

PREA AUDIT REPORT ☐ INTERIM ☒ FINAL

COMMUNITY CONFINEMENT FACILITIES

NATIONAL
PREA
RESOURCE
CENTER



BJA
Bureau of Justice Assistance
U.S. Department of Justice

Auditor Information			
Auditor name: Will Weir			
Address: 133 24th Ave NW, Suite 188; Norman, OK 73069			
Email: will@preaamerica.com			
Telephone number: 405-945-1951			
Date of facility visit: May 14, 2015 +			
Facility Information			
Facility name: Center Point, Inc. - Tulsa			
Facility physical address: 3637 N. Lewis Ave.; Tulsa, OK 74110			
Facility mailing address: (if different from above)			
Facility telephone number: 918-425-7500			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input checked="" type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Community-based confinement facility	<input type="checkbox"/> Other
	<input checked="" type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center		
Name of facility's Chief Executive Officer: Sushma D. Taylor, Ph.D.			
Number of staff assigned to the facility in the last 12 months:			
Designed facility capacity: 32			
Current population of facility: 32			
Facility security levels/inmate custody levels:			
Age range of the population: Adults			
Name of PREA Compliance Manager: Patricia J. Trail		Title:	Vice President +
Email address: ptrail@cpinc.org		Telephone number:	405-605-2491
Agency Information			
Name of agency: Center Point, Inc.			
Governing authority or parent agency: (if applicable)			
Physical address: for California Corp. Office: 135 Paul Drive; San Rafael, CA 94903			
Mailing address: (if different from above)			
Telephone number: 415-492-4444			
Agency Chief Executive Officer			
Name: Sushma D. Taylor, Ph.D.		Title:	CEO
Email address: staylor@cpinc.org		Telephone number:	415-492-4444 +
Agency-Wide PREA Coordinator			
Name: Patricia J. Trail		Title:	Vice President
Email address: ptrail@cpinc.org		Telephone number:	405-605-2491 +

AUDIT FINDINGS

NARRATIVE

After working toward PREA compliance for some time, Patricia Trail, Vice President of Center Point, Inc., in charge of Oklahoma's operations, met with Will Weir, DOJ certified PREA auditor, of PREAmerica LLC, and signed a contract December 8, 2014 in which the PREA audit was scheduled and planned. Notices went up by March 12, 2015 and the Pre Audit Questionnaire was provided via flash drive March 25, 2015.

When the auditor arrived May 14, he was given lists of all residents and staff and random selections were made for interviews. Of the 10 residents selected, 2 were out of the building for educational and vocational reasons and would not be available for an interview until after the audit had concluded, so the auditor randomly selected 2 other residents that were interviewed. Vice President and PREA Coordinator Patricia Trail, Operation Supervisor and Grievance Coordinator Travis Cottrell, and Tulsa Program Manager La Kim Burley were interviewed. Of 9 other staff that have contact with residents, the auditor interviewed 6, which included staff who work over night. The interviews flowed smoothly, one after the other, and they were concluded, along with the PREA Audit Exit Conference with Ms. Burley, Ms. Trail, and Mr. Cottrell, by late afternoon the same day.

The auditor expressed appreciation for the years of hard work that went into getting the facility ready for the audit, and for helping the on-site audit flow smoothly. Also, the auditor congratulated them on having such a stable, dependable, and experienced workforce. Several of the employees are leaders in the community outside of their vocational commitments at the facility, allowing them to enrich the resident's lives with their wealth of experiences and well honed problem solving skills. Program Manager, La Kim Burley employs the use of educational, skills building, and therapeutic process groups where mentoring of residents occurs several times weekly when they can learn and enhance emotional management skills, or bring up various issues they are facing and work through them benefiting from supportive and positive peer group dynamics. Staff mentor as well as model appropriate behavior and problem solving skills for the residents. The facility also has a counselor regularly meeting with residents. The facility has an enhanced capacity for family visits with children's educational and play rooms, providing even more incentives for the residents, and hands-on preparation for success upon discharge. The educational opportunities, including education about proper nutrition, certainly round out the efficacy of the program, providing both vocational and social preparation for the resident's return to the community.

