters at the facility and with the training officer, as well as through interviews with the medical and mental health staff.</p> <p>The facility provides this training annually to all medical and mental health care practitioners, a practice that greatly surpasses the standard requirement. They have also compiled a Medical PREA binder containing all training materials, policies, and a flow chart for when the next training is due.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets and exceeds the requirements of this standard.</p>
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115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Policy OP-030601; OP-030102 2. Random inmate interviews 3. Specialized staff interviews 4. Random staff interviews 5. Informal staff and inmate conversations 6. Inmate intake records 7. Site review observations <p>Northeast Oklahoma Community Corrections Center ensures all inmates undergo an assessment during the intake process, which is completed upon their arrival at the facility. This screening is carried out using the Self Report Form and the Cell Assessment Form. These tools identify all areas of victimization and abusiveness</p>

	<p>outlined in the standard. The accuracy of this information was verified through interviews with staff and inmates, as well as a review of the completed forms. Trained staff members conduct the screenings. Staff interviews confirmed that if an inmate is transferred to another facility, they would undergo another screening.</p> <p>The initial screening for the risk of sexual abuse considers any known prior acts of sexual abuse, previous convictions for violent offenses, and history of institutional violence or sexual abuse. This information was confirmed during the review of the screening tools and interviews with staff and inmates. All inmates are reassessed within 30 days of their arrival by case managers, who consider all available information at the time of reassessment. This was confirmed through a review of reassessment documentation and staff interviews. Inmate risk levels are reassessed when necessary due to a referral, request, incident of sexual abuse, or receipt of new information that may change the risk of victimization or abusiveness.</p> <p>Inmates are informed during the screening process that they will not face disciplinary action for refusing to answer or for not providing complete information. This policy was confirmed during the review of screening tools and interviews with staff and inmates. The agency controls the dissemination of screening information at the facility level, limiting access to case managers, medical staff when necessary, and administration. Screening information is stored in locked filing cabinets in case managers' offices. The agency also screens all inmates through medical questioning related to sexual victimization.</p> <p>Assigned Case Managers regularly reassess inmates, conduct housing unit inspections, interact with inmates, and meet with each inmate monthly, documenting these meetings in case notes. This was confirmed through interviews and observation of interactions between inmates and Case Managers. Following a comprehensive review of all documentation and information gathered during agency and facility level interviews, the screening and assessment processes were found to be thorough and effective in identifying and managing risks of victimization and abusiveness among inmates.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>
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115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Policy OP-030601

	<p>2. Random inmate interviews</p> <p>3. Specialized staff interviews</p> <p>4. ODOC completed PAQ</p> <p>Northeast Oklahoma Community Corrections Center employs screening and reassessment data tools to guide decisions regarding housing, bed allocation, work, education, and program assignments. The policy is written in accordance with the PREA standard. The objective is to segregate inmates who are at a high risk of sexual victimization from those who are likely to be sexually abusive. This practice, confirmed through policy reviews and interviews with staff and inmates, is carried out on an individual basis to ensure each inmate’s safety.</p> <p>When assigning a transgender or intersex inmate to a male facility, or making other housing and programming decisions, the agency considers several factors. These include whether the placement would guarantee the inmate’s health and safety, and whether it would pose management or security issues. The agency also considers the inmate’s own views during these decisions.</p> <p>It has been confirmed through policy and interviews that a transgender inmate is provided the opportunity to shower separately from other inmates. Interviews with the Case Manager Supervisor and Case Managers confirmed that placement and programming assignments for each transgender or intersex inmate are reassessed at least biannually, a practice this is also addressed in the policy.</p> <p>The agency and facility do not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings based solely on their identification or status. This was confirmed during facility level interviews and informal inmate interviews, with several inmates at the facility identifying as gay and bisexual.</p> <p>After a thorough review of all documentation and information received during facility-level interviews, it was found that the facility continues to manage the requirements of this standard and all its provisions.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>
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115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon to make Compliance Determination: 1. Policy OP-030601; OP-090124

2. Speciality staff interviews
3. Informal conversations with staff
4. Random staff interviews
5. Random inmate interviews
6. Site review observation
7. ODOC completed PAQ

The Northeast Oklahoma Community Corrections Center has a sexual abuse and sexual harassment policy that is written in accordance with the PREA standard and has comprehensive measures in place to ensure inmates receive clear information about reporting procedures. This information is disseminated through multiple channels, including the inmate handbook provided during intake and signage throughout the facility. Inmates have several avenues for reporting incidents: 1. Direct Reporting to Staff Members; 2. Inmates can report directly to any staff member within the facility. Staff members are trained to receive and handle reports promptly; 3. PREA Reporting Hotline: The facility maintains a dedicated PREA (Prison Rape Elimination Act) reporting hotline accessible by dialing 073 on the phone. This hotline serves as an immediate channel for inmates to report incidents confidentially; 4. Oklahoma State Bureau of Investigations (OSBI): As the external reporting avenue for the agency, the OSBI plays a crucial role. Inmates can report incidents to the OSBI, ensuring an independent and external review process; 5. Finally each inmate is issued a tablet that can be used to communicate directly with staff and other outside agencies.

