

**PREA AUDIT REPORT**    **INTERIM**    **FINAL**  
**JUVENILE FACILITIES**

**Date of report:** 09/03/2015

<b>Auditor Information</b>			
<b>Auditor name:</b> Jeff Rogers			
<b>Address:</b> P.O. Box 1628			
<b>Email:</b> jamraat02@gmail.com			
<b>Telephone number:</b> 502-320-4769			
<b>Date of facility visit:</b> August 25-26, 2015			
<b>Facility Information</b>			
<b>Facility name:</b> Southwest Oklahoma Juvenile Center			
<b>Facility physical address:</b> 300 South Broadway, Manitou, Oklahoma 73555			
<b>Facility mailing address:</b> <i>(if different from above)</i> same			
<b>Facility telephone number:</b> 580-397-3511			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input type="checkbox"/> Other
<b>Name of facility's Chief Executive Officer:</b> Marc Novell			
<b>Number of staff assigned to the facility in the last 12 months:</b> 137			
<b>Designed facility capacity:</b> 64			
<b>Current population of facility:</b> 63			
<b>Facility security levels/inmate custody levels:</b> Medium/Medium to max			
<b>Age range of the population:</b> 12-19			
<b>Name of PREA Compliance Manager:</b> April McClure		<b>Title:</b> PREA Compliance Manager	
<b>Email address:</b> april.mcclure@oja.ok.gov		<b>Telephone number:</b> 580-397-2603	
<b>Agency Information</b>			
<b>Name of agency:</b> Office of Juvenile Affairs			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> N/A			
<b>Physical address:</b> 3812 North Santa Fe, Suite 400, Oklahoma City, Oklahoma			
<b>Mailing address:</b> <i>(if different from above)</i> same			
<b>Telephone number:</b> 405-530-2800			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> T. Keith Wilson		<b>Title:</b> Executive Director	
<b>Email address:</b> keith.wilson@oja.ok.gov		<b>Telephone number:</b> 405-530-2800	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Cathy McLean		<b>Title:</b> PREA Coordinator	
<b>Email address:</b> cathy.mclean@oja.ok.gov		<b>Telephone number:</b> 405-530-2877	

## AUDIT FINDINGS

### NARRATIVE

The on-site audit of the Southwest Oklahoma Juvenile Center (SWOJC) occurred August 25-26, 2015. Prior to the on-site visit the auditor was sent a zip drive containing all of the necessary documentation to verify the written portion of the audit process. The zip drive contained policies, procedures, protocols, and examples of practice, facility diagrams, mission statements and other documents.

The on-site review began at approximately 9:00 a.m. on August 25, 2015. The auditor briefed facility superintendent Marc Norvell and his management team as well as the Chief of Programs for the Office of Juvenile Affairs (OJA), Janelle Bretten and the OJA PREA Coordinator Cathy McLean. The audit schedule was discussed at this time. The auditor said the review would begin with a walking tour of the facility's physical plant. The purpose of the tour was to view camera and staff positions throughout the facility and to look for blind spots not covered by cameras. After the tour the auditor worked with the PREA Compliance Manager and PREA Coordinator to determine which staff needed to be interviewed. After this the auditor was given the list of line staff and residents. The auditor picked at random the random staff and random residents that needed to be interviewed. It was discussed that staff interviews would occur on the first day of the audit and the residents would be interviewed on the second day. After the interviews were complete, the auditor informed the staff that an exit briefing would occur and the on-site part of the review would conclude.

A total of 37 interviews were conducted on-site and the Rape Crises Center was also contacted on the phone during the visit. The breakdown of interviews is as follow:

- 2 Medical Staff
- 2 Mental Health Staff
- 2 Intake Staff
- 2 Staff that conduct Risk Assessments
- 1 Human Resources Staff
- 1 PREA Coordinator
- 1 PREA Compliance Manager
- 1 Investigative Staff
- 2 Staff who Monitor Retaliation
- 2 Intermediate and Higher Staff who Conduct Unannounced Rounds
- 1 Incident Review Team Member
- 1 Superintendent
- 10 Random Staff
- 1 Agency Chief Designee
- 8 Random Residents

There were no residents meeting the criteria for other types of resident interviews. The interviews were conducted in private. The SWOJC staff kept the flow of those needing interviews at a steady pace for the auditor thus allowing for the next interviewee to be ready as soon as the previous interview was completed.