DESCRIPTION OF FACILITY CHARACTERISTICS

Center Point, Inc is a non-profit organization based out of San Rafael California, providing intense substance abuse treatment utilizing an holistic approach to counseling. There are 32 women currently living at the residential treatment facility. The goal is to rehabilitate these women and reintroduce them as active, caring, and productive members of society. They focus on 20 basic concepts for recovery, which provide a foundation for change. The facility, located at 3637 North Lewis Avenue in Tulsa is composed of two buildings: one for housing and one for administration, education, visitation, and counseling. The residential building has 8 rooms where residents sleep. All house multiple residents except one room is a single occupancy room. Most of the residential rooms are in the middle area of the building near a living area with enough seating for everyone. One end of the building has restrooms and the other end has a restroom as well as the kitchen, dining room, as well as the medical/medicine room near the single occupancy room. The administration building has a number of group rooms and offices designed for visitation with children. For example, there is a library, a pretend kitchen, an art room, and a room for donated items that may be needed for birthdays or Christmas. In addition to restrooms, storage areas, the laundry, and offices, the rest of the building is comprised of rooms for groups and meetings, including a lounge. Although there is a yard, porch, patio, and nice sidewalks and parking areas, the program does not have significant outdoor capability.

SUMMARY OF AUDIT FINDINGS

On May 14, 2015, the initial onsite PREA Audit was completed at Center Point, Inc. - Tulsa, which is also known as their Female Residential Facility. The results indicated the facility exceeded standards in three areas and met standards in 26 areas. The findings in each specific area are explained in pages 5 - 24 of this report.

Number of standards exceeded: 3

Number of standards met: 26

Number of standards not met: 0

Number of standards not applicable: 0

Standard 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

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

As indicated in the Pre-Audit Questionnaire, and verified during interviews at the facility, the facility has a written policy mandating zero tolerance. Signs are posted around the facility. All staff and residents interviewed indicated an understanding of the zero tolerance policy. The policy outlines how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policy includes sanctions for those found to have participated in prohibited behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents. The agency employs or designates an upper-level, agency-wide PREA coordinator who has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities. PREA Coordinator Patricia Trail is Vice President of the company in charge of Oklahoma's operations. She has a trained back up PREA Coordinator for in the event of her absence. Ms. Trail answers directly to the Center Point, Inc., CEO, Sushma D. Taylor, Ph.D.

Standard 115.212 Contracting with other entities for the confinement of residents

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

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

The agency does not contract out for the confinement of its residents. Center Point, Inc., provides services to inmates from the Oklahoma Department of Corrections, which does contract out for confinement.

Standard 115.213 Supervision and monitoring

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

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.

Center Point, Inc. - Tulsa, has developed and documented a staffing plan that provides for adequate levels of staffing to protect residents against sexual abuse. Since August 20, 2012, the average daily number of residents has been 28. The average daily number of residents on which the staffing plan was predicated was 32. The agency has not deviated from the staffing plan. At least once every year the facility reviews the staffing plan to see whether adjustments are needed in (1) the staffing plan, (2) prevailing staffing patterns, (3) the deployment of video monitoring systems and other monitoring technologies, or (4) the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan. The staffing plan was provided to the auditor, as well as policy that guides the plan. The onsite audit indicates the staffing plan is being followed. There is a log book ready to document deviations of the staffing plan in the event they occur. No staff or inmate interviews indicated any incidents of staffing plan deviations, or times when the facility was not adequately staffed. There is documentation of the staffing plan being reviewed. The facility does not yet have video monitoring capability.

Standard 115.215 Limits to cross-gender viewing and searches

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

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.

