

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS

NATIONAL
PREA
RESOURCE
CENTER



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

[Following information to be populated automatically from pre-audit questionnaire]

Name of facility:		Davis Correctional Facility	
Date report submitted:		December 9, 2014	
Auditor Information		Barbara Jo Denison	
Address:		3113 Clubhouse Drive, Edinburg, Texas 78542	
Email:		denisobj@sbcglobal.net	
Telephonenumber:		956-566-2578	
Date of facility visit:		December 1-3, 2014	
Facility Information			
Facility mailing address: (if different from above)		6888 East 133 Road, Holdenville, Oklahoma 74848	
Telephone number:		405-379-6400	
The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input checked="" type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Name of PREA Compliance Manager:		Title:	
James Yates			Assistant Warden
Email address:		James.yates@cca.com	405-379-4003
Agency Information			
Name of agency:		Corrections Corporation of America	
Governing authority or parent agency: (if applicable)		NA	
Physical address:		10 Burton Hills Blvd., Nashville, TN 37215	
Mailing address: (if different from above)			
Telephone number:		615-263-3000	
Agency Chief Executive Officer: Damon Hininger			
Title:		President and Chief Executive Officer	

Email address:	Damon.hininger@cca.com	Telephone number:	615-263-3301
Agency-Wide PREA Coordinator			
Name:		Title:	Senior Director PREA Programs and Compliance
Lisa Hollingsworth			
Email address:	Lisa.hollingsworth@cca.com	Telephone number:	615-263-6915

AUDIT FINDINGS

NARRATIVE:

The PREA audit of the Davis Correctional Facility was conducted on December 1-3, 2014 by Barbara Jo Denison, Certified PREA Auditor. Prior to the audit, the facility provided the auditor with policies, procedures and facility documentation related to each standard for review. Ongoing communication was held with the Assistant Warden/PREA Manager and the PREA Coordinator during this review period in preparation for the on-site visit. Prior to the audit the auditor was supplied with a list of offenders sorted by housing unit and a list of offenders with special designations, as well as a list of facility staff. From these lists offenders and staff were randomly selected to be interviewed during the audit. On the first day of the audit an entrance meeting was held at 8:00 a.m. with the following people in attendance: Tim Wilkinson, Warden; James Yates, Assistant Warden/PREA Manager; John Rychen, Assistant Warden/North Fork Correctional Facility; Lisa Hollingsworth, Senior Director, PREA Programs and Compliance; Mark Gentry, Chief of Security; and, Brent Madrid, Chief of Unit Management.

Following the entrance meeting, a tour of the facility was held from 9:30 a.m. – 12:45 p.m. The following people accompanied the auditor on the tour: Tim Wilkinson, Warden; James Yates, Assistant Warden; John Rychen, Assistant Warden/North Fork Correctional Facility; David Brown, Quality Assurance Manager; Lisa Hollingsworth, Senior Director, PREA Programs and Compliance; and, Brandy Melancon, Correctional Counselor. All housing units and all areas where offenders program, work and are allowed access to were toured. It was noted that the offender restroom in the intake area had a window on the door that would allow for cross gender viewing of offenders using the toilet. A recommendation was made by the auditor to cover part of the window to allow for privacy. On the second day of the audit, this was corrected. It was also noted that the restroom in the education/vocational area did not allow for privacy of offenders using the urinal. This was corrected by the installation of a partial curtain on the entrance of the restroom. While touring, 20 random offenders and 34 random staff were informally interviewed and questioned about their knowledge of PREA.

A total of 33 staff was formally interviewed in the course of the audit. This number includes one volunteer and one contract employee. This number also includes a Captain and five correctional officers from both shifts. The Agency Head Designee, CCA Executive Vice President and Chief Corrections Officer, was not in attendance during the audit, but he was interviewed by Rodney Bivens, Certified PREA Auditor on 7/7/14 and notes from that interview were shared with the auditor prior to the on-site visit. The PREA Coordinator was interviewed by the auditor at a previous audit. There is no SAFE or SANE staff at the facility; they are available by a Memorandum of Understanding with Project Safe, Inc. in Shawnee, OK. Staff interviewed was well versed in their responsibilities in reporting sexual abuse and suspected sexual abuse. When questioned about evidence preservation, staff responses reflected agency policies and standard requirements.

A total of 31 offenders were formally interviewed. Included in this number were offenders who self-disclosed being gay, bi-sexual and those identified from intake screening to be potentially vulnerable and possible predators. Due to an incident in one of the maximum units, the offenders who were selected to be interviewed from the maximum units were unable to be interviewed. Additional general population offenders were interviewed in their place. Two Spanish speaking offenders and two hearing impaired offenders were also interviewed. There were no offenders with visual impairments housed at the facility at the time of the audit and transgender and intersex offenders are not housed at this facility.