The instructions for using these reporting avenues are meticulously detailed, with step-by-step guidance provided in written materials distributed to inmates. During interviews with both staff and inmates, I confirmed their awareness of these reporting options and emphasized that reports can remain anonymous.

The agency's website further supports third-party reporting. Visitors to the website can find clear instructions on how to report incidents. Staff interviews revealed their understanding of the agency policy, which mandates accepting reports verbally, in writing, anonymously, and from third parties. Staff members promptly document verbal reports, ensuring a thorough record.

Additionally, the agency provides a confidential method for staff to report sexual abuse and harassment of inmates through the Inspector General's office. Staff can choose to report via phone or email, maintaining privacy and confidentiality.

Inmate interviews highlighted a positive trend: inmates feel comfortable sharing incidents with staff members. This confidence reflects the overall culture at the facility, where openness and trust in the reporting process prevail. While individual experiences may vary, the agency's provision of multiple reporting avenues ensures that inmates can select the method that best suits their comfort level.

	<p>Importantly, after reviewing multiple of agency investigations, it became evident that most incidents were initially reported to a staff member. A thorough examination of documentation and information gathered during the facility-level interviews confirmed that the agency consistently manage the requirements of this standard and all provisions.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>
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115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Policy OP-090124; OP-030601 2. Targeted inmate interviews 3. Random inmate interviews 4. Informal staff and inmate conversations <p>The facility policy is written within accordance with the PREA standard. Within the framework of the agency’s Inmate/Offender Grievance Process policy, every provision stipulated by this standard has been meticulously addressed. I conducted a thorough review of the policy in its entirety. Additionally, I engaged in informal discussions with staff members to gauge their understanding of the procedure in cases where an inmate files a grievance related to sexual abuse.</p> <p>Remarkably, Northeast Oklahoma Community Corrections Center had not received any grievances pertaining to sexual abuse within the past 12 months. This confirmation was based on interviews with both inmates and the facility staff. While the interviewed inmates were aware of their right to file such grievances, they expressed a preference for alternative reporting avenues. Interestingly, the staff members acknowledged their responsibility to assist inmates in filing grievances upon request, but they also emphasized their commitment to promptly report incidents in accordance with policy guidelines.</p> <p>After meticulously reviewing all relevant documentation and synthesizing insights from interviews conducted at the facility level, I arrived at a conclusive finding: the agency demonstrates understanding the requirements outlined in this standard, with all provisions being satisfactorily met.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Policy OP-030601 2. ODOC completed PAQ 3. Targeted inmate interviews 4. Random inmate interviews 5. MOU between NOCCC/Baptist Healthcare <p>The Northeast Oklahoma Community Corrections Center policy is written in accordance with the PREA standards. According to NOCCC policies and procedures, inmates have access to confidential support services. Specifically, they can utilize the services offered by INTEGRIS Grove Hospital, which includes both Sexual Assault Nurse Examiner (SANE) and Victim Advocacy programs. Remarkably, the quality of care provided to inmates is on par with what individuals receive in the broader community. This fact was confirmed during my interview with the supervisor at INTEGRIS Grove Hospital.</p> <p>NOCCC Leadership takes the responsibility of informing inmates about communication monitoring during orientation. They clarify the extent to which communications will be observed and how reports of abuse will be handled in accordance with mandatory reporting laws. This transparency helps maintain trust and ensures that inmates are aware of the process. This orientation process was verified through formal and informal conversations with inmates and staff.</p> <p>Furthermore, I established through interviews that follow-up mental health care is available within the facility for any inmate involved in an incident. All necessary information related to this standard and its provisions is made accessible to the inmates. This conclusion was reached after a thorough review of documentation and interviews conducted at facility level. I conducted additional telephone interviews with several community partners to confirm the services being offered by the participating agencies. Overall, the agency demonstrates understanding and management of the requirements outlined in this standard.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. ODOC completed PAQ 2. Site review observations 3. Stop the violence brochure 4. Random inmate interviews <p>Northeast Oklahoma Community Corrections Center has implemented robust third-party reporting methods within its policy framework. These methods empower both inmates and external individuals to report incidents. Specifically, the agency’s website provides comprehensive information on the available reporting avenues. My review of the agency website confirmed the following options:</p> <p>Email Reporting: Inmates, family members, friends, clergy, vendors, contractors, and any other person with knowledge of an incident can send an email to preareport@doc.ok.gov.</p> <p>Telephone Reporting: The agency offers two dedicated phone lines: PREA Reporting Line: Call 1(855) 871-4139 to report allegations or knowledge of sexual abuse.</p> <p>ODOC Fugitive Apprehension and Investigations Line: Dial (405) 425-2571 for reporting purposes.</p> <p>In-Person Reporting: Individuals can verbally report incidents to any DOC facility administrator or staff member.</p> <p>Additionally, the agency ensures visibility by posting third-party reporting avenues within the facility. Visitors can easily access this information. After a meticulous examination of all relevant documentation and interviews conducted at both the agency and facility levels, I conclude that the agency substantially complies with the requirements of this standard, including all provisions.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>
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115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon to make Compliance Determination:

