

**PREA AUDIT REPORT    Interim    Final  
COMMUNITY CONFINEMENT FACILITIES**

**Date of report:** 08/08/2015

<b>Auditor Information</b>			
<b>Auditor name:</b> Ian Rachal			
<b>Address:</b> P.O. Box 17841, Richmond, VA 23226			
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<b>Telephone number:</b> .			
<b>Date of facility visit:</b> July 13 <sup>th</sup> – 15 <sup>th</sup> , 2015			
<b>Facility Information</b>			
<b>Facility name:</b> Clara Waters Community Corrections Center			
<b>Facility physical address:</b> 9901 North I-35 Service Road, Oklahoma City, Oklahoma 73131			
<b>Facility mailing address:</b> <i>(if different from above)</i> .			
<b>Facility telephone number:</b> 405-254-3200			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input type="checkbox"/> Community treatment center	<input checked="" type="checkbox"/> Community-based confinement facility	
	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center	<input type="checkbox"/> Other	
<b>Name of facility's Chief Executive Officer:</b> Brian Thornburgh, District Supervisor			
<b>Number of staff assigned to the facility in the last 12 months:</b> 36			
<b>Designed facility capacity:</b> 304			
<b>Current population of facility:</b> 280			
<b>Facility security levels/inmate custody levels:</b> Minimum			
<b>Age range of the population:</b> 19-69			
<b>Name of PREA Compliance Manager:</b> Shannon McCallister		<b>Title:</b> PREA Compliance Manager	
<b>Email address:</b> .		<b>Telephone number:</b> .	
<b>Agency Information</b>			
<b>Name of agency:</b> Oklahoma Department of Corrections			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> State of Oklahoma			
<b>Physical address:</b> 3400 North Martin Luther King Boulevard, Oklahoma City, Oklahoma 73111			
<b>Mailing address:</b> <i>(if different from above)</i> .			
<b>Telephone number:</b> 405-254-2500			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Robert Patton		<b>Title:</b> Director	
<b>Email address:</b> Robert.patton@doc.state.ok.us		<b>Telephone number:</b> 405-425-2500	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Millicent Newton-Embry		<b>Title:</b> Agency PREA Coordinator	
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## AUDIT FINDINGS

### NARRATIVE

The audit of the Clara Waters Community Correctional Center (CWCCC) was conducted on July 13<sup>th</sup>-15<sup>th</sup>, 2015 by Ian Rachal, Department of Justice Certified PREA auditor.

A formal entrance meeting was held with facility management and staff. Amongst those in attendance were: District Supervisor Brian Thornburg, Assistant District Supervisor Aboutanaa Elhabti, Case Manager Supervisor Scott Nunn, OKDOC PREA Coordinator Millicent Newton-Embry, & Administrator of Community Corrections/Work Centers James Rudek.

The areas toured were all inmate housing units including segregation, intake, programs/education, medical clinic, food service, commissary, and laundry areas. Facility administration acted promptly and thoroughly to auditor suggestions and followed through on the implementation of new practices, one being the addition of a radio for staff usage in the medical clinic. This suggestion was based on the physical plant layout of the facility and the absence of dedicated medical security. Video surveillance was present throughout the facility compound and staff were vigilant in identifying areas where more surveillance was needed. Additional cameras had been ordered prior to my visit and were installed after my visit. PREA reporting information was present throughout the facility compound, especially in inmate telephone areas.

Interviewed was a total of 20 personnel and 40 offenders. Overall, facility personnel were found to be knowledgeable and actively engaged. Staff were able to adequately describe correct course of actions, definitions, and requirements based on their training and experience. Inmates all seemed to have an awareness and knowledge of PREA and reporting options due to intake classes offered during orientation. Several ESL inmates were interviewed and they were also aware of their rights and reporting options. CWCCC has a high population of inmates diagnosed with some form of mental health psychosis. I found that CWCCC has been successful in informing these inmates about their rights in relation to PREA as well.

An alphabetized listing of all inmates housed at the facility and staff members on duty was requested and a random sampling of each was selected for formal interviews. In addition to this random sampling, numerous other inmates and staff were interviewed during the course of the facility tour. There were no hearing/vision impaired inmates housed at the facility. The agency maintains a listing of staff interpreters available.