In review of random Sexual Abuse Screening Tools (14-2B) for initial and 30-day reassessments, it was noted that 30-Day Reassessments have only recently been completed (since 9/30/14). The 30-Day Reassessments have recently been part of the offender orientation that is held the week following the offenders' date of intake to the facility. The intent of the standard was discussed with the Warden, Assistant Warden, Classification Coordinator and the PREA Coordinator. The facility was asked to develop and implement a plan, to include training of all staff responsible for completing of the 30-Day Reassessments, on the process of completing 30-Day Reassessments closer to the 30-day date and to develop a method of tracking their completion. Prior to the close of the audit, the auditor was given an e-mail sent to the Warden from the Classification Coordinator which outlined the requirements of the 30-Day Reassessments and a Unit Recap form which will be used to track the 30-day required date and document their completion. An in-service training on the new procedure was held on 12/5/14. The auditor, as requested, was forwarded a copy of the training roster.

In review of documentation of the completion of offender PREA training, it was noted that numerous offenders were scheduled for orientation who never attended and therefore there was no documentation to prove that these offenders received PREA training as it is part of the orientation process. The auditor requested the facility develop a plan to ensure that the current population receives the PREA training, that the training is documented by the offender's signature and include in the plan a method of ensuring that in the future all incoming offenders attend orientation to receive PREA information. The facility implemented a plan and locked down the facility at 2:00 pm on 12/3/14. All offenders in general population housing viewed the PREA video and signed a sign-in sheet confirming viewing the video. In the maximum units the offenders were given the *Offenders Guide to Sexual Misconduct (OP-030601, Attachment B)* pamphlet and they signed that they received the information. Unit teams were available on all units for any questions the offenders had. A plan was developed that outlined the process that will be followed in the conducting of offender orientation that will ensure that all offenders be scheduled and attend their scheduled orientation and by their signature indicate that they received the information provided. The auditor received confirmation via e-mail on 12/5/14 that the offender PREA training had been completed as scheduled on 12/3/14 and that 1662 offenders received the training and acknowledged receipt of the training by signing a roster.

In the past twelve months there have been four allegations of sexual harassment. Two were inmate-on-inmate allegations with one unfounded and one unsubstantiated. There were two staff-on-inmate allegations of sexual harassment, one unfounded and one substantiated which led to the termination of the staff member. There were ten inmate-on-inmate sexual abuse allegations. Five of those were unfounded, four unsubstantiated and one is pending OIG's completion of the investigation. There were four staff-on-inmate allegations of sexual abuse with one pending OIG's completion of the investigation, one unfounded and two unsubstantiated. Investigative files of all allegations of abuse and harassment were reviewed with the PREA Coordinator, Warden, Assistant Warden and the Quality Assurance Manager. In all cases the proper procedures were followed in the handling of the investigations, with

the exception of Notifications to the Offenders (14-2E form) that have not been completed. At the time of the audit, four of the offenders who had made allegations and the investigation of their allegations were completed were still housed at the facility. The facility Investigator prepared 14-2E forms for these offenders and they were provided notification of the outcome of the investigation on 12/2/14. In the future the facility Investigator will prepare the 14-2E forms and ensure they are delivered to the offender, signed by the offender and filed in the investigative packet.

At the conclusion of the on-site audit an exit meeting was held to discuss the audit findings with the following people were in attendance: Tim Wilkinson, Warden; James Yates, Assistant Warden; John Rychen, Assistant Warden; Brent Madrid, Chief of Unit Management; Mark Gentry, Chief of Security; Donna Boone, ODOC Contract Monitor; Marty Garrison, Investigator; Bryan Yandell, Classification Coordinator; David Brown, Quality Assurance Manager; Ray Larimer, HSA, and Tara Morgan, Warden's Secretary.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Davis Correctional Facility (DCF) is a medium/maximum security facility located on the outskirts of rural Holdenville, Oklahoma. The facility is about 90 minutes southeast of Oklahoma City. Holdenville's population is less than 6,000. Many staff commutes from different cities in the surrounding area. The facility was opened in 1996 by Correctional Corporation of America (CCA) in compliance with requirements outlined in Oklahoma State Statutes. The Davis Correctional Facility is owned and operated by CCA under contract with the Oklahoma Department of Corrections. The DCF was originally designed as a treatment and programming facility. It was later converted to house medium and maximum custody level offenders. The rated capacity of the facility is 1720. On the first day of the audit the population was 1663.

The facility is on 75 acres of land adjacent to locally owned farmland. Eleven structures and a greenhouse are situated within a double fenced perimeter. There is ample parking for both staff and visitors. Entrance to the facility is gained through a double gated walk-through sally port. Individuals must verbally identify themselves via call box to Central Control prior to gaining access to the grounds. There is a garden in front of the main administration building with memorial markers in tribute to DCF staff who served at the facility. The main or multipurpose building houses administrative offices, Central Control, visitation, training/education space, intake and release, property room, satellite medical services, library, chaplain's area, central dining hall and kitchen, laundry, maintenance and loading dock, commissary and the Golf housing unit. The Golf Unit has 40 medium custody beds and houses level 4 offender workers.