The facility does not conduct cross-gender strip or cross-gender visual body cavity searches, or even cross-gender pat downs of residents. The facility does not house male residents and has no male staff at this time, other than administrative staff not housed at the facility. Policies and procedures 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. Procedures require staff of the opposite gender to announce their presence when entering a resident housing unit. In addition, policy requires staff of either sex to announce themselves before entering inmate bathrooms. Policy prohibits staff from searching a transgender resident for the purpose of determining genital status. The onsite audit indicates these policies have been followed for more than 12 months without exception, as verified by inmate and staff interviews. Logs are in place, alongside the other logs, for staff to use in the event of an exigent circumstance when cross gender searching has to be performed, but nobody interviewed believes it will happen, since there are only female staff available. All searches are documented except routine pat downs conducted when a resident returns to the facility without suspicion. Residents and staff report that not many searches occur because the women and their staff mentors have developed a level of trust and honesty that they are on an honor system that works. The DOC host facility takes residents back when they need increased level of security. Also, Center Point has an agreement with the Nowata County Jail, so that residents can be housed there until transferred back to DOC custody. Local law enforcement may assist in preparing a resident for transport back to jail, if needed. Since the policy regarding this standard is institutionalized in the culture and training, and appears to be second nature to the staff who employ alternative successful ways to control contraband without doing intrusive searches, it appears the facility has exceeded this standard.

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

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

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.

The agency has established procedures to provide disabled residents, and residents with limited English proficiency, 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. Policy prohibits use of 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. The agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used. In the past 12 months, there have been no instances where resident interpreters, readers, or other types of resident assistants have been used, and it was not the case that an extended delay in obtaining another interpreter compromised the resident's safety, the performance of first-response duties under § 115.264, or the investigation of the resident's allegations. The onsite audit interviews confirmed that all residents can participate fully, with no exceptions found. All staff interviewed agreed that residents would not be used as interpreters and that appropriate interpreters can be readily located. Spanish interpreters are on staff and other interpreters are available through the Department of Corrections, DVIS, and other services that can be utilized when a need is identified. Case managers and counselors interviewed are also committed to making sure all residents have a support system identified, including any assistance needed, from the day of their admission to Center Point.

Standard 115.217 Hiring and promotion decisions

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

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

Center Point, Inc. - Tulsa, policy prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting 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; 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; or has been civilly or administratively adjudicated to have engaged in any of these activities. Any incidents of sexual harassment must be considered in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. Policy also requires that before it hires any new employees who may have contact with residents, it conducts criminal background record checks, and consistent with federal, state, and local law, makes 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. In the past 12 months there have been no new persons hired who may have contact with residents. Agency policy requires that a criminal background record check be completed. In the past 12 months, there have been 2 contracts for services where criminal background record checks were conducted. Criminal background record checks are conducted at least every five years. Material omissions regarding such misconduct, or the provision of materially false information is grounds for termination. The auditor reviewed binders containing current employee background checks as well as employee statements about their prior work history and that they had never been administratively adjudicated of a violation, etc. No volunteers come to the facility other than DOC badged volunteers, with appropriate training and background checks. Contractor information is documented.

Standard 115.218 Upgrades to facilities and technologies

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

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

There have been no new facilities added to the Center Point - Tulsa complex, and no substantial expansions or modifications made since August 20, 2012. The facility has not yet installed a video monitoring system, but one is currently being considered. Page 10 of the Policy and Procedures Manual for Prevention Planning states, in Section 7: A. When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, Center Point shall consider the effect of the design, acquisition, expansion or modification upon the agency's ability to protect offenders from sexual abuse. B. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, Center Point shall consider how such technology may enhance the agency's ability to protect offenders from sexual abuse.

Standard 115.221 Evidence protocol and forensic medical examinations

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

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.

The new Center Point, Inc. - Tulsa employee identification badge contains the first responder protocol on the back, including the requirement to protect evidence and refer residents alleged victims of sexual assault for forensic medical examinations by offering the service to alleged victims, and then following through as appropriate to assure victims get services they accept. Oklahoma Department of Corrections (DOC), along with local law enforcement, and any other agency with jurisdiction, is responsible for conducting criminal and administrative investigations. Center Point Tulsa is not responsible for conducting administrative or criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). Policy places accused staff on administrative leave pending the outcome of DOC's investigation. Center Point conducts an administrative review as per personnel policies, and utilizes the outcome of DOC's investigation. The onsite audit interviews indicate that the staff understand that DOC will do the investigations and Center Point requests DOC follow PREA protocol for forensic medical examinations, as DOC policy prescribes. Center Point policy spells out the PREA standards for investigations, and security staff have reviewed this protocol and will assist the initial process of protecting the evidence and in referring the victim to advocacy and medical exams (SANE's/SAFE's) in a way that can be understood and utilized by the victim at no cost. Center Point has an MOU with the DVIS Sexual Assault Program and provides services, including exams, at no charge to the victim.