1. Policy OP-030261
2. Random staff interviews
3. Specialized staff interviews
4. ODOC completed PAQ
5. Informal staff conversations

Northeastern Oklahoma Community Corrections Center's policy is a comprehensive and robust framework, meticulously designed to address and manage incidents of sexual abuse, assault, and harassment within its facilities. This policy is written based on the framework of the entire PREA policy, however it's not just a set of rules, but a well-thought-out system that ensures the safety and well-being of everyone within the facility.

The policy places a significant emphasis on immediate reporting. All staff members, volunteers, and contractors are bound by a duty to report any incident they become aware of. This obligation is not limited to incidents that occur within the agency's facility but extends to incidents that occur elsewhere. The moment they become aware of any incident, they are required to promptly inform their supervisors or higher authorities. This reporting obligation is comprehensive and encompasses incidents involving sexual abuse, assault, or harassment. It applies equally to both inmates and staff members who report such incidents. In addition to this, the policy also emphasizes vigilance regarding staff neglect or violations that may contribute to incidents or retaliation.

NOCCC policy also addresses the issue of confidentiality and disclosure. Staff members are explicitly prohibited from disclosing more information than strictly necessary. This aspect of the policy strikes a delicate balance between transparency, which is necessary for accountability, and confidentiality, which is crucial for the protection of victims and the integrity of investigations. All interviewed staff members demonstrated a clear understanding of this requirement, ensuring that sensitive details are handled appropriately and with the utmost care.

The policy mandates a comprehensive reporting process. All allegations, without exception, are reported to both security personnel and administration for immediate action. This ensures that no incident goes unnoticed or unaddressed.

When it comes to individuals under the age of 18, the facility does not house inmates under the age of 18.

In summary, after a meticulous review and interviews at the facility levels, it is evident that the facility continuously adheres to the requirements outlined in this standard. All provisions are diligently followed, ensuring a safe and accountable environment. The policy's effectiveness is evident in the agency's operations, demonstrating its commitment to creating a safe and respectful environment for all.

After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.

115.262	Agency protection duties
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1098 376">Evidence relied upon to make Compliance Determination:</p> <ol data-bbox="280 412 703 734" style="list-style-type: none"> <li data-bbox="280 412 564 448">1. Policy OP-030601 <li data-bbox="280 483 660 519">2. Random staff interviews <li data-bbox="280 555 703 591">3. Specialized staff interviews <li data-bbox="280 627 628 663">4. ODOC completed PAQ <li data-bbox="280 698 711 734">5. Informal staff conversations <p data-bbox="280 770 1474 1012">According to Northeast Oklahoma Community Corrections Center policies, when staff becomes aware that an inmate faces a substantial risk of imminent sexual abuse, they are obligated to take immediate action to safeguard the inmate. During interviews, staff members acknowledged their responsibility and expressed their commitment to promptly protect the inmate by ensuring their relocation to a secure area.</p> <p data-bbox="280 1048 1474 1209">After conducting a thorough review of all relevant documentation and considering the information gathered from facility-level interviews, I determined that the agency demonstrates consistency with the requirements outlined in this standard, including all provisions.</p> <p data-bbox="280 1245 1474 1326">After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>

115.263	Reporting to other confinement facilities
	<p data-bbox="280 1606 983 1641">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 1682 564 1718">Auditor Discussion</p> <p data-bbox="280 1758 1098 1794">Evidence relied upon to make Compliance Determination:</p> <ol data-bbox="280 1830 703 2009" style="list-style-type: none"> <li data-bbox="280 1830 564 1865">1. Policy OP-030601 <li data-bbox="280 1901 703 1937">2. Specialized staff interviews <li data-bbox="280 1973 711 2009">3. Informal staff conversations <p data-bbox="280 2045 1273 2080">Northeast Oklahoma Community Corrections Center has established a</p>

	<p>comprehensive set of procedures that align with the requirements of the standard and provision, suggesting a commitment to maintaining a high level of operational integrity. Upon receiving an allegation, the head of the facility where the incident allegedly occurred must be notified within 72 hours, ensuring a prompt response to any potential issues.</p> <p>All information received in relation to the allegation is documented, which could include details of the allegation, individuals involved, and any immediate actions taken. This practice supports transparency and accountability. If a direct staff allegation is received and meets certain criteria, the facility is required to notify the Office of Fugitive Apprehensions and Investigations, indicating that the agency has a system in place for escalating serious matters to higher authorities.</p> <p>The policies and practices have been confirmed through a review of documentation related to forwarded emails or completed investigations. In addition to document reviews, staff interviews were conducted to further validate the implementation of these policies and practices, providing insights into the staff’s understanding and adherence to these procedures.</p> <p>The auditor concluded all staff have a comprehensive understanding of the agency’s policy and commitment to addressing allegations in a systematic and transparent manner. It highlights the agency’s dedication to upholding standards, ensuring accountability, and promoting a culture of integrity.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>
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115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Policy OP-030601 2. Specialized staff interviews 3. Targeted inmates 4. Informal staff conversations <p>Northeastern Oklahoma Community Corrections Center policies outline the initial response by staff in accordance with the PREA standard. The policies include all the provisions of the standard. The staff interviewed understood their responsibilities if they were the first responder to an allegation. I verified compliance during the interview process, as well as policy and facility investigation review.</p>