A full court gymnasium is located directly behind the main administrative building. Recreational equipment is available for check out from an offender worker. Four housing units flank the administrative building and the gym. Each unit has two triangular shaped wings or pods of 60 double bunked cells. These units have an upper and lower tier with a large open dayroom in the center. The home plate of the baseball diamond is located just behind the back entrance to the gym. The grounds of the diamond are very well maintained as are all other exterior areas. A maintenance building, greenhouse and programming/education and training are located inside the perimeter fence in this area.

Interior fencing separates the remaining two T-shaped housing units. One unit has 360 maximum custody beds and the other has 120 ISU beds, 116 segregation beds and 120 medium custody beds. The main medical department is located in a separate building near the housing units.

Entrance to the facility may also be gained through a double gated drive through sally port which is staffed during operational hours. All vehicles are thoroughly searched coming in and going out of the facility. An additional walk through sally port gate is available for intakes.

The Davis Correctional Facility team is proud of their mission statement and they are committed to adhering to the principles of respect, honor, ethics, loyalty, integrity and trust and to provide a safe, secure and positive environment for the community, staff and offenders.

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded:	3
Number of standards met:	36
Number of standards not met:	0
Non-applicable:	4

§115.11 - 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)

Corrections Corporation of America (CCA) policy 14-2 is a written plan mandating zero tolerance towards all forms of sexual abuse and sexual harassment which outlines the agency's approach to preventing, detecting and responding to such conduct. On page 2 of the policy the responsibilities of the PREA Coordinator and PREA Manager can be found. In interview with the PREA Coordinator and the Assistant Warden, both indicated that they have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

§115.12 - Contracting with other entities for the confinement of offenders

☐ 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)

☒ Not Applicable

Corrections Corporation of America is a private provider and does not contract with other agencies for the confinement of offenders; therefore this standard is not applicable.

§115.13 – 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)

Based on policy 14-2.4, page 9, sections D & E, the agency 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 offenders against sexual abuse. The staffing levels are monitored daily by review of shift rosters. The staffing plan is reviewed annually by the Assistant Warden and forwarded to the PREA Coordinator and Warden for review. It is then forwarded to the Vice President of Facility Operations for signature and approval of any recommendations made which would include changes to policy and procedures, physical plant, video monitoring or staffing. The last Annual Staffing Plan Assessment was completed on 9/12/14. There were no recommendations made from that assessment, but it was noted that a Milestone upgrade was scheduled for 2015. There have been no incidences where the staffing plan has not been complied within the past twelve months, as confirmed by interview with the Warden.

In review of page 9, section E, there is a policy in place and a practice of unannounced rounds being conducted and documented in the log book and shift supervisors' reports. Documentation reviewed showed unannounced rounds being documented in each building on all shifts. This practice was confirmed by interview of offenders, correctional staff and supervisors who all reported numerous rounds being conducted on a daily basis.

§115.14 – Youthful Offenders

☐ 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)

☒ Not Applicable

Davis Correctional Facility is an adult male facility and does not house youthful offenders; therefore this standard is not applicable.

§115.15 – 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)

There have been no incidences of cross-gender strip searches or cross-gender visual body cavity searches. Policy 14-2.4, pages 15 & 16, section K, outlines offender searches including searches of transgender and intersex offenders. All staff receives this training through Pre-

Service and annually in In-Service training. Unit staff is required to document all cross-gender searches if they were to occur.

The facility has policies and procedures in place that enable offenders to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their buttocks or genitalia. Females announce themselves when they enter the housing units and reminders of this practice are posted on the entry doors of all housing units. Offenders interviewed confirmed that this practice is being adhered to and indicated that they feel they have privacy when female staff is in their housing unit. The Pelco camera monitors were reviewed and showed that if female staff were to review these monitors, camera placement would allow for privacy for the offenders.

§115.16 – Offenders with Disabilities and Offenders who are Limited English Proficient

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The agency takes appropriate steps to ensure that offenders with disabilities and offenders that are limited English proficient have an opportunity to participate and benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and harassment. Policy 14-2.4, page 14, section I, and the lesson plan *Safety and Security Issues Part 2* was used to verify compliance of this standard. PREA posters, the Offender Handbook and *The Davis Correctional Facility Offenders Guide to Sexual Misconduct*, given to offenders at orientation, and any other written material they receive are provided in both English and Spanish. All PREA posters displayed are in both in English and Spanish. The Language Line service is utilized to convey verbal information to offenders who speak any other language other than Spanish. One Spanish speaking offender that was interviewed confirmed he received PREA information in Spanish. The agency prohibits the use of offender interpreters, offender readers or other types of offender assistants. The PREA video shown to all offenders during the orientation is shown in both English and Spanish. Provisions for offenders who are deaf or are visually impaired will be made to provide them with information in a manner they can understand.