Standard 115.222 Policies to ensure referrals of allegations for investigations

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

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

Center Point, Inc. - Tulsa ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including resident-on-resident sexual abuse or staff sexual misconduct). During the past 12 months, there have been no allegations of sexual abuse and sexual harassment that were received, and no investigations performed. The agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website and made publicly available. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. The onsite audit staff interviews indicate there is an understanding that all allegations will be referred to DOC immediately for administrative and criminal investigation, even if the victim recants or changes the story. Center Point - Tulsa will review all information and findings.

Standard 115.231 Employee training

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

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.

Center Point Tulsa trains all employees initially and annually (or sends them to DOC training), as verified by training logs and interviews, on the following matters: (1) Agency's zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) The right of residents to be free from sexual abuse and sexual harassment; (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with residents; (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming residents; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. Employees who are reassigned from facilities housing the opposite gender are given additional training. There are 10 staff currently employed by the facility, who were trained or retrained on the PREA requirements enumerated above. Policies are at the Administration/Control areas at all times. Also, information provided indicates employees have been provided with PREA information and training for several years, indicating PREA concepts are institutionalized. Staff have first responder duties printed on the backs of all their name badges, exceeding PREA standards, and most staff that were interviewed knew these procedures from memory. Interviews with inmates indicate the staff maintain professionalism and employ excellent communication skills, allowing the residents to feel safe and live in an atmosphere of trust and mutual respect superior to what they experienced in previous facilities.

Standard 115.232 Volunteer and contractor training

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

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.

All volunteers and contractors who have contact with Center Point, Inc. - Tulsa, residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. DOC volunteer training curriculum was provided to the auditor. The number of volunteers and individual contractors who have contact with residents who have been trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection, and response is 5. The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. All volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The agency maintains documentation confirming that volunteers and contractors who have contact with residents understand the training they have received. The auditor reviewed the records during the onsite audit.

Standard 115.233 Resident education

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

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.

Center Point - Tulsa residents receive information at time of intake about the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. Resident PREA education is available in formats accessible to all residents, including those who are: Limited English proficient, Deaf, Visually impaired, Otherwise disabled, and Limited in their reading skills. The agency maintains documentation of resident participation in PREA education sessions. The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats. During the onsite audit, the auditor observed the notices and posters, examined the training logs and materials, and interviewed randomly selected inmates. All inmates reported multiple PREA trainings and full understanding of all questions asked of them. They know they can get help reporting and that they can be anonymous. They know they should not be retaliated against and do not believe they would be retaliated against at Center Point. Also, the staff interviews indicated that the residents have been educated about PREA and know they can report and that victims of sexual assault and harassment can get help. Exceeding standards, the facility has printed the zero tolerance policy on the back of resident name badges and has educated the residents extensively regarding the dynamics of sexual abuse, including information specific to women's issues, in groups and counseling sessions. Staff and residents at this facility appear to have been provided information about personal and intimate health and ways to live free from sexual abuse and exploitation that they can take with them and use the rest of their lives, and share with others.

Standard 115.234 Specialized training: Investigations

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

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Center Point's Policy and Procedure Manual for Training and Education states in Section 4, in part: "A. The Oklahoma Department of Corrections conducts all sexual misconduct investigations and provides specialized training for those employees conducting those investigations. B. In addition to the employee training provided to all employees pursuant to §115.231(PREA training), Center Point shall ensure, to the extent the agency itself conducts sexual abuse investigations; its investigators have received training in conducting such investigations in confinement settings. C. The Oklahoma Department of Corrections conducts and controls all sexual misconduct investigations. They conduct specialized training which includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. D. The Oklahoma Department of Corrections maintains documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations."