	<p>During random staff interviews, the security staff was asked to explain the steps they would take following an alleged report of sexual abuse. Several staff interviewed stated that they would notify their supervisor after separating the residents and wait for further instructions. The staff were able to clearly describe their response procedures, including separating the alleged perpetrator and victim, securing the scene, and protecting potential evidence. They added that the scene would be sealed and remain so until the assigned Investigator arrived to process it.</p> <p>An interview with the facility supervisor revealed that once the initial steps were completed and the scene was secure, the SIU would be notified, depending on the nature of the investigation. Several informal conversations with line staff indicated that the first security staff member to respond to an allegation of sexual abuse should separate the alleged victim and abuser, preserve and protect any crime scene, and ensure that potential evidence is not destroyed. If the initial responder is not a security staff member, they are required to request that the alleged victim not tamper with any potential evidence and then notify security staff.</p> <p>The Auditor determined that both security and non-security personnel are knowledgeable in their duties as first responders. After reviewing agency policies, procedures, investigative records, training records, and conducting interviews, it was concluded that the facility maintains the requirements of this standard.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>
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115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Policy NOCCC-030601-01 2. Specialized staff interviews 3. Site review observations 4. Informal staff conversations 5. ODOC completed PAQ <p>The NOCCC policy mandates a written coordinated response plan for each facility. This plan is designed to coordinate the actions taken in response to a sexual abuse</p>

	<p>incident and outlines the notification procedures among staff first responders, administration, central office, medical and mental health practitioners, investigators, and victim advocate services.</p> <p>The Auditor embarked on a comprehensive examination process, initiating formal interviews with the security staff who serve as the first line of response. Each staff member was queried about their subsequent actions in the wake of a sexual abuse incident. They demonstrated a clear understanding of their responsibilities and provided responses that were in line with their coordinated response plan.</p> <p>The facility’s leadership and supervisors were also interviewed, and they articulated their responsibilities, ensuring alignment with the coordinated response plan. The Auditor extended the formal interview process to the facility’s medical and mental health practitioners, each of whom explained their specific responsibilities in the aftermath of a sexual abuse incident.</p> <p>Investigators were also interviewed, and they informed the Auditor about their roles in conducting administrative investigations and providing coordination and assistance in criminal investigations.</p> <p>During the on-site review, the Auditor made observations of the physical plant. The Auditor confirmed that NOCCC’s coordinated response plan includes actions that ensure personnel respond appropriately to incidents of sexual abuse. After reviewing policies, procedures, investigative records, and conducting interviews with staff, the Auditor analyzed all available evidence. Based on this comprehensive review and analysis, the Auditor concluded that the agency is consistently managing the standard.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of 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
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Specialized staff interviews 2. ODOC completed PAQ 3. Informal staff conversations

	<p>Oklahoma is a right to work state and does not enter into any collective bargaining agreement. This is established under state statute in the Oklahoma Personnel Act. Northeast Community Corrections Center has no Union.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>
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115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Targeted inmate interviews 2. Specialized staff interviews 3. Informal staff conversations 4. ODOC completed PAQ 5. Site review observations <p>Northeast Community Corrections Center has established a comprehensive policy that meets these provisions of this standard. The NOCCC has identified and designated a security staff to monitor the inmate or staff member for alleged retaliation. During the interview with the PREA Compliance Manager, it was revealed that when monitoring for retaliation, he meticulously reviews disciplinary charges, Incident Reports, and other actions related to residents. This includes examining documents in the resident’s file and their electronic record. He emphasized that any changes trigger red flags. Additionally, he makes referrals to medical and mental health services as needed. The monitoring process extends over a 90-day period but can be prolonged if necessary.</p> <p>During site review observations the Auditor was able to verify several protective measures currently in practice at NOCCC:</p> <ol style="list-style-type: none"> 1. NOCCC policy safeguards offenders and staff who report sexual abuse or harassment from retaliation. The PREA Compliance Manager oversees this protection. 2. Measures include housing changes or transfers for victims or abusers, removal of alleged abusers from contact with victims, and emotional support services for those fearing retaliation. 3. For at least 90 days after a sexual abuse report, the staff member monitors offenders and staff to detect any signs of possible retaliation. Monitoring may