§115.17 – Hiring and Promotion Decisions

X 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)

In review of policy 14-2.4, pages 5 & 6, section B, the agency does not hire or promote anyone who may have contact with offenders, and does not enlist the services of any contractor who may have contact with offenders, 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 the

activity described above. The agency considers any incidents of sexual harassment in determining whether to hire or promote anyone or to enlist the services of any contractor, whether they may have contact with offenders or not.

In interview with the Human Resources Manager and review of random employee files, criminal background checks for all applicants, including contractors are performed by First Advantage, Chicago, IL, as an applicant, after being hired, if being considered for a promotion and every five years after date of hire. Upon being hired, the Oklahoma State Bureau of Investigation and FBI do a fingerprint and background check as well. A Self Declaration of Sexual Abuse/Sexual Harassment (14-2H) is completed by all applicants, upon being hired and if being considered for a promotion. Volunteers have a background check by ODOC before they are approved to be a volunteer and every five years. The Chaplain maintains all volunteer files.

The employee, contractor and volunteer files reviewed were in excellent order. The Human Resources Manager and the Chaplain when interviewed were very knowledgeable of their responsibilities of keeping accurate records to ensure background checks are being performed as required by this standard.

§115.18 – Upgrades to Facilities and Technology

- ☐ 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)

X Not Applicable

Policy 14-2.4, page 30, section V, states that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect offenders from sexual abuse. Currently DCF has 189 cameras and 7 Pelco DVR's with the capability of retaining data for 45 – 90 days depending on the camera.

The agency has had upgrades to video monitor systems, electronic surveillance systems or other monitoring technology in the past 12 months in other facilities, but the standard was found to be not applicable since there have not been any new monitoring technology installed and the facility has not acquired a new facility or any expansion to the existing facility since August 20, 2012.

§115.21 – Evidence Protocol and Forensic Medical Examinations

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

According to policy 14-2.4, pages 23 & 24, section O-4 and policy 13-79.4, page 2, section A-I & ii, and OP-040117, pages 2 & 3, section I-A & B and section II-A, the facility follows a uniform evidence protocol that maximizes the potential for usable physical evidence for administrative and criminal prosecutions. The facility Investigator is responsible for conducting administrative investigations and the Oklahoma Department of Corrections Inspector General's Office is

responsible for conducting criminal sexual abuse investigations. All allegations of sexual abuse and sexual harassment are forwarded to OIG within 4 hours of being received. Victims of sexual abuse would have access to forensic medical examinations. An MOU with Project Safe, Inc. signed by the Project Safe, Inc. Executive Director on 3/5/13 and the Warden on 3/18/13 provides for SANE exams to be performed at the Unity Health Center, Urgent Care Center in Shawnee, OK. In the past 12 months there were two offenders who required SANE exams.

Project Safe, Inc. provides emotional support for victims of sexual abuse and one of the facility's Mental Health Coordinators is the facility's Victims Services Coordinator and is available to provide victims of sexual abuse support services and provide information for access of emotional support and counseling upon their release from custody.

§115.22 – Policies to Ensure Referrals of Allegations for Investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Policy 14-2.4, page 22, section O and policy 5.1, page 7, section d, outline the agency's policy and procedure for investigating and documenting incidents of sexual abuse. All allegations of sexual abuse are reported to the ODOC OIG office within four hours of being received. The agency's policy regarding referral of allegations of sexual abuse and sexual harassment for criminal investigation are available on the CCA website.

§115.31 – Employee Training

X 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)

CCA employees receive training on CCA's zero tolerance policy for sexual abuse and sexual harassment at pre-service and annually. Employees sign an acknowledgement form that they have received and understood the training they received. Random reviews of employee files showed this documentation is maintained by the facility. The PREA in-service training curriculum was reviewed and verified that the training provided to employees is very comprehensive and meets all elements of this standard. Additionally, between trainings the facility has staff recall meetings, shift briefings and weekly unit staff meetings where the policy is reviewed in addition to information provided on the CCA TV. In interview with staff, they were able to confirm receiving this training and knew their responsibilities for preventing and responding to allegation of sexual abuse.

§115.32– Volunteer and Contractor Training

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Policy 14-2.4, page 8, section C-2, outlines the training requirements for volunteers and contractors. The objectives of the training ensures that volunteers and contractors are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and are informed on how to report such incidents. The agency maintains documentation confirming that volunteers and contractors understand the training they have received. This form is filed in the volunteer's file that is maintained by the Chaplain who is the designated Volunteer Coordinator and by the Human Resources Manager in contractors' files. On interview with a volunteer, he confirmed that he received and understood the training. In the past 12 month period a total of 10 volunteers and 8 contractors have received this training.

