

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: July 10, 2016

Auditor Information			
Auditor name: Michael Radon			
Address: 6 Summit Drive P.O. Box 892 Bondsville, MA 01009			
Email: michaelradon@yahoo.com			
Telephone number: 413-250-7778			
Date of facility visit: May 16 –18, 2016			
Facility Information			
Facility name: Jess Dunn Correctional Center			
Facility physical address: 601 South 124 th Street West Taft, OK 74463			
Facility mailing address: <i>(if different from above)</i> P.O. Box 316 Taft, OK 74463			
Facility telephone number: 918-682-7841			
The facility is:	<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		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Art Lightle			
Number of staff assigned to the facility in the last 12 months: 68			
Designed facility capacity: 1129			
Current population of facility: 1121			
Facility security levels/inmate custody levels: Minimum Security Facility/Minimum – Medium (overridden to minimum)			
Age range of the population: 19 –77			
Name of PREA Compliance Manager: David Rogers		Title: CM III	
Email address: david.rogers@doc.ok.gov		Telephone number: 918-682-7841 ext. 6513	
Agency Information			
Name of agency: Oklahoma Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 3400 Martin Luther King Avenue Oklahoma City, OK 73111			
Mailing address: <i>(if different from above)</i> P.O. Box 11400 Oklahoma City, OK 73111			
Telephone number: 405-425-2500			
Agency Chief Executive Officer			
Name: Joe Allbaugh		Title: Director	
Email address: joe.allbaugh@doc.ok.gov		Telephone number: 405-425-2506	
Agency-Wide PREA Coordinator			
Name: Millicent Newton-Embry		Title: Agency PREA Coordinator	
Email address: millicent.newton-embry@doc.ok.gov		Telephone number: 405-425-7074	

AUDIT FINDINGS

NARRATIVE

The Oklahoma Department of Corrections contracted the American Correctional Association to provide Prison Rape Elimination Act (PREA) to provide certified PREA auditors for the formal audit of the Jess Dunn Correctional Center located in Taft, Oklahoma on May 16, 17, and 18 of 2016.

Certified PREA auditor Michael A. Radon was assigned to conduct this formal audit by Mr. Robert Brooks, PREA Divison ACA. This audit was assigned for a single auditor to review all policies and procedures and practices for compliance of the PREA adult prison and jails standards by the US Department of Justice.

The initial phase of this audit consisted of receipt of all supportive documentation which directly related to providing evidence of compliance of 43 standards. The second phase of the pre-audit preparation was the receipt and review of the pre-audit questionnaire (PAQ). Review of the above information was compared to the auditor compliance tool to begin determination of existing compliance.

On May 15th, a site visit began consisting of an entire facility tour of all areas, of existing and potential inmate and staff access. During the facility tour it was apparent that the Oklahoma DOC had not only begun to address vulnerable areas in the facility but also had existing corrective action plans which included the addition of additional cameras, mirrors, and review of job post assignments to better meet the needs of PREA. After completion of the facility tour, the auditor reviewed the pre-audit questionnaire and resolved any questions and concerns within the questionnaire.

On the following day the auditor began the interview segment of the audit and completed all indentified personnel including investigative, specialized, security, administration, and first responders. All interviewees were knowledgeable of the PREA standards, their specific responsibilities, and the specific steps necessary to take in the event of a PREA incident.

The inmate interview segment consisted of random sampling, self-disclosed, and literacy challenged. All inmates interviewed were aware of PREA, some inmates had a better understanding of the specific standards than others, however, all were aware of PREA and their right to be free of sexual abuse and harassment.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Jess Dunn Correctional Center (JDCC) is located in Taft, Oklahoma, approximately ten (10) miles west of Muskogee in Muskogee County.

The JDCC is the state of Oklahomas' second largest minimum security facility covering approximately 1100 acres. The JDCC is an all male facility with a designed capacity of 1129 and a current population of 1121. The average length of stay for an inmate is 539 days.

The facility is surrounded by a twelve (12) foot fence and topped with a thirty (30) inch razor ribbon. The physical plant has a total of twenty-two (22) buildings. Central control, segregated housing and the D-West housing unit are located outside of the main security fencing. The D-West unit is fenced alone. There are five (5) dorms with a combined total of 48,409 square feet of space.

The camera monitoring system for JDCC is located in Central Control. Video monitoring is in the visiting room, food service area, outside yard/breezeways, and the offender housing units. Data is keep for a fourteen (14) day cycle. JDCC has a total of fifty-one (51) cameras.

The recreation program of JDCC is as follows: Horseshoes, card/billiard tournaments, weightlifting, softball/basketball leagues, as well as, a movie program. Offenders have access to the following: Music/Band room, board games/cards, covered exercise area for segregated housing, a covered pavilion, basket ball court, billiard room, and an outdoor recreation area for basketball, volleyball, jogging, soccer, and softball.