The SWOJC is one of three secure residential centers operated by the Office of Juvenile Affairs in Oklahoma. The SWOJC is located approximately 40 south of Lawton, Oklahoma. It accepts resident from any of the counties in Oklahoma. The average length of stay or time under supervision is 496 days. In the past 12 months 44 residents have been admitted to the facility. There are currently 18 residents waiting for a placement bed in the OJA.

The SWOJC has an MOU with the ACMI House who provides emotional support and arrange for forensic medical exams at the local hospital for the residents should the need arise. A representative of this group was contacted and interviewed over the phone. The Office of Public Integrity is charged with conducting administrative and criminal investigations. One investigator was interviewed during the audit. There are four investigators in the OPI all who have extensive backgrounds in law enforcement and criminal prosecution. The Mental Health Staff conduct the initial intake and risk assessments for each youth entering the facility.

The auditor was impressed with the level of readiness for the audit displayed by the facility staff. All interviews went very well with both staff and residents. Both groups have a good understanding of the PREA process. Posters in English and Spanish are displayed throughout the facility. Residents are also given a PREA Handbook and shown a PREA Video upon arrival at the facility.

## DESCRIPTION OF FACILITY CHARACTERISTICS

The Southwest Oklahoma Juvenile Center is a medium secured Juvenile facility for male juveniles ages 12-19 who have committed felony offenses, have been adjudicated by the courts as delinquent or as a Youthful Offender and placed in the custody of the Office of Juvenile Affairs. The center is situated in rural Manitou Oklahoma, two blocks east of highway 183 on approximately eight acres. The center is located approximately 45 miles west-southwest of Lawton, Oklahoma and approximately 40 miles east-southwest of Altus, Oklahoma. The center received its first admissions on August 5, 1996, with the Open House and Dedication Ceremony on September 12, 1996. The facility has a bed capacity of 78 but has closed one unit reducing the capacity to 64. It now has four operating units with a Crisis Management Unit. It uses the approved Office of Juvenile Affairs approved residential treatment program for rehabilitation. The educational/vocational complex, gym, central maintenance, storeroom, dining hall and medical services, storm cellar, recreation fields, equipment and other essentials are all completely fenced with entrance through the mail gate controlled by staff in central control with perimeter cameras. There is one building outside the fence that houses the human resources department, the training unit and volunteer services.

The mission of the facility is to protect the community, intervene and provide treatment services to juveniles. The Southwest Oklahoma Juvenile Center is a medium secured Juvenile facility for male juveniles ages 12-19 who have committed felony offenses, have been adjudicated by the courts as delinquent or as a Youthful Offender and placed in the custody of the Office of Juvenile Affairs. The center is situated in rural Manitou Oklahoma, two blocks east of highway 183 on approximately eight acres. The center is located approximately 45 miles west-southwest of Lawton, Oklahoma and approximately 40 miles east-southwest of Altus, Oklahoma. The center received its first admissions on August 5, 1996, with the Open House and Dedication Ceremony on September 12, 1996. The facility has a bed capacity of 78 but has closed one unit reducing the capacity to 64. It now has four operating units with a Crisis Management Unit. It uses the approved Office of Juvenile Affairs approved residential treatment program for rehabilitation. The educational/vocational complex, gym, central maintenance, storeroom, dining hall and medical services, storm cellar, recreation fields, equipment and other essentials are all completely fenced with entrance through the mail gate controlled by staff in central control with perimeter cameras. There is one building outside the fence that houses the human resources department, the training unit and volunteer services.