A food services worker, contracted through Trinity Services and a religious volunteer that were interviewed confirmed receiving PREA training and understood their responsibilities under the agency's sexual abuse and sexual harassment policies.

§115.33 – Offender Education

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Policy 14-2.4, page 13 & 14, section I-1 & 2 and policy 17-101 were used to verify compliance to this standard. All incoming offenders receive an Offender Handbook, *DOC Offender Guide to Sexual Misconduct* and *Preventing Sexual Abuse and Misconduct* pamphlets during the intake process which contains PREA information that outlines methods to report sexual abuse. During the orientation process offenders watch a PREA video and receive additional PREA information. All information presented is provided in both English and Spanish and to offenders who have low vision or hearing or with limited reading skills in a manner they can understand. Documentation is maintained of offender participation in these education sessions. Deficiencies were noted of the orientation process and offender receipt of PREA information which has since been corrected. (See page 2, paragraph 3 under the Audit Findings Section for more information.)

Posters regarding sexual abuse and sexual harassment prevention were displayed in all housing units in both Spanish and English.

§115.34 – Specialized Training: Investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Based on policy 14-2.4, page 7, section C-1-b, the facility's Investigator receives specialized training in addition to the general education provided to all employees. The PowerPoint presentation of special training for investigators was reviewed and found to cover all requirements of the training as outlined in section (b) of this standard. The agency maintains

documentation that the Investigator has received this training. Upon interview of the Investigator, he confirmed receiving this specialized training and was knowledgeable of his responsibilities in conducting sexual abuse investigations. The Investigator's training records showed he last received this training on 5/21/13.

§115.35 – Specialized training: Medical and mental health care

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The agency ensures that all medical and mental health staff has training on how to detect and assess signs of sexual abuse and harassment, how to preserve physical evidence, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how to report allegations of sexual abuse and harassment. The facility maintains documentation that all medical and mental health practitioners have received this training. In interview with the Health Services Administrator and the Mental Health Coordinator they acknowledged receiving this specialized training and knew their responsibilities as outlined in policy 14-2.4, page 7, section C-1-b-ii.

The facility medical staff does not conduct forensic examinations. SANE exams are conducted by Project Safe, Inc. offsite.

§115.41 – Screening for Risk of Victimization and Abusiveness

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Based on policy 14-2.4, page 12, section H-1 & 2, the agency policy requires facilities to screen upon admission for risk of sexual abuse victimization or sexual abusiveness toward other offenders. The 14-2B form is completed by the offender as part of the intake process. The screening tool contains all requirements of 115.41 (d) of this standard, with the exception of the screener's perception of whether the offender is gender non-conforming. Intake staff has been instructed to include this information on the current 14-2B form until the form is revised to include this information. Observation of the intake process and with interview of an intake staff confirmed that the process as outlined in the policy is being adhered to. Offenders may not be disciplined for refusing to answer any questions or for not disclosing complete information. Referrals to mental health are made as warranted in response to the offender's disclosures on that form. Screening forms are secured in inmate records with only designated staff allowed access to them.

§115.42 – Use of Screening Information

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The agency uses the information from the risk screening form to make housing bed, work, education and program assignments with the goal of separating offenders at high risk of being sexually victimized from offenders with those at high risk of being sexually abusive. On interview with the Assistant Warden, he explained how the facility utilizes information from the 14-2B form.

Guidelines on housing and program assignments and for the management of transgender and intersex offenders are outlined in policy 14-2.4, pages 13 & 14, section J.

The agency does not place lesbian, gay, bisexual, transgender, or intersex offenders in dedicated facilities, units or wings solely on the basis of such identification. On interview with two offenders who self-disclosed they were gay and one bisexual offender, they reported that they have not been placed in any special housing unit because of their sexual orientation.

§115.43 – Protective Custody

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Based on policy 14-2.4, page 15; section J, offenders at high risk for sexual victimization shall not be placed in protective custody unless an assessment of all available alternatives has been made and it is determined there is no available alternative means of separation from likely abusers. Offenders shall be assigned to protective custody only until an alternative means of separation from likely abusers is arranged, for no longer than 30 days. If separation continues past 30 days, every 30 days the unit will conduct a review to determine if there is a continuing need for separation of the offender from the general population. There have been no incidents of offenders who were screened at risk of sexual victimization that were placed in involuntary segregated housing in the past 12 months. On interview with the Warden and correctional staff who supervise offenders in restrictive housing, compliance to this standard was verified.