One openly homosexual male inmate was interviewed and he was very complimentary of the staff at the facility, even though he was currently in segregation due to an incident unrelated to his sexual orientation, gender identity or expression. The inmate felt very safe at the facility and stated that staff invest a great deal of time educating inmates in relation to their rights in accordance with PREA.

There was 1 reported allegation of sexual abuse involving a CWCCC inmate which was found to be substantiated in the calendar year preceeding this audit. This incident occurred at another facility and was investigated thoroughly and in accordance with all requirements of PREA. There were no alleged incidents of sexual abuse occurring at the CWCCC in the calendar year preceeding this audit.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

The Clara Waters Community Corrections Center, originally known as the Clara Waters Community Treatment Center (CWCTC), is located on I-35 in northeast Oklahoma City. CWCTC was opened in March 1978 as an all-female facility, becoming a co-ed facility in September 1983 and remaining that way for almost ten years. In 1992, all of the females at CWCTC were moved in a single day, to swap facilities with all of the males at the Kate Barnard Community Treatment Center (KBCTC). CWCTC became an all-male facility with KBCTC becoming an all-female facility.

On May 9, 2003, the facility was severely damaged by a tornado, forcing relocation of the offender population. The facility was rebuilt and in July 2008, offenders began occupying the dormitories.

### **Offender Programs/Activities**

The Clara Waters Community Corrections Center (CWCCC) functions as a multi-faceted facility with components to address the need for additional security beds, work release, and substance abuse treatment programs. It also includes prisoners of public work program crews to assist local communities, Life Skills and Reentry Transition services. Staff or volunteer sponsored trips to religious services, events and educational programs.

### **Education**

Education is a priority in meeting offender needs. The ability to read, comprehend, and complete mathematical calculations is requisite to success in the other programs the offender may be required to complete, and society in general. The completion of GED prepares the offender to meet prospective employers upon release. CWCCC facilitates educational programs to address needs from literacy through the completion of the GED.

### **Cognitive Behavior**

In an effort to decrease recidivism, the Department of Corrections seeks to address the thoughts, attitude and beliefs that precipitate criminal behavior. CWCCC offers Thinking for a Change, a cognitive behavioral program utilizing trained staff to address this need. Partnership with TEEM (The Education and Employment Ministry)

- Providing offenders with the tools necessary to obtain and maintain steady and meaningful employment.
- Providing offenders with the desire and ability to establish or re-establish strong, nurturing relationships.
- Improving offender confidence in their ability to cope with daily life challenges.
- Developing mentoring relationships with city leaders who are willing to assist with reentry services.

### **Substance Abuse Treatment**

The CWCCC has a 20-bed, 4-month substance abuse treatment program. Offenders are provided tools necessary to address their substance abuse needs prior to release back into the community. The mission of the Clara Waters Community Corrections Center is to provide specialized substance abuse treatment for those offenders who are eligible for community corrections center placement, community sentencing, and work release. The treatment component is provided by specialized staff, as well as a program curriculum which is evidence-based and has shown positive outcome measures. The facility is in partnership with Career Tech to provide skill-level assessments and programs to assist offenders in obtaining meaningful employment upon release.

## **SUMMARY OF AUDIT FINDINGS**

I find the Clara Waters Community Corrections Center in full compliance with all requirements of the Prison Rape Elimination Act.

Number of standards exceeded: 0

Number of standards met: 39

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.**

Based on review of OP-030601, Sexual Assault Prevention Program, and on interview with PREA Compliance Manager, agency PREA Coordinator, facility Director, and numerous facility personnel.

The Oklahoma Department of Corrections (OKDOC) has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlines CWCCC’s approach to preventing, detecting, and responding to such conduct. This was verified through a close inspection of all documents and the responsiveness of facility personnel to incidents of alleged sexual misconduct.

OKDOC employs or designates an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards.

**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.**

Based on review of submitted documentation, interview with facility Director and agency PREA Coordinator.

All contracts entered into by OKDOC for the confinement of inmates are in compliance with all OKDOC policies. OKDOC employs a qualified contract monitor to ensure compliance with all applicable policies and procedures.

The CWCCC has not entered into a contract during the period of review for the confinement of its inmates

**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.**

Based on a review of the CWCCC facility Staffing Plan, staffing rosters, camera diagnostics and layout, associated documentation, and on interview with PREA Compliance Manager, and facility Director.