Standard 115.235 Specialized training: Medical and mental health care

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

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

Although Center Point - Tulsa staff meet with their residents for guidance/mentoring, case management, counseling and planning purposes, the facility depends on services available in the community and provided by the Department of Corrections. Center Point does not do its own administrative or criminal investigations. Center Point's Policy and Procedure Manual for Training and Education states in Section 5: "A. The Oklahoma Department of Corrections is responsible for the provision of all mental health care for offenders incarcerated at this facility. B. Center Point does not provide mental health care for offenders incarcerated in the Oklahoma Department of Corrections at this facility. C. The Oklahoma Department of Corrections shall ensure that all mental health care practitioners who work regularly in its facilities have been trained in: 1. How to detect and assess signs of sexual abuse and sexual harassment; 2. How to preserve physical evidence of sexual abuse; 3. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; 4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment; and 5. The notification process of Guardians of said mentally ill person explaining what happened so they can assist the mentally ill person. D. The Oklahoma Department of Corrections maintains documentation that mental health practitioners have received the training referenced in this standard either from the agency or elsewhere. E. The Oklahoma Department of Corrections mental health care practitioners also receives the PREA training mandated for employees under § 115.231 or for contractors and volunteers under § 115.232, depending upon the practitioner's status at the agency. It should be noted that by contract the Oklahoma Department of Corrections is responsible for all medical and mental health treatment.. Therefore, the Department is responsible for the PREA training for all medical and mental health staff."

Standard 115.241 Screening for risk of victimization and abusiveness

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

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

Center Point, Inc. - Tulsa, has a policy that requires screening (within 72 hours of admission or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents. All inmates have been screened using this objective screening risk assessment instrument. Policy requires the facility reassess each resident's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. The policy requires that a resident's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. Policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) the questions regarding whether or not the resident has a mental, physical, or developmental disability; whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; whether or not the resident has previously experienced sexual victimization; and, the resident's own perception of vulnerability. During the audit, all inmate and staff interviews indicate these screenings are conducted and the information is used appropriately to protect inmates, but kept confidential among administrative employees to protect privacy. There is always at least one administrator on call or on duty.

Standard 115.242 Use of screening information

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

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.

Information from the risk screening required by § 115.241 is used to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. Individualized determinations are made about how to ensure the safety of each resident. Center Point, Inc. - Tulsa, makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis. All staff indicate an understanding that some residents are at higher risk of sexual abuse or abusiveness than others, although anyone can be a victim. Staff indicate an ability to be respectful of cultural diversity, as well as being sensitive to the needs of LGBTI residents even though they have no current residents who identify openly as LGBTI. Counselors and staff are experienced with working with inmates who have other risk factors, such as having learning disabilities and communication difficulties. Any sensitive information obtained during the screening process is restricted to Administrative staff and counselors, and one of them is always available.

Standard 115.251 Resident reporting

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

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.

The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about sexual abuse or sexual harassment; retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. The agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency. The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff are required to document verbal reports within 24 hours. The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents verbally and in writing. Staff are informed of these procedures. All inmates interviewed know they can report and all staff interviewed say they can take reports and know how to instruct and assist inmates to make reports. They are given the following information through handouts and postings: DVIS (Domestic Violence Intervention Services, Inc. Sexual Abuse Crisis Line 918-743-5763; PREA Reporting Line: 1-855-871-4139; ODOC Office of Inspector General: 405-425-2571; Send an email to: preareport@doc.state.ok.us. Report verbally or in writing to the Center Point PREA Coordinator, Patricia Trail, at 405-501-4976.

Standard 115.252 Exhaustion of administrative remedies

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

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.

Center Point, Inc. - Tulsa, has an administrative procedure for dealing with resident grievances regarding sexual abuse. A resident is allowed to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. Residents are not required to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. A resident may submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint, and it will not be referred to the staff member who is the subject of the complaint. A decision on the merits of any grievance or portion of a grievance alleging sexual abuse must be made within 90 days. In the past 12 months, no grievances have been filed that alleged sexual abuse. The agency always notifies a resident in writing when the agency files for an extension, including notice of the date by which a decision will be made. Agency policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and file such requests on behalf of residents. Policy requires that if a resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline. Center Point has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. Policy for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. Policy for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within five days. Policy limits the ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. Statements made during the audit interviews are consistent with policy being followed.

Standard 115.253 Resident access to outside confidential support services

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

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.