§115.51 – Offender Reporting

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Policy 14-2.4, page 16, section L-1, page 17, section L-2, and page 18, section L-3, outline the procedures on offender reporting. The agency provides multiple ways for offenders to privately report sexual abuse and sexual harassment and retaliation by other offenders or staff for reporting sexual abuse and sexual harassment. The facility has three speed dial numbers

posted in the housing units for offenders to access outside reporting. In the first housing unit the auditor dialed one of the three numbers (772) and found the recording to be one that staff could use to make reports to the CCA Ethics Hotline in Nashville, TN. One of the numbers (773) goes to the ODOC OIG office and the third number (555) is an internal facility reporting line that goes to the Assistant Warden's office. The offenders did not have access to reporting privately to an outside agency. During the audit the PREA Coordinator telephoned Project Safe, Inc. to see if they could provide this service to the facility and emotional support services. The PREA Coordinator was referred to the Family Resource Center in Seminole, OK. When the Family Resource Center was contacted they agreed to provide outside reporting services and emotional support services to the facility. A meeting has been scheduled with the Assistant Warden and a representative from the Family Resource Center to discuss and secure an MOU for them to provide outside confidential support services to the offenders at DCF

Offenders are made aware of methods of reporting through the Offender Handbook, pamphlets provided to them and continuously through posters on the walls, as well as ongoing education at Town Hall Meetings. Per the Assistant Warden, once the MOU with Family Services is in place, the Offender Handbook will be revised to include information for these services available to the offender and this information will be made available on the CCA TV as well. The 772 speed dial number will then be used to access the Family Resource Center.

The agency's policy mandates that staff accept all reports of sexual assault and sexual harassment made verbally, in writing, anonymously and from third parties. Staff and offender interviews verified that they are aware that they can report verbally, in writing or through a report of a third party. Staff also verified that they have access to private reporting.

Corrections Corporation of America does not detain individuals solely for civil immigration purposes.

§115.52 – 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)
- ☒ Not Applicable

The Davis Correction Facility does not have an administrative process to address offender grievances regarding sexual abuse. All PREA allegations are processed through the investigative process.

§115.53 – Offender 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)

As stated in policy 14-2.4, page 10, section F, offenders are provided with access to outside victim advocates for emotional support services related to sexual abuse, but outside confidential support services were not available for DCF offenders. The lack of this service was addressed during the audit. (See page 11, standard 115.41 for more detail.)

Staff interviewed was aware they could privately report sexual abuse and sexual harassment of offenders by calling the Ethics Hotline.

§115.54 – 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)

Based on policy 14-2.4, page 18, section L-4, the agency has a method to receive third party reports of sexual abuse and sexual harassment. Family members or other individuals may report verbally or in writing any time they have knowledge or suspect an offender has been sexually abused, sexually harassed or requires protection. Offenders, when interviewed, were aware of this method of reporting. Information for outside parties to report allegations of abuse on behalf of an offender are available on the CCA website.

§115.61 – 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)

Policy 14-2.4, pages 17 and 18, section L-2, was reviewed to verify compliance to this standard. The policy requires that all staff are to report immediately any knowledge or information regarding an incident of sexual abuse or sexual harassment. Any retaliation or suspected retaliation against staff or offenders must also be immediately reported. In the past 12 months there have been no reports of retaliation against staff or offenders. The facility reports all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, to the facility Investigator. Random interviews with staff revealed that staff is very aware of their responsibilities to report incidents of sexual abuse or harassment and know not to reveal any information about a sexual abuse incident to anyone other than to the extent necessary.

Davis Correctional Facility houses adult male offenders, all of whom according to their classified level of care, are not considered to be vulnerable adults under the State Vulnerable Persons Statute.

§115.62 – Agency Protection Duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

When the agency learns that an offender is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the offender. Policy 14-2.1, page 1, paragraph 2, and policy 13-50.4, section A, page 1 and section x.i, page 3 & 4 outline the agency's procedures related to the agency's efforts to protect offenders at risk for sexual abuse or sexual harassment. In interview with the Warden, there one incident in the past 12 months where it was necessary for the agency to take immediate action in regards to an offender being in substantial risk of sexual abuse. Correctional staff interviewed was also aware of their responsibilities if they felt an offender was at risk for sexual abuse.

§115.63 – Reporting to Other Confinement Facilities

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Policy 14.2.4, section M-3, pages 19 & 20, requires when a sexual abuse allegation that an offender was sexually abused while confined to another facility, the Warden of the facility that received the allegation shall immediately notify the facility head or appropriate office of the facility where the alleged abuse took place as soon as possible, but no later than 72 hours after receiving the allegation. During the past year there was one offender who alleged multiple incidents of sexual abuse by sheriff deputies while incarcerated at the McClain County Jail. Immediately following the offender's allegation, the Warden notified the Investigator and the offender was escorted to medical to speak with a Mental Health Coordinator. OIG was notified and proper notification to the McClain County Sheriff's Department was made. There were no reports of allegations of sexual abuse received from other facilities that were alleged to have occurred at Davis Correctional Facility.