CWCCC has developed, documented, and made its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and uses video monitoring, to protect inmates against sexual abuse.

In circumstances where the staffing plan was not complied with, CWCCC documented and justified all deviations from the plan. Reviewed shift rosters showing deviations from the plan.

OKDOC completes an annual review, in consultation with the PREA Coordinator required by § 115.11, to assess, determine, and document whether adjustments are needed.

### **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.**

Based on policies OP-030601, OP-030102 and OP-040110, visual tour of CWCCC and interviews with facility personnel and inmates.

CWCCC does not conduct cross-gender strip searches of male offenders. CWCCC does not conduct cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.

OKDOC has policies that require inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies require staff of the opposite gender to announce their presence when entering an inmate housing unit.

OKDOC has policies prohibiting, and CWCCC does not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. If the inmate’s genital status is unknown, it is determined during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

CWCCC trains security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

### **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.**

Based on policy OP-030106, training records, interpreter list, interviews with bilingual staff, and a review of provided materials for the inmate population at the facility.

CWCCC takes appropriate steps to ensure inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of CWCCC’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

CWCCC does not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate’s safety.

### **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.**

Based on review of policies OP-110235, OP-110210, and OP-110235, review of randomly selected employee files, and interview with HR personnel.

CWCCC does not hire or promote anyone who may have contact with inmates, and does not enlist the services of any contractor who may have contact with inmates, who has engaged in sexual abuse in any criminal justice facility, 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 the activity described above.

CWCCC considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

CWCCC performs a criminal background records check before enlisting the services of any contractor who may have contact with inmates and performs a records check at least every five years of current employees and contractors who may have contact with inmates.

### **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.**

Based on review of facility camera system and related schematics, interview with facility Director, and installation of additional cameras. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, CWCCC has considered how such technology may enhance CWCCC’s ability to protect inmates from sexual abuse. This review of current video monitoring prompted the addition of cameras in the facility segregation unit and the repair of several existing cameras.

**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.**

Based on review of policies OP-030601, OP-140118, MOU with YWCA, interviews with Medical personnel and OIG Investigator.

To the extent CWCCC is responsible for investigating allegations of sexual abuse; CWCCC follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

CWCCC offers all victims of sexual abuse access to forensic medical examinations without financial cost, where evidentiary or medically appropriate. Such examinations are performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. During the review period there have been no incidents of sexual abuse necessitating medical care.

CWCCC makes available to the victim a victim advocate from employees trained as offender/victim representatives.

As requested by the victim, a victim advocate, accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provide emotional support, crisis intervention, information, and referrals.

**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.**

Based on a review of policy OP-040117, and interview with Office of Inspector General (OIG) investigator. CWCCC ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. CWCCC ensures that allegations of employee wrongdoing are referred for investigation to the OIG. Investigations reviewed were conducted

thoroughly.

CWCCC has a policy that ensures allegations of sexual abuse or sexual harassment are referred for investigation and publishes such policy on its website. CWCCC documents all such referrals.

### **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.**

Based on a review of policies OP-030601, OP-030601 Attachment A, staff training curriculum, and on interviews with random staff.

CWCCC trains all employees who have contact with inmates on:

- (1) Its 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) Inmates' right to be free from sexual abuse and sexual harassment;
- (4) The right of inmates 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 inmates;
- (9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and
- (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

CWCCC documents through employee signature that employees understand the training they have received. All staff members interviewed were able to effectively articulate their duties and responsibilities in accordance with the Prison Rape Elimination Act (PREA).

### **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.**

Based on interview with volunteer and review of the volunteer/contractor training acknowledgment, policies OP-030601, and OP-030601 Attachment A.

CWCCC ensures all volunteers and contractors who have contact with inmates have been trained on their responsibilities under OKDOC's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

All volunteers and contractors who have contact with inmates are notified of OKDOC's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

CWCCC has documentation confirming that volunteers and contractors understand the training they have received. Reviewed training records on volunteers and contractors.

### **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)

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Based on a review of policy OP-030601, handbook for offenders, zero-tolerance signature acknowledgment, other offender educational materials, and interviews with random inmates and case management staff.

During the intake process, inmates receive information explaining CWCCC's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment via video.

CWCCC provides a comprehensive education to inmates through video and written materials regarding 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.

CWCCC provides inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. There is documentation of inmate participation in these education sessions.