Center Point, Inc. - Tulsa, provides residents with access to outside victim advocates for emotional support services related to sexual abuse by having a Memorandum of Understanding (MOU) with Domestic Violence Intervention Services, Inc., and providing access to the DVIS Crisis Line. Center Point enables reasonable communication between residents and DVIS, and such organizations, in as confidential a manner as possible. The facility informs residents, prior to giving them access to outside support services, of the extent to which such communications will be monitored. Residents interviewed at Center Point - Tulsa indicate no problems being able to participate in such communication freely, without being monitored. The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. Auditor Weir reviewed the MOU and verified it with DVIS Director Elaine Thompson. Director Thompson states services are in place, but, to her knowledge, her staff have received no information that indicate any problems or concerns regarding Center Point.

Standard 115.254 Third-party reporting

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

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.

The agency and facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. Center Point and the Oklahoma Department of Corrections publicly distribute information on how to report resident sexual abuse or sexual harassment on behalf of residents/inmates. The auditor verified that staff and inmates are instructed about third party reporting, and the information is available publicly and on the agency's website. Residents indicated they know about third party reporting and know how to do it.

Standard 115.261 Staff and agency reporting duties

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

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.

Center Point, Inc. - Tulsa, requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. Center Point also requires all staff to report immediately any retaliation against residents or staff who reported such an incident. All staff are to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. All staff interviewed indicate they will report immediately, and all inmates interviewed indicate they believe staff will report. Residents, as well as staff, state they have not observed any sexual abuse or harassment at Center Point.

Standard 115.262 Agency protection duties

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

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.

Policy and established procedure at Center Point, Inc. - Tulsa, requires that when the facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). In the past 12 months, there were no residents determined to be at substantial risk of imminent sexual abuse. Interviews conducted during the onsite audit indicated that both staff and residents believe Center Point staff will take appropriate and effective immediate steps to protect a resident. No interview indicated there has been a specific need for this kind of protective measure to be used at Center Point in the past 12 months.

Standard 115.263 Reporting to other confinement facilities

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

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.

The auditor confirmed that the agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. During the past 12 months, the facility has not received any allegations that a resident was abused while confined at another facility. Agency policy requires the facility head to provide such notification as soon as possible, but no later than 72 hours after receiving the allegation. The facility documents that it has provided such notification within 72 hours of receiving the allegation. Facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. Information received during the audit indicates that in the past 12 months, there have been no allegations of sexual abuse the facility received from other facilities. A log book has been designated in Administration area with the other log books to record these reports, but does not yet have any reports listed. Interviews with Ms. Trail and Ms. Burley indicate they understand and will comply with this standard.

Standard 115.264 Staff first responder duties

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

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.

The agency has a first responder policy for allegations of sexual abuse. Policy and Procedure Manual regarding health care states: "Per a directive from the District Supervisor of the Oklahoma Department of Corrections, Center Point will respond to a report of sexual misconduct in the following manner: 1. Separate the victim and perpetrator and isolate the victim; 2. Preserve evidence and crime scene. This includes preventing access to the crime scene itself, and ensuring the victim and alleged suspect (if known), do not change clothing, shower, brush teeth, eat, drink, urinate, defecate etc.; 3. Contact the PREA Coordinator, Patricia Trail (405)501-4976; 4. Lock down the facility; 5. Contact the DOC Duty Officer; 6. Contact the DVIS Crisis Hotline and follow their direction to transport the victim to a hospital where the S.A.N.E. is currently located; 7. In case of an emergency, Center Point, Inc. staff will transport the victim to the nearest local hospital and/or call for an ambulance; 8. Remain with the victim until the DOC arrives and assumes custody; 9. In the event the suspect is known, Center Point will arrange transfer of the suspect to the host facility for holding."

Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to (1) Request that the alleged victim not take any actions that could destroy physical evidence; and/or (2) Notify security staff. Interviews indicate that all security staff, counselors, and case managers have been trained on first responder duties, and some can even recite these duties from memory, and have the steps printed on the backs of their badges as well. No staff or resident indicates there have been any known incidents of sexual abuse in the past 12 months, so first responder services have not been required.