	<p>continue beyond 90 days if needed.</p> <p>4. The PREA Compliance Manager conducts status checks and ensures accurate documentation. Individuals cooperating with investigations and expressing fear of retaliation receive appropriate protection.</p> <p>5. The facility designates a specific staff member (the PREA Compliance Manager) responsible for monitoring retaliation. The Case Managers interact with the inmates daily, they would be assigned to help monitor the inmate to ensure that no issues were occurring.</p> <p>The PREA Compliance Manager understood his obligation under this policy. Notably, there were zero incidents of retaliation in the past 12 months.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>
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115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Policy OP-030601; OP040117 2. Specialty staff interviews 3. Targeted inmate interviews 4. Informal staff conversations 5. ODOC completed PAQ 6. Site review observations <p>During the Northeast Oklahoma Community Corrections Center (NOCCC) policy review, it was found that the agency has comprehensive policies addressing all provisions of the standard. Additionally, agency investigations demonstrated a strong understanding and consistent application of these provisions.</p> <p>The Auditor interviewed the facility’s designated Lead PREA Investigator, who is independent of the facility warden. The investigation process involves gathering initial reports, interviewing victims, alleged perpetrators, witnesses, and staff, reviewing scenes, preserving evidence, and considering direct and circumstantial evidence. Criminal histories, incident reports, and prior complaints related to sexual abuse are also reviewed. If necessary, the District Attorney is consulted.</p>

	<p>NOCCC promptly initiates investigations upon receiving allegations. Specialized investigators trained in sexual abuse handle cases, and the Agency PREA Coordinator is notified. Reports are shared with OIG Investigators responsible for criminal investigations. Credibility assessments are individual based, not influenced by offender or staff status.</p> <p>NOCCC conducts administrative investigations to assess staff actions' contribution to abuse. Reports include physical and testimonial evidence, credibility reasoning, and investigative findings. Written reports are retained for the alleged abuser's incarceration or employment duration plus five years, regardless of their departure from the facility.</p> <p>The Auditor confirmed that OIG investigators conduct thorough sexual abuse and harassment investigations, meeting all requirements. Investigative files were reviewed to confirm thorough and timely investigations. All allegations within the past 12 months were investigated by trained personnel, and the facility referred cases to the NOCCC Special Investigation Unit for criminal investigation.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>
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115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Policy OP-030601 2. Specialized staff interviews 3. Investigative files 4. ODOC completed PAQ 5. Informal staff conversations <p>The Northeast Oklahoma Community Corrections Center has policies that states there will not be any standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The auditor reviewed the agency's policy, procedures, investigative reports and interviewed assigned facility investigators. During the investigation file review and investigator interviews I verified that they are applying preponderance of evidence to decide if the alleged incident occurred or not.</p> <p>The investigator further explained, the agency's policy requires investigators use a</p>

	<p>preponderance of evidence to substantiate an allegation of sexual abuse or sexual harassment. The Investigator was specifically questioned about the meaning of preponderance of evidence. The investigator explained that preponderance of evidence is more evidence one way or the other. The investigator stated 51 percent would substantiate the allegation. The Auditor concluded facility Investigators utilize a preponderance of evidence as the basis to substantiate sexual abuse and sexual harassment allegations. Based upon the review and analysis of all the available evidence, the auditor has determined that the facility and its assigned investigators have the knowledge, training and expertise to conduct sexual assault and sexual harassment investigations, while applying the preponderance of evidence standard and maintaining a fair and transparent process.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>
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115.273	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Policy OP-030601 2. Specialized staff interviews 3. Targeted inmate interviews 4. Informal staff conversations 5. ODOC completed PAQ <p>The Northeast Oklahoma Community Corrections Center has policies in place that address all provisions of this standard. The agency utilizes the Notification of Investigation Status form to notify the resident of the status of the investigation. I confirmed this through policy review, staff interviews, inmate interviews, and review of the signed forms after an inmate has been notified of the outcome of an investigation.</p> <p>During the interviews, the assigned facility investigator informed the Auditor that they notify residents of the results of an investigation at the conclusion of the investigation. The Auditor asked who informs the victim when criminal charges are placed on the abuser, or the abuser has been convicted. The PREA Compliance Manager would make those notifications when they are received from the Special Investigations Unit (SIU).</p> <p>Following an offender's allegation that a staff member has committed sexual abuse</p>

	<p>against the offender, the facility investigator will subsequently inform the offender whenever: the staff member is no longer posted within the offender’s unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.</p> <p>Following an offender’s allegation that he has been sexually abused by another offender, the facility investigator will inform the alleged victim whenever: the facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility or staff learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.</p> <p>Following an investigation into an offender’s allegation that he suffered sexual abuse the PREA Compliance Manager informs the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The notification is in writing regardless of the outcome of the investigation. All such notifications or attempted notifications are documented, and the notifications are kept in the investigative file.</p> <p>The Auditor concluded the NOCCC informs residents of investigative findings during and after the conclusion of an investigation. The Auditor reviewed facility policies, procedures, notifications to residents and conducted interviews with Investigators. Based upon the review and analysis of all the available evidence, the auditor has determined that the facility staff as well as investigators have a complete understanding of the requirements of the standard.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>
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115.276	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Policy OP-030601 2. Specialized staff interviews 3. Random staff interviews 4. Informal staff conversations