### **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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Based on a review of policy OP-030601, list of trained investigators, and interview with OIG agent.

In addition to the general training provided to all employees OKDOC ensures that OIG investigators have received training in conducting sexual abuse investigations in confinement settings.

Specialized training 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. OKDOC 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.**

Based on a review of policies OP-030601, OP-140118, OP-140134, Medical/Mental Health training, and interviews with Medical and Mental Health personnel.

CWCCC ensures 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; preserve physical evidence of sexual abuse; respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

CWCCC maintains documentation that medical and mental health practitioners have received the training. Medical and mental health care practitioners also receive the training mandated for employees, contractors and volunteers.

Medical and Mental Health personnel interviewed were able to effectively articulate duties and responsibilities in relation to all requirements.

**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.**

Based on a review of policies OP-030601, OP-030102, offender assessment screening forms, and on interviews with random inmates and staff members responsible for screening.

All inmates are assessed during an intake screening and upon transfer to another facility for risk of being sexually abused by other inmates or sexually abusive toward other inmates. Intake screenings take place within 72 hours of arrival at CWCCC. CWCCC uses an objective

screening instrument.

The intake screening considers, at a minimum, the following criteria to assess inmates for risk of sexual victimization:

- (1) Whether the inmate has a mental, physical, or developmental disability;
- (2) The age of the inmate;
- (3) The physical build of the inmate;
- (4) Whether the inmate has previously been incarcerated;
- (5) Whether the inmate's criminal history is exclusively nonviolent;
- (6) Whether the inmate has prior convictions for sex offenses against an adult or child;
- (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- (8) Whether the inmate has previously experienced sexual victimization;
- (9) The inmate's own perception of vulnerability; and
- (10) Whether the inmate is detained solely for civil immigration purposes.

The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to CWCCC, in assessing inmates for risk of being sexually abusive.

An inmate's risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

Inmates are definitively asked if they wish to divulge their sexual orientation in addition to the reviewing personnel's perception. Within 30 days from the inmate's arrival at CWCCC, CWCCC reassesses all inmate's risk of victimization or abusiveness based upon any additional, relevant information received by CWCCC since the intake screening.

Inmates are not disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked.

CWCCC has implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates. All files are controlled by Case management personnel behind locked doors and maintained in each inmate's file.

### **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)

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Based on policy OP-030601, Self-Report Screening Form OP-030102, and on interviews with PREA Compliance Manager, and Case Management personnel responsible for risk screening.

CWCCC uses information from the risk screening to decide housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

CWCCC makes individualized determinations about how to ensure the safety of each inmate.

In deciding housing and programming for a transgender or intersex inmate CWCCC considers on a case-by-case basis whether the placement would ensure the inmate's health and safety, and whether the placement would present management or security problems.

Placement and programming assignments for each transgender or intersex inmate is reassessed at least twice each year to review any threats to safety experienced by the inmate.

A transgender or intersex inmate's own views with respect to his or her own safety are given serious consideration.

While the one transgender inmate I interviewed was currently housed in segregation, it was due to an unrelated matter not associated with the individual's sexual orientation, gender identity or expression. CWCCC does not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status.

### **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)

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Based on a review of policies OP-030601, Zero-Tolerance Acknowledgment Sheet (OP-030601E), Offender Handbook, staff training curriculum, Third-Party Reporting Memorandum, and "how-to-report" educational materials at the facility.

The inmates and/or staff can privately report abuse or harassment to the OIG. Based on interviews with random staff and inmates, this policy and practice is widely known.

CWCCC provides multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Inmate educational materials have information on how to report sexual abuse and has the hotline numbers (\*73) printed on them as a constant reminder.

CWCCC provides at least one way for inmates to report abuse or harassment to the YWCA, an external entity that is not part of CWCCC, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. YWCA representative interviewed via telephone confirming this policy.

Staff accepts reports made verbally, in writing, anonymously, and from third parties and promptly document any verbal reports.

CWCCC provides hotlines ((405) 425-2571 and (855) 871-4139) and email (preareport@doc.state.ok.us) for the public to privately report sexual abuse and sexual harassment of inmates.