§115.64 – Staff First Responder Duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Policy 14-2.4, pages 18 & 19, section M-1 & 2-a, outlines the procedures for first responders to allegations of sexual abuse and sexual harassment whether that person is a security or non-security staff member. Random interviews with security and non-security staff revealed that they knew the policy and practice to follow. They reported that they knew that the alleged victim and abuser must be separated and how to preserve the crime scene and the evidence.

§115.65 – 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)

Policy 14-2.4, pages 18 & 19, section M-1-3 as well as policy 13-79, were used to verify that there is a plan to coordinate actions taken in response to an incident of sexual abuse. Interviews with specialized staff confirmed that they are knowledgeable of the plan and the necessary actions to be taken. A Sexual Abuse Response Team (S.A.R.T.) is established at the facility which includes the PREA Manager and a medical, security and the Victim Services Coordinator. All members of the S.A.R.T. know their role in the response to sexual abuse incidents.

§115.66 – Preservation of ability to protect offenders 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)

Policy 14-2.4, page 26, section R-2-d, was used to verify compliance to this standard. Employees are subject to disciplinary sanctions up to termination for violating CCA's policies on sexual abuse and sexual harassment. When the Agency Head was interviewed he reported that 7% of CCA facilities are unionized and 93% are not. Davis Correctional Facility has not entered into any collective bargaining agreements. There are no restrictions to keep the agency from not disciplining employees up to and including termination.

§115.67 – 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)

The agency has policies in place to ensure that there is no retaliation against any offender or staff member who report sexual abuse or sexual harassment. Policy 14-2.4, page 11, section G-3, details provisions for 30/60/90-day monitoring of staff and offenders. Monitoring will continue beyond 90 days if warranted. The Classification Coordinator is responsible for monitoring for retaliation. When interviewed and in review of 14-D, PREA Monitoring for Retaliation reports, monitoring is being completed as required by policy with no incidents of retaliation occurring in the past 12 months. Currently there are five offenders being monitored and there were seven offenders that were being monitored for retaliation who have since been have left the facility.

§115.68 – Post-Allegation Protective Custody

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The agency prohibits offenders who have alleged sexual abuse to be placed in involuntary segregated housing. If segregated housing was used, the same provisions as outlined in policy 10-1.4, page 11, section G-3 would apply. Interview with the Warden and segregation staff revealed that involuntary segregation has not been used for this purpose in the past 12 months. The Warden stated that if separation was required to protect the offender, he would be placed in one of the medical unit cells for no longer than 72 hours.

§115.71 – Criminal and Administrative Agency Investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The agency and facility have policies governing administrative and criminal investigations of sexual abuse. The ODOC Internal Affairs office investigates all criminal offenses including sexual abuse investigations. Policy 14-2.4, page 22, section O, outlines procedures for administrative and criminal investigations. The facility Investigator conducts investigations immediately when notified of an allegation of abuse and notifies OIG of all allegations. OIG conducts criminal investigations pursuant to the requirements of this standard. The facility remains informed of the progress of the investigation through communication between the Investigator and the OIG agent handling the case. There were no sexual abuse allegations referred for prosecution in the past year. The Investigator when interviewed was well versed in his responsibility of handling administrative investigations as required by this standard.

§115.72 – Evidentiary Standard for Administrative Investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

According to policy 14-2.4, page 24, section O-5, the agency shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. When the Investigator was asked what standard of evidence was used in determining if an allegation is substantiated, he confirmed the agency policy.

§115.73 – Reporting to Offender

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Policy 14-2.4, page 24 & 25, section Q, was used to verify compliance to this standard. The policy indicates that the intent of the standard requirements if the allegation proves to be substantiated, unsubstantiated or unfounded providing proper notification to the offender as per this standard. In review of investigative packets for allegations of sexual abuse and sexual harassment, notifications were not being made. In the past 12 months there was one notification to an offender. During the audit this was addressed and resolved. (See page 4, paragraph 1 under the Audit Findings section for more information.)

§115.76 – Disciplinary sanctions for staff

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse policy as outlined in policy 14-2.4, page 26, section R-2. Policy 3-3, page 3, section E requires staff to sign a Code of Conduct Acknowledgement form when first hired and annually. In the past 12 months there has been one termination of staff due to violation of the agency's sexual abuse and sexual harassment policy.

§115.77 – Corrective action for contractors and volunteers

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

As stated in policy 14-2.4, page 26, section R-3, volunteers and contractors will be prohibited from contact with offenders and will be reported to the law enforcement agency if they violate the agency's sexual abuse and sexual harassment policy. In interview with the Warden, there have been no incidences of sexual abuse or sexual harassment by contractors or volunteers. If it were to occur, appropriate remedial actions would be taken.