The medical care at Jess Dunn Correctional Center is available seven (7) days a week for about twelve (12) hours a day in a full staffed clinic. There is sick call, pill dispensing, access to outside emergency care/clinics, and a chronic care clinic. There is also a dental clinic available as well as a mental health clinic for inmates.

The mission of the Jess Dunn Correctional Center is to provide a safe, secure and humane environment in which male minimum security offenders will be provided the opportunity for positive change and successful re-entry back into society. The primary programmatic mission is to provide education, career tech and sex offender psycho-education programs.

SUMMARY OF AUDIT FINDINGS

In closing, the auditor Michael A. Radon having completed all portions of this PREA audit has determined that the Jess Dunn Correctional Center is in full compliance with the PREA standards for adult prisons and jails. This facility with the support of the PREA Compliance Manager and the administration of the Department of Corrections has achieved the compliance to meet the 43 standards of the adult prisons and jails.

Number of standards exceeded: 0

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 2

Standard 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)

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.

OP-030601

Memorandum of Appointment of PREA Coordinator Millicent Newton-Embry
Memorandum of Appointment of PREA Manager (Facility Specific Information)
Organizational Chart – Office of Inspector General
Organizational Chart - Facility

Standard 115.12 Contracting with other entities for the confinement of inmates

- 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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Executed contracts between ODOC and Private Prisons, or Jails with relevant PREA language:

CCA (2): Davis, Cimarron

GEO (1) Lawton

County Jails (15) Choctaw County, Comanche County, Cotton County, Craig County, Ellis County, Greer County, Jefferson County Detention Center, Jefferson County Sheriff, Leflore County, Marshall County, Nowata County, Oklahoma County, Okmulgee County, Roger Mills County, Tillman County

Standard 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)

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OP-030601

Diagrams showing camera locations (show whether pan or tilt) OR Technology Needs Assessment
Facility Brochure (showing security level)
Position Budgeting Report (shows all staff)
NIC Staffing Analysis Training documentation
Program List with times
Unit Logs (showing unannounced rounds) – all shifts

Standard 115.14 Youthful inmates

- 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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N/A

OP-030601

Facility Specific Criteria (DOC 060204A)

Unit Logs showing placement of youthful offenders separate from general population
Contract for housing youthful offenders – OR – (memo designating particular facilities)
Observation

Standard 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)

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OP-030601

OP-040110

Training Lesson Plan (pat-search and searches of transgender or intersex offenders)
Training rosters or spreadsheet
Logs of exigent circumstances, if any, that might require deviance from 115.15 (d) (i.e., cross-gender viewing)

Standard 115.16 Inmates with disabilities and inmates who are limited English proficient

- Exceeds Standard (substantially exceeds requirement of standard)

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Translated materials (regarding PREA)
Interpreter's List (employees)
Job Roster with Activity/Housing Summary from Medical

Standard 115.17 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)

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OP-110210
OP-110235
"Applicant Questionnaire" (Attachment A – OP-110210)
Request for Record (DOC090211B) - Contractor

Standard 115.18 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)

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Diagrams of Camera Locations (showing upgrade of new cameras or video monitoring system (after August 20, 2012). (Information from 115.13(c) OR Technology Needs Assessment

Standard 115.21 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)

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OP-030601

"Sexual Assault Report" (Attachment C – OP-030601)

Memorandum of Understanding – Rape Counselor

Qualifications of Staff Member Providing Victim Advocate Service

Documentation of Victim Advocate Accompanying and Supporting Victim, if requested

Standard 115.22 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.

OP-030601

OP-040117

"Sexual Assault Report" (Attachment C – OP-030601)

Documentation of Investigation

Section 3 – Policy and Procedures Website

Standard 115.31 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)

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OP-030601

PREA Training PowerPoint

PREA Audit Report

Standard 115.32 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.

OP-030601

OP-090211

Course Roster for Volunteer/Contractors

“Documentation of Volunteer Training” (Attachment C - OP-090211)

“Individual Responsibilities for Pre-Service Training for Temporary, Part-Time and Contract Support Employees” (Attachment M – OP-100101)

Standard 115.33 Inmate 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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OP-030601

In-Depth Orientation Verification w/Movement Sheet showing arrival date

Zero Tolerance Acknowledgement

Offender Handbook, relevant pages, (English and Spanish)

Housing/Activity Summary (EHR)

Photos of Posters Posted on Units (regarding PREA and zero tolerance)

Standard 115.34 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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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.

OP-030601
OP-040117
Specialized PREA Investigation Training PowerPoint – relevant pages
Specialized Training Course Roster

Standard 115.35 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)

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OP-030601
PowerPoint “Medical/Dental/Mental Health PREA Training
Specialized Training Course Roster

Standard 115.41 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.

