

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: July 24, 2016

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| Auditor Information | | | |
| Auditor name: Michael Radon | | | |
| Address: 6 Summit Drive Bondsville, MA 01009 | | | |
| Email: michaelradon@yahoo.com | | | |
| Telephone number: 413-250-7778 | | | |
| Date of facility visit: June 13 and 14, 2016 | | | |
| Facility Information | | | |
| Facility name: Lexington Assessment and Reception Center | | | |
| Facility physical address: 15151 State Highway 39, Lexington, OK 73051 | | | |
| Facility mailing address: <i>(if different from above)</i> P.O. Box 260, Lexington, OK 73051 | | | |
| Facility telephone number: 405-527-5676 | | | |
| 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: Joe M. Allbaugh | | | |
| Number of staff assigned to the facility in the last 12 months: 37 | | | |
| Designed facility capacity: 1492 | | | |
| Current population of facility: 1492 | | | |
| Facility security levels/inmate custody levels: Minimum, Medium, Maximum | | | |
| Age range of the population: Adults 18-81/Youthful 17 | | | |
| Name of PREA Compliance Manager: Samantha Robb | | Title: Procedures Officer/PREA Compliance Mgr. | |
| Email address: samantha.robbs@doc.ok.gov | | Telephone number: 405-527-5676 | |
| Agency Information | | | |
| Name of agency: Lexington Assessment and Reception Center | | | |
| Governing authority or parent agency: <i>(if applicable)</i> Oklahoma Department of Corrections | | | |
| Physical address: 15151 State Highway 39, Lexington, OK 73051 | | | |
| Mailing address: <i>(if different from above)</i> P.O. Box 260, Lexington, OK 73051 | | | |
| Telephone number: 405-427-5676 | | | |
| Agency Chief Executive Officer | | | |
| Name: Joe M. Allbaugh | | Title: Director | |
| Email address: joe.allbaugh@doc.ok.gov | | Telephone number: 405-425-2578 | |
| 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 a Prison Rape Elimination Act (PREA) audit by a certified PREA auditor for the formal audit of the Lexington Assessment and Reception Center (LARC) located in Lexington, Oklahoma on June 13th through the 14th 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 Adult Prison and Jails. The second phase of the pre-audit preparation was the receipt and review of the pre-audit questionnaire (PAQ). During the review of the LARC standards it is important to note the unique operation of this facility, being that it is the central intake for the entire state of Oklahoma, of new arrival inmates to the Department of Corrections. Review of the above information was compared to the auditor compliance tool to begin determination of existing compliance.

On June 13th, the facility tour began, consisting of an entire facility tour of all areas, of existing and potential inmate and staff access. The Reception Center had been closely scrutinized for potential vulnerable areas due to the transitory environment. 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. All proposed facility plans and camera installation plans and viewing mirrors were reviewed at the time of the audit and found to be sufficient to meet the needs of pre-identified vulnerable areas in the facility. In addition to the facility tour observations and recent upgrades to cameras and viewing mirrors supportive documentation was provided for the proposed purchases of equipment for future installation through the facility. The existing technology and the proposed purchase of equipment were satisfactory to meet the compliance needs of PREA. It was evident that the facility was continuously addressing and monitoring areas of the physical plant which were in need of cameras and mirror overlays. These areas were being continually addressed by adhering to pre audit assessments and post audit recommendations. 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 process of the audit and completed all necessary interview disciplines including investigative, specialized, security, administration, and first responders. All interviewees were properly trained and knowledgeable of the PREA standards and their specific responsibilities including their 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 inmates. All inmates interviewed were aware of PREA reporting that they had been informed of PREA at the time of intake. 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 Lexington Assessment and Reception Center (LARC) of the Oklahoma Department of Corrections is located at 15151 State Highway 39, Lexington, Oklahoma. The LARC is approximately seven (7) miles east of Lexington, and is situated on 1,840 of property of which thirty (30) acres are secured facility. The Lexington Assessment and Reception Center is divided into three custody levels: Minimum, Medium and Maximum.

LARC has a total of forty-four (44) buildings, they are made up of the following: Kitchen/dining room, mail center, administration building, reading and law library, infirmary, six (6) population housing units, visitor check in area, chapel, gymnasium/outside recreation area, laundry, vocational education buildings, industry warehouse shop, production building, and education building.

Connected to the administration building but separate from the general population area is the assessment and reception unit which has a capacity to house 518 maximum custody offenders. Outside of the secure area there is a minimum security housing unit which has a capacity to house 267 offenders. There are also twenty (20) segregation cells with thirty-nine (39) beds.