§115.78 – Disciplinary sanctions for offenders

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Policy 14-2.4, page 25, section R, was used to verify compliance to this standard. Offenders will face disciplinary sanctions through the disciplinary process if they violate the agency's zero-

tolerance policy which prohibits offender-on-offender sexual abuse. Offenders who engage in sexual misconduct with staff are disciplined if it is found that the staff member did not consent to such contact. OP-060125, section 4, pages 9 & 10 outlines mental health's responsibilities if an offender with certain mental health classifications commits an offense of any kind before going through the disciplinary process. In the past 12 months there have been no incidents of disciplinary sanctions imposed on offenders during the past 12 months for violation of the zero tolerance policy. In interview with the Mental Health Coordinator, counseling would be offered to the offending offender.

§115.81 – Medical and mental health screenings; history of sexual abuse

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Upon intake, any offender reporting any prior victimization or any offender who previously perpetrated sexual abuse is seen by mental health staff. Policy 14-2.4, page 10, section E-2-a and page 18, section L-2-e provides for immediate evaluation by mental health staff of offenders who report sexual assault and a physical exam will be performed in all cases of sexual assault. The staff responsible for intake screening, the Mental Health Coordinator and the Health Services Administrator that were interviewed verified this process was in place. Immediate notification to mental health staff is made if warranted by intake screening and the offender is seen immediately. All other inmates are seen by mental health staff for a Mental Health Evaluation within 14 days of arrival to the facility per policy 13-50. Informed consent is obtained from offender before reporting about prior sexual victimization that did not occur in an institutional setting. There have been no incidents in the past 12 months that required reporting about prior sexual victimization that did not occur in an institutional setting.

§115.82 – Access to emergency medical and mental health services

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Policy 14-2.4, page 12, section G-3-d, policy 13-79.1, pages 3 & 4 and policy 13-34.1, page 2, section A-1 & 3, page 7, section 1-c & d and page 8, section 2-c, mandate that offenders who are victims of sexual abuse have immediate access to medical and mental health services and crisis intervention services. Security staff escorts the alleged victim to the medical department immediately for a physical examination. Interview with the Health Services Administrator confirmed this practice and that the requirements of this standard are adhered to. Offenders in need of SANE services are referred to Project Safe, Inc. with no cost to the offender for these services. In the past 12 months, there have been two offenders referred to Project Safe, Inc. for examinations.

§115.83 – Ongoing medical and mental health care for sexual abuse

victims and abusers

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Policy 14-2.4, page 12, section H-1, policy 13.70, page 3 & 4, section 1 & 2, policy 13-79.4, page 3, section b, I & ii, page 4, section 2 a & b and page 5, section 2-3 and interview with the Health Services Administrator were used to verify compliance to this standard. The facility offers medical and mental health evaluation and treatment to all offenders who have been victimized by sexual abuse. Victims will be offered prophylactic treatment and follow-up for sexually transmitted diseases, counseling and testing and are referred to the mental health staff for crisis intervention as necessary. Services are provided at no cost to the offender.

§115.86 – Sexual abuse incident reviews

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Policy 14-2.4, pages 21 & 22, section IV and on interview the Warden, the PREA Manager, the Investigator and the Mental Coordinator who are all members of the Incident Review Team, the facility is required to conduct a sexual abuse incident review for every sexual abuse investigation. In review of secondary documentation, all requirements of 115.86 (d) are considered in the review and recommendations for improvements are made. In the past 12 months there have been nine investigation of sexual abuse that were followed by an incident review.

§115.87 – Data Collection

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Based on policy 14-2.4, page 27, section T-1 & 2, information on allegations of sexual abuse is electronically recorded by each facility in the Incident Reporting Database System (IRD). In review of a printout of incidents reported in the past 12 months and recorded in the IRD, and in review of investigative files, three of the outcomes of the investigations recorded in the IRD were not the outcomes of the investigation as reported by OIG. The PREA Coordinator addressed this issue with the Assistant Warden, the Quality Assurance Manager and the Warden and gave instructions on how to avoid these discrepancies in the future. The Warden handled making the necessary corrections in the IRD system. The PREA Coordinator obtains information on all incidents from each facility and annually this information is aggregated. Upon request or

no later than June 30th, the agency provides this information for the previous calendar year to DOJ.

§115.88 – 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)

Based on policy 14-2.4, pages 27 & 28, section T-3, and on interview with the PREA Coordinator, the agency reviews all of the data collected from all its facilities and aggregates that data annually to assess and improve the effectiveness of its sexual abuse program and practices. The PREA Coordinator prepares an annual report that provides some general comments with plans to enhance this information in future reports. Information that needs to be redacted is not included in this annual report that she forwards to the Chief Corrections Officer for approval. This information is available to the public on the CCA website and can be accessed at <http://www.cca.com/security-operations/PREA>.

§§115.89 – 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)

According to policy 14-2.4, page 27, section T-2-C, the agency ensures that the data collected is securely retained. According to the agency's retention schedule, the entire PREA packet including aggregated sexual abuse data is retained for 10 years.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

Barbara Jo Denison

Auditor Signature

December 8, 2014

Date