### **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.**

Based on a review of policies OP-030601, OP-090124, and Offender Grievance Form. There were no inmate grievances submitted in

relation to sexual abuse during the review period

The OKDOC has established a “Sensitive” or “Emergency” grievance system and does not not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse, nor require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

Inmates who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and such grievance is not referred to a staff member who is the subject of the complaint. The CWCCC shall 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.

OKDOC policy furthermore complies with all remaining aspects of PREA standard 115.52.

### **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.**

Based on a review of policy OP-030601, MOU with YWCA, posters notifying inmates of telephone recording, and on interviews with random inmates.

CWCCC provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers. CWCCC enables reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible.

CWCCC informs inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

### **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.**

Based on a review of policy OP-030601, and the Third-Party Reporting memorandum, CWCCC has a method to receive third-party reports of sexual abuse/harassment and has distributed publicly, information on how to report sexual abuse and sexual harassment on behalf of an inmate.

### 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.**

Based on a review of policy OP-030601, interviews with random staff, the PREA Compliance Manager, and medical/mental health personnel.

OKDOC requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of OKDOC; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Apart from reporting to designated supervisors or officials, staff do not reveal 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.

CWCCC reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the Office of Inspector General (OIG).

### 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.**

Based on interviews with random staff and inmates, facility Director, and a review of policy OP-030601.

Immediate action is taken to protect inmates when CWCCC learns that an inmate is subject to a substantial risk of imminent sexual abuse. There were no incidents of alleged sexual abuse during the review period.

### 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.**

Based on interview with facility Director, and a review of investigative files.

Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of CWCCC or designee notifies the head of the facility in question or appropriate office of the facility where the alleged abuse occurred. Such notification is provided as soon as possible, but no later than 72 hours after receiving the allegation, and all actions are thoroughly documented.

Two notifications were made during the review period, based on information received by CWCCC personnel in relation to alleged incidents of sexual abuse occurring at other facilities.

### **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.**

Based on a review of policy OP-030601, and interviews with security staff who are first responders, and medical personnel.

There were no allegations of sexual abuse at CWCCC during the review period, but interviewed personnel were able to adequately explain their responsibilities. Interviewed staff knew that upon learning of an allegation that an inmate was sexually abused, they should separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; and if the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

Where the interviewed first staff responder was not a security staff member, the responder knew to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

Medical personnel were able to adequately explain how to preserve evidence and fulfill their duties by notifying security staff in the event of an incident of sexual abuse.

### **Standard 115.265 Coordinated response**

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

**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.**

Based on review of Implementation of Sexual Assault Prevention Program, interview with facility administration, medical personnel, and OIG investigator.

CWCCC has a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. All personnel knew what steps to take in the event of an incident of sexual abuse.

### **Standard 115.266 Preservation of ability to protect residents from contact with abusers**

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

**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.**

Based on a review of Oklahoma state statute, OKDOC cannot enter into or renew any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

### **Standard 115.267 Agency protection against retaliation**

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

**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.**

Based on a review of policy OP-030601, interview with facility Director, designated retaliation monitor.

CWCCC has a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperates with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff, and designates the Case Manager supervisor with monitoring retaliation.

CWCCC has multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

For at least 90 days following a report of sexual abuse, CWCCC monitors the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation

by inmates or staff, and are act promptly to remedy any such retaliation. There are periodic status checks performed. Items CWCCC monitors include any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff.

CWCCC continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

If any other individual who cooperates with an investigation expresses a fear of retaliation, CWCCC takes appropriate measures to protect that individual against retaliation.

### **Standard 115.271 Criminal and administrative agency investigations**

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

**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.**

Based on a review of policies OP-030601, OP-040117, and investigative reports

CWCCC conducts investigations promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Where sexual abuse is alleged, CWCCC uses investigators who have received special training in sexual abuse investigations.

Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator.

When the quality of evidence appears to support criminal prosecution, OIG conducts compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and is not determined by the person’s status as inmate or staff. No agency requires an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

Administrative investigations include efforts to determine whether staff actions or failures to act contributed to the abuse; and are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Criminal investigations are documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

Substantiated allegations of conduct that appears to be criminal are referred for prosecution.

CWCCC retains all written reports for as long as the alleged abuser is incarcerated or employed by CWCCC, plus five years. The departure of the alleged abuser or victim from the employment or control of CWCCC does not provide a basis for terminating an investigation.