### I. Agency Mission Statement

The Office of Juvenile Affairs is a state agency entrusted by the people of Oklahoma to provide professional prevention, education, and treatment services as well as secure facilities for juveniles in order to promote public safety and reduce juvenile delinquency.

#### Purposes and Responsibilities

The Office of Juvenile Affairs operates under the statutory authority of the "Oklahoma Juvenile Code," Oklahoma State Statute, §10-7301-1.1 et. seq. The Office of Juvenile Affairs (OJA) was created on July 1, 1995, as a result of legislation enacting the Oklahoma Juvenile Code. OJA provides programs and services to juveniles involved in the juvenile justice system. OJA is responsible for the following as specified by law:

- Serve as the state planning and coordinating agency for statewide juvenile justice and delinquency prevention services;
- Provide court intake, probation, and parole for delinquent children;
- Engage in juvenile justice and delinquency prevention activities relating to the provisions of the Oklahoma Juvenile Code; and
- Collect and disseminate information.

The Office of Juveniles Affairs, authorized by Oklahoma State Statute §10-7301-1.2, fulfills its mission through means that are fair and just, that:

- Recognize the unique characteristics and needs of juveniles;
- Give juveniles access to opportunities for personal and social growth;
- Maintain the integrity of substantive law prohibiting certain behavior and developing individual responsibility for lawful behavior;
- Provide a system for the rehabilitation and reintegration of juvenile delinquents into society;
- Preserve and strengthen family ties whenever possible, including improvement of home environment;
- Remove a juvenile from the custody of parents if the welfare and safety of the juvenile or the protection of the public would otherwise be endangered;
- Secure for any juvenile removed from the custody of parents the necessary treatment, care, guidance, and discipline to assist the juvenile in becoming a responsible and productive member of society; and
- Provide procedures through which the provisions of the law are executed and enforced and which will assure the parties fair hearings at which their rights as citizens are recognized and protected.

### II. Institutional Mission Statement

Oklahoma State Statute §10-7302-6.8.B established OJA as the supervising agency for Southwest Oklahoma Juvenile Center which has the responsibility to provide treatment, care, guidance, discipline, education, rehabilitation, and reintegration services in the least restrictive manner possible for a population of male juveniles between the ages of 12-19. (4-JCF-6A-01) Juveniles must be in the custody of the Oklahoma Office of Juvenile Affairs, be adjudicated delinquent or a youthful offender, and meet qualifications for placement in a medium secure facility. (4-JCF-6A-04)

Southwest Oklahoma Juvenile Center is a medium secure treatment facility for juveniles who have committed criminal offenses, been adjudicated and placed in the custody of the Office of Juvenile Affairs for placement. Southwest Oklahoma Juvenile Center's mission is to protect the community, intervene and provide treatment to juvenile offenders to reduce relapse into criminal behavior.

### III. Organization

#### A. Institutional Superintendent

The Institutional Superintendent, to whom all employees are responsible, manages the institution and its programs (4-JCF-6A-05) and is responsible for the implementation of the Office of Juvenile Affairs' policies. (4-JCF-6A-08)

#### B. Administrator on Duty

During the hours the Institutional Superintendent, Deputy Superintendents, Administrator of Programs or the Institutional Safety and Security Coordinator (ISSC) are not physically present at the facility, The Juvenile Security Officer Supervisor (JSOS) / relief JSOS is the designated Administrator on Duty (AOD). The AOD is responsible for insuring the smooth operations of the facility.