OP-030601
Offender Handbook w/relevant language
Memorandum of Understanding (DOC and OSBI)
Zero Tolerance Acknowledgement

Standard 115.42 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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OP-030601

Standard 115.43 Protective custody

- 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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OP-030601

Standard 115.51 Inmate 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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OP-030601

Handbook with relevant language
Zero Tolerance Acknowledgement
Memorandum of Understanding – DOC/OSBI

Standard 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)

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OP-090124

Examples of Emergency Grievances related to sexual abuse.

Standard 115.53 Inmate 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)

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OP-030601

Zero Tolerance Acknowledgement

Memorandum of Understanding – DOC/OSBI

Standard 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)

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OP-030601

Memorandum of Understanding – DOC/OSBI

Zero Tolerance Acknowledgement

Photo of posted “Zero Tolerance Acknowledgement“ modified to show OSBI address

Standard 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)

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OP-030601

Sample of report from medical/mental health

Sample of report to Dept. of Human Services for under 18 years old, if applicable

Sample of report from OSBI to IG investigators

Standard 115.62 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)

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OP-030601

Cell Assessment Form (Attachment A – OP-030102)

SHO (Attachment B – OP-040204) OR Transport Order (Attachment A – OP-040111), if applicable

Standard 115.63 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)

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OP-030601

Documentation showing notification of other facility; such as:

Incident Report; (Attachment A – OP-050109)

E-Mail Follow-up to phone call;

Incident Notification Checklist (Attachment H – OP-050108)

Sexual Assault Report (Attachment C – OP-030601)

Standard 115.64 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)

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OP-030601
 OP-040117
 Incident Notification Checklist (Attachment H – OP-050108) OR Transport Orders OR SHO
 Crime Scene Recorder Log
 PREA Response Checklist

Standard 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)

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Facility Plan

Standard 115.66 Preservation of ability to protect inmates 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)

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N/A (Union Statute)
 Neither the Oklahoma Department of Corrections nor Jess Dunn Correctional Center is a union organization.

Standard 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)

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OP-030601
SHO, if applicable
Move Sheet, if applicable
Staff Re-assignment Documentation
Mental Health Progress Note
EAP Documentation
Monitor, Documentation
Retaliation Reports

Standard 115.68 Post-allegation protective custody

- 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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OP-030601
SHO, if applicable

Standard 115.71 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)

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OP-030601
OP-040117
PREA investigations example
Documentation of evidence gathered
Specialized training PowerPoint (IG investigations)
Specialized training rosters (IG investigations)
Documentation of interview
D.A. referral for prosecution
Documentation of outside agency investigating, if applicable

Standard 115.72 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)

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OP-030601
OP-040117
Notification of Investigation Status (Attachment D - OP-030601)

Standard 115.73 Reporting to inmates

- 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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OP-030601
Notification of Investigation Status (Attachment D – OP-030601)

Standard 115.76 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)

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OP-030601
OP-110215
OP-110415
Termination OR Resignation Letter
Request to DA for Prosecution

Standard 115.77 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.

OP-030601
OP-090211
Volunteer Alert form (Attachment F – OP-090211 OR Report to Licensing body
Volunteer Code of Conduct (Attachment K – OP-090211), relevant pages
Incident Notification Checklist (Attachment H – OP-050108)
Request to DA for Prosecution

Standard 115.78 Disciplinary sanctions for inmates

- 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.

OP-060125
Acts Constituting Rule Violations (Attachment A – OP-060125)
Mental Health Recommendations (DOC 060125R)
Monthly Medical Activity Report (DOC 140107A)

Standard 115.81 Medical and mental health screenings; history of sexual abuse

PREA Audit Report

- 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.

OP-030601
 Intra-Facility Health Screening Form (DOC 140113B)
 Cell Assessment (Attachment
 Consent Form (PHI)

Standard 115.82 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.

OP-030601
 OP-140118
 Offender’s Guide to Sexual Misconduct (Attachment B – OP-030601)
 Progress Notes
 Central Control Log
 Incident Report

Standard 115.83 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.

OP-140118
PREA response checklist (Attachment E – OP-030601)
Offenders Guide to Sexual Misconduct (Attachment B- OP-030601)
Zero Tolerance Acknowledgement (Attachment E – OP-030601)
Progress notes
Treatment plans, if applicable
Referrals, if applicable
Mental health evaluation of abusers

Standard 115.86 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)

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OP-030601
Documentation of sexual assault/abuse incident review
Documentation of not implementing recommendation for improvement if applicable.

Standard 115.87 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.

Example of collected data

Standard 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)

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.

Review of collected data
Annual report of findings
Documentation of public access to report
Example of redacted material

Standard 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)

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.

OP-030601
Example of public access to data

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.

Michael Radon

July 11, 2016

Auditor Signature

Date