### **Standard 115.272 Evidentiary standard for administrative investigations**

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

- Does Not Meet Standard (requires corrective action)

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

Based on a review of policy OP-030601, interview with facility Director and investigative staff, and notification documentation.

CWCCC imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

### **Standard 115.273 Reporting to 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.**

Based on a review of policy OP-030601, interview with facility Director and investigative staff, and notification documentation.

Following an investigation into an inmate’s allegation that they suffered sexual abuse in an agency facility, CWCCC informs the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

If CWCCC did not conduct the investigation, it requests the relevant information from the investigative agency in order to inform the inmate.

Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, CWCCC subsequently informs the inmate (unless CWCCC has determined that the allegation is unfounded) whenever the staff member is no longer posted within the inmate’s unit; the staff member is no longer employed at CWCCC; or CWCCC learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or CWCCC learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Following an inmate’s allegation that they had been sexually abused by another inmate, CWCCC subsequently informs the alleged victim whenever CWCCC learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility ; or CWCCC learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

All such notifications or attempted notifications are documented.

### **Standard 115.276 Disciplinary sanctions for staff**

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

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

Based on a review of policy OP-030601 and interview with facility Director.

Staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) 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.

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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

#### **Standard 115.277 Corrective action for contractors and volunteers**

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

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

Based on a review of policy OP-030601, investigative records, and interview with facility Director.

Any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and are reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

CWCCC takes appropriate remedial measures, and considers whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

#### **Standard 115.278 Disciplinary sanctions for 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.**

Based on a review of policy OP-030601, investigative records, and interviews with OIG investigator, Mental Health personnel, and facility Director.

Inmates are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.

Sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.

The disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

CWCCC offers therapy, counseling, or other need-specific rehabilitative interventions designed to address and correct underlying reasons or motivations for the abuse.

CWCCC disciplines an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred are not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

CWCCC prohibits all sexual activity between inmates and may discipline inmates for such activity.

### **Standard 115.282 Access to emergency medical and mental health services**

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

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

Based on a review of policy OP-140118, Medical Management Protocol, MOU with YWCA, Nurse Practice Protocol, and on interviews with medical and mental health staff.

Inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders take preliminary steps to protect the victim and are immediately notify the appropriate medical and mental health practitioners.

Inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Treatment services are 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.

### **Standard 115.283 Ongoing medical and mental health care for sexual abuse victims and abusers**

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

Based on a review of policy OP-030601 investigative records, and on interview with medical/mental health personnel.

CWCCC offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in the jail.

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. CWCCC provides such victims with medical and mental health services consistent with the community level of care.

Inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

Treatment services are 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.

**Standard 115.286 Sexual abuse incident reviews**

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

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

Based on a review of policy OP-030601, investigative records, sexual abuse incident review, and interview with facility Director.

CWCCC conducts 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. This review occurs within 30 days of the conclusion of the investigation. The review team includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

The review team considers whether the allegation 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 identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at CWCCC; and they examine the area in CWCCC where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

**Standard 115.287 Data collection**

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

Based on a review of policy OP-030601, and investigative records.

CWCCC collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions, and aggregates the incident-based sexual abuse data at least annually.

The incident-based data collected is based, at a minimum, on the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

The OIG maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

OKDOC obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates.

#### **Standard 115.288 Data review for corrective action**

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

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

Based on interview with PREA Compliance Manager and facility Director.

CWCCC reviews data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for each facility, as well as CWCCC as a whole.

Such reports includes a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of CWCCC’s progress in addressing sexual abuse.

CWCCC’s report is approved by OKDOC and made readily available to the public.

#### **Standard 115.289 Data storage, publication, and destruction**

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

- Does Not Meet Standard (requires corrective action)

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

Based on a review of policy OP-030601, interview with PREA Coordinator, and facility Director.

OKDOC makes 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.

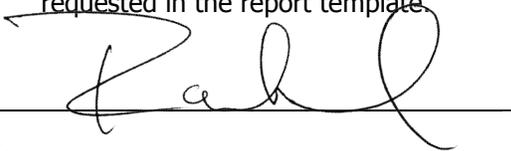
All reports are securely retained and maintained for at least 10 years after the date of the initial collection unless Federal, State, or local law requires.

### AUDITOR CERTIFICATION

I certify that:

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

Ian Rachal



Auditor Signature

08/08/2015

Date