#### C. Management

##### i. The Institutional Superintendent directly supervises

1. The Secretary V
2. The Institutional Deputy Superintendents
3. The Administrator of Programs
4. The Human Resources Manager
5. The Nurse Manager

##### ii. The Institutional Deputy Superintendent, Direct Care, directly supervises

1. The Administrative Technician III (in Direct Care)
2. The Institutional Programs Coordinator

##### iii. The Institutional Deputy Superintendent, Security, directly supervises

1. The Administrative Programs Officer I (Investigations)
2. The Administrative Programs Officer II (Accreditation)
3. The Institutional Safety & Security Coordinator

##### iv. The Institutional Deputy Superintendent, Support, directly supervises

1. Business Manager II
2. Construction/Maintenance Administrator II

##### v. The Administrator of Programs directly supervises

1. The Secretary II
2. The Psychological Clinician Supervisor
3. The Juvenile Justice Specialist Supervisor
4. The Drug and Alcohol Counselor
5. The Recreation Therapist Supervisor
6. The Volunteer Services Specialist

#### D. Organizational Chart

The organizational chart groups similar functions, services, and activities in administrative subunits. It reflects span of control, lines of authority, and an orderly channel of communication within the institution. This document is reviewed annually and updated, as needed. (4-JCF-6A-02)

i. The Institutional Superintendent is responsible for ensuring the construction and maintenance of the organizational chart to reflect the current operational structure of the facility.

ii. The organizational chart shall be reviewed at least annually by each department head, who shall submit all revisions, with comments from staff, to the Institutional Superintendent. The

The mission of the facility is to protect the community, intervene and provide treatment

services to juveniles SWOJC Procedure SW60100.01 Revised: 1/10/2014 Page 4 of 4

Institutional Superintendent shall review, revise and approve the new organizational chart. This review shall be completed at the beginning of each calendar year. Additionally, the chart shall be updated as changes occur.

iii. The Human Resources Management Specialist serves as the Institutional Superintendent's designee to ensure that the information on the facility chart is accurate.

#### IV. Goals

On an annual basis, the Institutional Superintendent, with input from staff members, formulates and reviews goals for the facility and translates them into measurable objectives. These are made available to staff, volunteers, and the public. (4-JCF-6A-14)

#### V. Oversight

A. The Office of Juvenile Affairs, Office of Public Integrity certifies and licenses all OJA secure facilities. The Office of Public Integrity shall conduct an annual certification assessment prior to the start of each fiscal year. The OPI shall conduct ongoing unannounced visits as necessary. (4-JCF-6A-01) The Accreditation Manager shall serve as the liaison for the institution.

B. The Office of Public Integrity shall submit a report of deficiencies to the Institutional Superintendent after completion of a visit.

C. The Accreditation Manager shall prepare a report responding to the deficiency report within 30-days of its receipt outlining actions taken to correct the noted deficiencies.

D. The OPI-issued license shall be posted in the lobby of the administration building...

## SUMMARY OF AUDIT FINDINGS

Statistical Data Report 2014 and 2015

Youth on Youth Sexual Assault		
Substantiated	0	0
Unsubstantiated	0	0
Unfounded	0	0
Ongoing Investigations	0	0
Youth on Youth Sexual Harassment		
Substantiated	0	0
Unsubstantiated	0	0
Unfounded	0	0
Ongoing Investigations	0	0
Staff on Youth Sexual Assault		
Substantiated	1	1
Unsubstantiated	2	3
Unfounded	1	0
Ongoing Investigations	0	0
Staff on Youth Sexual Harassment		
Substantiated	0	0
Unsubstantiated	3	0
Unfounded	0	0
Ongoing Investigations	0	0

Number of standards exceeded: 4

Number of standards met: 37

Number of standards not met: 0

Number of standards not applicable: 1

**Standard 115.311 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.**

OJA Policy P-03-20-01 titled PREA pages 1-29  
OJA Central Office Organization chart  
SWOJC Organization chart  
Performance Management Process (job description)

The facility PREA Compliance Manager and the OJA PREA Coordinator were interviewed. Both indicating having enough time to perform their PREA related duties. The organization charts reveal these two staff members are included on those charts. The PREA Zero Tolerance Policy meets all of the requirements of the PREA Standards.

**Standard 115.312 Contracting with other entities for the confinement of residents**

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

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Bid Solicitation Page 12, C.1.1

The bid solicitation contains the requirements of this standard which is to include the adoption of the PREA Standards as a part of the contract.