Security at LARC is provided by two (2) twelve foot chain link fences with twenty-four (24) feet between. The interior fence has a system that detects any movement of the fence. It is also topped with two (2) rolls of razor wire with an additional three rolls of razor wire at the bottom stacked by (3) three on the ground, two (2) on top of these, and then a single roll on the top. On the outside fence there are two (2) rolls of razor wire at the top.

LARC has four (4) sally ports for entry, each is equipped with a motion detection system which is monitored in the Central Control Room. The facility also has a tower which stands in the center of the compound with a 360 degree view.

Recreation at LARC is as follows: Soccer, basketball, volleyball both indoor and outdoor, flag football, and gymnasium is open three (3) afternoons a week. There are craft programs, included in these are a program where inmates make leather saddles.

There is a baseball field adjacent to the gymnasium which also offers a quarter mile track for running/walking exercise.

The minimum security unit has an outdoor basketball court, a baseball field, a large recreation yard and an intramural sports program.

Medical care at LARC is offered through a health services unit which has a small waiting room, four (4) examination rooms and a trauma room and a pharmacy room for dispensing medications. With LARC being an assessment and reception center, offenders receive the following: initial screenings, DNA test, vision test, medical orientation, blood work with a TB skin test, mental health screening, dental and physical exams. Staffing for medical care is provided 24/7 for LARC.

There is an outpatient clinic that provides several specific clinics, sick calls, and emergency calls. The clinic has a capacity for ten (10) offenders; a six (6) bed sick ward and four (4) negative pressure cells which can also be used for psychiatric observation.

Outside medical services are provided by Mobiel Diagnostic Services, the University of Oklahoma Medical Center, the Lindsay Municipal Hospital and the Purcell Municipal Hospital. There is a contract for dialysis three times weekly with NaphCare which is in Birmingham, Alabama.

The core mission of the Oklahoma Department of Corrections is to protect the public and increase public safety, promote a safe working environment for the staff and to encourage positive change in offender behavior by promoting successful reentry and rehabilitation programs.

SUMMARY OF AUDIT FINDINGS

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

The compliance tally is indicative of the facilities commitment and hard work to not only implement the PREA standards but allow PREA to become a culture shift in the facilities. This is especially significant as mentioned earlier due to the transitory nature of the facility. With ongoing continued vigilance with PREA, I would not be surprised for this facility to exceed standard compliance in the future.

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

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)

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.

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

OP-030401
OP-030402
OP-030109

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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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)

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-030102

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)
- 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-060201

Translated materials (regarding PREA)

Interpreter's List (employees)

Job Roster with Activity/Housing Summary from Medical (showing disabilities)

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)

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-110105

OP-110210

OP-110235

OP-110237

"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)

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.

N/A
LARC had no new construction during the audit period.

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
OP-040117
OP-140118
MSRM 140118-01
"Sexual Assault Report" (Attachment C – OP-030601)
Memorandum of Understanding-Rape Counselor
Memorandum of Understanding-SANE
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 (completed)
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)

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

PREA Training PowerPoint (relevant pages or all)

PREA Training Roster (revised)

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

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

“Volunteer Contractor Training Acknowledgement” (Attachment G – OP-030601)

“Enrollment Checklist Form” (Attachment B – OP-110110)

“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)

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

“Offenders Guide to Sexual Misconduct” (Attachment B – OP-030601)

In-Depth Orientation Verification with Movement Sheet showing arrival date

Zero Tolerance Acknowledgment
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)

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
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
OP-030102
Cell Assessment Form (Attachment A – OP-030102)
Self-Report Form (Attachment B – OP-030102)

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
Cell Assessment Form (Attachment A – OP-030102)
Self-Report Form (Attachment B – OP-030102)

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
Example of Offender Grievance Process

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
Memorandum of Understanding-Community Service Provider
Mandatory Reporting Map and Law(115.53(b)
Contact Information from Community Service Provider that is given to Offenders

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
 OKDOC PREA resource web page
 Photograph of posting of Third Party Reporting

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 Department of Human Services for under 18 years old, if applicable
 Sample of report of 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)

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
 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)
Email 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

Incident Notification Checklist (Attachment H – OP-050108) **OR** Transport Orders **OR** SHO (showing separation of victim and abuser)
Crime Scene Recorder Log-showing preservation of crime scene

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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corrective actions taken by the facility.

LARC 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)

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.

N/A
(Union Statute)
Oklahoma Department of Corrections is not unionized as of 2016.

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)

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
SHO, if applicable

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)

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
OP-110105
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)

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
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)

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

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)

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-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

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

- 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)
PREA Audit Report

Progress Note (showing time of treatment, STD information, no co-pay)
Central Control Log (showing time of medical notification)
Incident Report (showing protection of victim)

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 (show treatment, follow-up, STD testing, no co-pay)
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)

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
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 (website).
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 (website).

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 24, 2016

Auditor Signature

Date