	<p>5. ODOC completed PAQ</p> <p>The agency has policies in place that address staff discipline for violations of their Prison Rape Elimination Act policy, as well as any other policies governing staff conduct. I confirmed the utilization of these disciplinary measures through reviews of agency investigations and staff interviews.</p> <p>According to the policy, staff members are subject to disciplinary sanctions, including termination, which is the presumptive disciplinary action for those who have engaged in sexual abuse. During my review of investigations, I determined that disciplinary sanctions are 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.</p> <p>I also confirmed that all terminations related to agency sexual abuse or sexual harassment policies, as well as resignations by staff who would have been terminated if not for their resignation, were investigated criminally and referred for prosecutorial determination. If applicable, these cases were reported to licensing bodies. Notably, the audited facility has not disciplined staff within the last 12 months for violations of these policies.</p> <p>After a thorough review of all documentation and information received during facility-level interviews, I found that NOCCC is working within the boundaries of this standard and all provisions.</p> <p>During interviews with staff, each member was aware of the agency’s policy, which makes termination the presumptive disciplinary sanction for engaging in an act of sexual abuse. The facility’s leadership staff maintains a zero-tolerance approach and disciplines staff for violating the agency’s sexual abuse and sexual harassment policies. Interviews with leadership staff revealed that the facility recommends termination for any staff member who engages in sexual abuse with a resident.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>
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115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Policy OP-030601 2. Specialized staff interviews 3. Informal volunteer/contractor conversations

	<p>4. ODOC completed PAQ</p> <p>The agency has a policy in place that addresses corrective action for volunteers and contractors who violate any provision of their Prison Rape Elimination Act policy, as well as any other policies governing conduct. I confirmed the enforcement of this discipline through a review of agency investigations and staff interviews.</p> <p>Upon investigation review and interviews, it was confirmed that any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and reported for a criminal investigation and prosecutorial decision. Any contractor or volunteer who is licensed in any way will have the licensing body notified. I confirmed with the Warden that any contractor or volunteer who violates policies will have their security clearance immediately revoked.</p> <p>The audited facility has not disciplined any volunteers or contractors in the last 12 months for violating these policies</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>
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115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Policy OP-303601; OP-060125 2. Specialized staff interviews 3. Informal staff conversations 4. ODOC completed PAQ <p>The Northeast Oklahoma Community Corrections Center has policy in place that addresses discipline for inmates who violate of any provision of their Prison Rape Elimination Act policy, as well as any other policy that governs inmate conduct. I confirmed the utilization of the discipline process through review of the agency investigations, and staff interviews. The audited facility has not disciplined any inmates within the last 12 months for a violation of these policies.</p> <p>During the interview with the Facility Investigators the Auditor asked if they had placed disciplinary charges against a resident for violating sexual abuse and sexual harassment policies. They indicated there was none in the last year, this was collaborated with responses in the PAQ. Additionally, the Auditor was informed disciplinary charges are placed on residents following a criminal or administrative</p>

finding of sexual abuse or harassment. The Auditor asked the facility leadership staff if a resident had ever been disciplined for filing a false allegation. The staff were not aware of an incident when this occurred. The Auditor conducted formal interviews with mental health practitioners. The Auditor was informed counseling, therapy and other interventions are offered to address and correct underlying reasons or motivations for committing acts of sexual abuse if the inmate requests such. The Auditor was informed an inmate's participation in such interventions would not hinder the inmate's ability to attend programming or other privileges. Mental health staff stated they would address underlying issues for perpetrators of sexual abuse when requested.

Residents at NOCCC are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse or following a criminal finding of guilt for offender-on-offender sexual abuse. Offenders are made aware of the disciplinary process which is in the NOCCC Offender Handbook. In the past 12 months, the number of administrative or criminal findings of resident-on-resident sexual abuse that have occurred at the facility was (0) In the past 12 months. The NOCCC Offender Handbook reflects that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories.

The disciplinary process considers whether an offender's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed. Mental Health staff also discussed during the interview that they have offered professional opinions of an offender's mental disabilities prior to a sanction being given. The NOCCC will discipline an offender for sexual contact with staff only upon a finding that the staff member did not consent to such contact. When considering disciplinary sanctions, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred does not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The NOCCC has a zero-tolerance policy concerning sexual contact.

The Auditor discovered the agency maintains policies that align with PREA standard 115.78 Discipline Sanctions for residents. Facility personnel ensure the policy is applied when choosing whether to discipline a resident for reporting or participating in an act of sexual abuse. The Auditor reviewed the facility's policies, procedures, investigative records, interviewed staff, medical and mental health practitioners.

After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.