**Standard 115.313 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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OJA Policy P-03-01 page 4-5  
SWOJC Procedure 30400.01 with Staffing Plan pages 2-3 and 7-8  
Staffing Plan for the SWOJC  
OJA Policy P-35-03-01 titled Security and Control page 3  
Unannounced Rounds Sign in log

There has not been a time when the staffing plan was not adhered to. Oklahoma regulations currently require a 1:10 staff to resident ratio. The staffing plan is posted in several different locations for all staff to see. According to interviews with the PREA Compliance Manager and the Superintendent the staffing plan is developed using the criteria contained in the standard. The OJA has until October 1, 2017 to get into compliance with a required ratio of 1:8 staff to residents during waking hours and 1:16 during sleeping hours. The facility utilizes several intermediate and upper management staff to conduct unannounced rounds at varying times and without notifying or alerting any other staff. These visits and any issues are documented.

### Standard 115.315 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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OJA Policy P-35-03-08 titled Search Procedures pages 4-5  
OJA Policy P-35-03-01 titled Security and Control page 4  
OJA Policy P-35-13-01 titled Reception, Classification, Transfer, and Admission page 2  
OJA Policy P-03-20-01 titled PREA page 26  
Pat Down Search/disrobement log  
OJA Training Curriculum Cross Gender Searches  
Superintendent Acknowledgement memo declaring that all staff have received PREA Training

Interviews with staff confirmed that cross gender pat down searches are not allowed. Residents reported that same sex staff always conduct pat down searches. Female staff did reveal they had been trained in cross gender pat down searching procedures. All staff and resident interviews also revealed that female staff do not view residents as they shower, dress or use the toilet. Only male staff provide supervision for residents showering and each resident showers alone, one at a time. Staff interviews also indicate their awareness of the policy prohibiting non-medical staff examining a transgender or intersex resident for purposes of determining that resident's genital status.

### Standard 115.316 Residents with disabilities and residents who are limited English proficient

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

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OJA Policy P-03-20-01 titled PREA page 8  
OJA Policy P-35-13-01 titled Reception, Classification, Transfer, and Admission pages 4-5  
Resident Handbook in English and Spanish  
PREA Information posters posted in English and Spanish

## Resident Acknowledgement forms

Interviews with staff indicate that professional translation services are available to them and that residents are never used for translation services. There are also at least two bilingual staff at the facility. In addition to Spanish translations, special education teachers can be utilized to assist with any resident who might need assistance with understanding the PREA Zero Tolerance Policy and the PREA process. Services for the blind and hard of hearing are accessible at the facility. Residents also sign acknowledgement forms indicating their understanding of PREA.

### Standard 115.317 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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OJA Policy P-03-05-106 titled Selection Process pages 1-8  
Criminal History forms  
Violent Offender Registry Reports  
Oklahoma Board of Medical Licensure and Supervision Reports  
Oklahoma State Bureau of Investigation RAP back Program

The OSBI has a program that notifies the OJA if an employee is arrested thus there are continuous checks of each employee rather than at five year intervals. The OJA requires numerous checks into each potential employee's background including sex offender registry, violent offender background checks, and criminal history checks. Facility staff are not allowed to share information to other employers about past sexual misconduct. They are only allowed to acknowledge that an employee worked at the facility and when.

### Standard 115.318 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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OJA Policy P-03-20-01 titled PREA page 5  
OJA Meeting Minutes Discussing Camera Upgrades and Renovations  
Camera Purchase Orders  
Management Team Meeting at SWOJC Discussing Camera Surveillance and Renovations

The OJA has recently completed an overhaul of the Camera Surveillance Program at SWOJC. A new and more technologically advanced surveillance system was installed. The new system is digital and images can be enhanced for better viewing of these images. The system can retain camera images and recordings for up to three months according to SWOJC staff. The OJA meets and discusses capital construction projects on at least an annual basis.