115.282	Access to emergency medical and mental health services
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	Auditor Overall Determination: Meets Standard
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	<p>Auditor Discussion</p> <p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Policy OP-140118 2. Specialized staff interviews 3. Targeted inmate interviews 4. Informal staff conversations 5. ODOC completed PAQ <p>At Northeast Oklahoma Community Corrections Center, the dedicated medical personnel play a crucial role in ensuring that victims of sexual assault not only receive timely care but also receive highly individualized medical attention. Their commitment goes beyond simply following protocols; it demonstrates a deep understanding of the sensitive nature of these cases.</p> <p>According to the facility leadership when an incident occurs, whether involving an resident or another individual, the response is quick and thorough. The victim is immediately taken to the medical unit for a comprehensive evaluation. Even during after-hours situations, the on-call nurses' step in to perform assessments with unwavering professionalism.</p> <p>The specific intervention needed is carefully determined by medical and mental health practitioners. Their expertise guides every decision, ensuring that each victim's unique needs are addressed. Whether it involves emergency treatment, evidence collection, or emotional support, our team works with precision.</p> <p>NOCCC policy also focuses on preventive measures. Residents are routinely offered prophylactic treatment and testing to address potential risks related to sexually transmitted infections and other diseases. Additionally, mental health providers conduct thorough evaluations, provide crisis intervention counseling, and create long-term follow-up plans.</p> <p>Importantly, these crucial services are provided to the inmate at no cost. The facility's culture and the practice of these policies and procedures was reaffirmed through extensive staff interviews, ensuring alignment with best practices, compassionate care and meeting the standard.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>
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115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon to make Compliance Determination:

1. Policy OP-030601; OP-140118
2. Targeted inmate interviews
3. Specialized staff interviews
4. Informal staff conversations
5. ODOC completed PAQ

During the interview with the health care manager at the Northeast Oklahoma Community Corrections Center the auditor was advised whenever an employee becomes aware of or suspects patient sexual abuse, they have a clear set of procedures to follow. First and foremost, they must immediately notify the Health Services. This prompt action ensures that any allegations are promptly addressed.

For victims of sexual abuse, the facility provides essential care. Prophylactic treatment and follow-up services are offered for sexually transmitted infections (such as HIV and Hepatitis B). Victims are referred to either a community facility or a local emergency room for treatment and the collection of forensic evidence.

Tests for sexually transmitted infections are administered as needed. Importantly, no medical co-payment fees are imposed on offenders for any medical services.

Health care staff work closely with mental health staff to ensure comprehensive support. If an advocate is available to meet the victim at the hospital, they can accompany the victim during the examination. Otherwise, a trained staff victim advocates are contacted promptly.

Medical staff play a crucial role. They begin services immediately upon notification of a sexual abuse incident. All orders and protocols are meticulously documented in the offender's medical and mental health records. Additionally, there's a tracking system for documenting all PREA incidents at the facility.

Mental health services are equally responsive. Victims receive counseling within 24 hours of an incident, along with emotional support services and follow-up care. The facility's practitioners offer counseling, treatment, and referrals for continued care, ensuring a community-level standard of support. The auditor was able to confirm these practices by reviewing policies and procedures, reviewing medical records, and conducting interviews with staff and inmates.

After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.

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115.286	Sexual abuse incident reviews
	<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 1098 376">Evidence relied upon to make Compliance Determination:</p> <ol data-bbox="280 412 715 734" style="list-style-type: none"> <li data-bbox="280 412 555 448">1. Policy OP030601 <li data-bbox="280 483 702 519">2. Specialized staff interviews <li data-bbox="280 555 612 591">3. Investigative reports <li data-bbox="280 627 715 663">4. Informal staff conversations <li data-bbox="280 698 632 734">5. ODOC completed PAQ <p data-bbox="280 770 1477 1057">The Northeast Oklahoma Community Corrections Center has policy in place that outlines the facilities review of incidents. The policy addresses all provisions of the standard. The facility utilizes the Sexual Abuse Incident Review Form, which address all the questions of concern when reviewing an incident. I confirmed the incident review process during staff interviews and review of completed Sexual Abuse Incident Review Forms which are maintained as part of the investigative files for agency investigations.</p> <p data-bbox="280 1093 1477 1550">Interviews with the PREA Compliance Manager, Facility Investigator and Superintendent confirms if there is an incident that required a review it is completed as required. The staff stated that the review team follows a formatted document to ensure all elements of the standard are considered. The staff stated the incident review team discusses recommendations for improvement and include those recommendations on the final report, which is approved by the Superintendent. An interview with the PCM confirms that a report of the findings, including recommendations for improvement, would be completed, and submitted for inclusion in the file. The Superintendent will review the recommendations. The PCM also stated recommendations would be implemented, or the reasons for not doing so would be documented.</p> <p data-bbox="280 1585 1477 2087">The Auditor observed during on-site review of physical plant of NOCCC policy requires 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. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents was four (4). Reviews ordinarily occur within 30 days of the conclusion of the investigation. The review team includes the Superintendent, PREA Compliance Manager, medical and mental health staff. The review team considers whether the allegation and/or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex</p>

	<p>identification, status, or perceived status; gang affiliation; or other group dynamics at the facility. The review team examines the area of the facility where the incident occurred to assess whether physical barriers in the area may enable abuse. The review team assesses the adequacy of staffing levels in that area during different shifts and whether monitoring technology should be deployed or augmented to supplement supervision by staff.</p> <p>NOCCC policy requires the implementation of recommendations or documents its reasons for not doing so. Documentation was reviewed during the site-review and it complied with the requirements of this standard. The Auditor determined the facility does conduct incident reviews within 30 days of the conclusion of each substantiated and unsubstantiated sexual abuse investigation. The Incident Review Team documents the performance of each incident review.</p> <p>The Auditor reviewed the agency’s policies, procedures, Incident Review reports, training records, investigative record and conducted interviews with staff. All interviewed staff understood the process for reviewing incidents and the documentation requirements. After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>
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115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Policy OP-030601 2. 2022 ODOC annual sexual abuse report 3. Specialized staff interviews 4. ODOC completed PAQ 5. ODOC website <p>The agency has established policies that address all provision of this standard. The agency utilizes the Sexual Assault Report, which is a data collection instrument utilized to collect all sexual abuse data.</p> <p>The NOCCC collects accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. The Facility PREA Compliance Manager aggregates the incident-based sexual abuse data at least annually and submits it to the PC and posts it on the NOCCC website. The incident-based data includes data necessary to answer all questions from the most recent version of the</p>

	<p>Survey of Sexual Violence conducted by the Department of Justice. NOCCC maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The data is also collected from all contracted facilities. The Auditor confirmed this active process through review of completed data collection instruments through 2022, and staff interviews.</p> <p>After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency meets the requirements of this standard, and all provisions.</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>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. ODOC website 2. Specialized staff interviews 3. Site review observations 4. Informal staff conversations <p>The Northeast Oklahoma Community Corrections Center has policies in place that address all provisions of the standard. The PREA Coordinator reviews all data collected and aggregated pursuant to § 115.87 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas; Taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for each facility, and the agency .</p> <p>The report includes a comparison of the current year’s data and corrective actions with those from prior years and provides an assessment of the agency’s progress in addressing sexual abuse. The agency’s report is approved by the agency head and made readily available to the public through the agency website at doc.ok.gov.</p> <p>The agency has redacted any material from the reports that would present a clear and specific threat to the safety and security of its facilities. The PREA Coordinator continuously evaluates the data collected from every facility to better prevent sexual abuse and sexual harassment within the facilities and contracted facilities of the ODOC. The data collected is used in identify problem areas and in the development of the upcoming years PREA training.</p> <p>During staff interviews I confirmed that if a trend were identified while reviewing the</p>

	<p>data a corrective action plan would be developed for that facility and immediately be put into place. After a careful review of all documentation, and the information received during the facility level interviews.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>
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115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Specialized staff interviews 2. ODOC website 3. Site review observations <p>The Northeast Oklahoma Community Corrections Center has a policy in place that addresses the provisions of this standard. I found that the agency digitally securely retains all data collected, this data is available to the public through the website. The annual reports from 2012 through 2021 are published on the website. All personal identifiers have been removed from the reports. The agency has a policy in place that maintains all sexual abuse data for at least 10 years from the date received. Staff interviews and review of the annual reports further confirmed this procedure.</p> <p>NOCCC ensures that data collected pursuant to § 115.87 is securely retained. NOCCC makes all aggregated sexual abuse data readily available to the public at least annually through its website. NOCCC removes all personal identifiers before making aggregated sexual abuse data publicly available. NOCCC maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection.</p> <p>The Auditor reviewed the facility’s policy, procedures, website, annual report, interviewed staff. After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. ODOC website 2. Site review observations 3. Specialized staff interviews 4. informal staff conversations <p>The auditor had access to the entire facility and was able to conduct confidential staff and offender interviews and was provided documentation as need to assess compliance with the standards. Offenders were aware they could send confidential correspondence to the auditor. Pre-audit postings were seen in all areas of the facility. No resident or staff correspondence was sent to this auditor. The ODOC website has all prior PREA reports listed. Interviews with the facility leadership affirmed the auditor was given full access to the facility.</p> <p>Based upon the review and analysis of all the available evidence, the Auditor determined the facility meets the requirements of this standard.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. ODOC website 2. Informal staff conversations <p>The auditor reviewed the Oklahoma Department of Corrections (NOCCC) web page. The https://oklahoma.gov/doc/prison-rape-elimination-act.html page has posted audit reports for their twenty-two (22) facilities. Based upon the review and analysis of all the available evidence, the Auditor determined the facility meets the requirements of this standard.</p>

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

	emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	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.)	na
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na

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

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

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

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

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

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

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

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

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

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

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

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(c)		
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	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