### Standard 115.321 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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OJA Policy P-03-20-01 titled PREA pages 12, 15-17  
 A copy of the National Protocol for Sexual Assault Medical Forensic Examinations Second Edition  
 MOU between SWOJC and the Office of Public Integrity  
 Investigator Training Verification  
 MOU between SWOJC and the ACMI House Crises Center in Altus, Oklahoma

The Office of Public Integrity conducts administrative and criminal investigations at the SWOJC. This office has an MOU with the facility and the Tillman County Sheriff’s Department outlining the investigation process while adhering to the National Protocol for Sexual Assault Forensic Examinations, Adults/Adolescents for the conduct of investigations. The SWOJC also has an MOU with the ACMI Crises Center. The auditor contacted this agency during the audit. The representative discussed how ACMI can assist any victim of sexual assault at the victim’s request and without charge. The ACMI also maintains a crises hotline 24 hours a day. If forensic exams are necessary the Jackson County Hospital or Comanche County Hospital provides these exams at no cost to the victim. The Crises Center can also provide training to staff at the facility.

**Standard 115.322 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)

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OJA Policy P-03-20-01 title PREA page 20  
 Office of Public Integrity Investigator’s Training Verifications  
 MOU between OPI and the Tillman County Sheriff’s Office  
 MOU between OJA and OPI Outlining the Investigation Process  
 OJA Web Site

The OJA and the SWOJC has in place memorandum of understanding with OPI for the conduct of investigations in OJA facilities. According to the SWOJC Superintendent, any allegation is referred to OPI. The OPI responds as soon as practical but no later than 24 hours according to an interview with an OPI Investigator. Each allegation results in an investigation and if criminal in nature the local prosecutor is notified

**Standard 115.331 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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OJA Policy 03-20-01 titled PREA page 23-25  
Training Curriculum pages 1-7, 12, 14, 15, 18-25, 27, and 30-36  
PREA Guidebook for Staff pages 2-3, 8-9, and 11-22  
Staff Acknowledgement Forms Showing Receipt and Understanding of PREA

The interviews with random staff revealed that staff are knowledgeable concerning PREA and have received the training as outlined by this standard. The Superintendent also verified in writing that all active staff have been trained in the PREA Curriculum. All staff sign acknowledgement forms verifying their attendance at the training. Staff also mentioned in interviews that PREA is discussed regularly at meetings between staff.

### **Standard 115.332 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)

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OJA Policy P-03-20-01 titled PREA page 25  
PREA Guidebook for Volunteers, Contractors, and Interns  
Signed Acknowledgement Forms from Volunteers and Contractors  
Training Verification for SWOJC Physician for training by the National Institute for Corrections

All volunteers and contractors have been trained in the PREA. Each volunteer or contractor signs an acknowledgement form verifying their training. The SWOJC physician was trained in the NIC curriculum titled “PREA: Medical Healthcare for Sexual Assault Victims in Confinement Settings”.

### **Standard 115.333 Resident education**

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

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OJA Policy P-03-20-01 titled PREA pages 7-9  
PREA Guidebook for Residents in English and Spanish  
PREA Brochure in English and Spanish  
PREA Video for Residents in English and Spanish  
Signed Resident Acknowledgement Forms Showing Receipt of PREA Education  
Resident Risk Assessments

Resident interviews reveal that residents have received the PREA Education information including the PREA Video on the first or second day upon arrival at SWOJC. The PREA related information is also available in the resident handbook and residents also noted that posters on walls spoke to the PREA Process as well.

### **Standard 115.334 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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OJA Policy P-03-20-01 titled PREA pages 25-26  
National Institute for Corrections Training Curriculum for Investigators of Sexual Assaults in Confinement Settings  
NIC Investigators Signed Acknowledgement Forms

The auditor interviewed an OPI Investigator while at the SWOJC. He spoke at length about how his office investigates allegations at OJA facilities and the training he had received. The investigator said the members of OPI have extensive training as police officers and investigators. The investigator interviewed said he had also worked in the District Attorney’s Office as well, thus having an excellent grasp on the PREA process.

### **Standard 115.335 Specialized training: Medical and mental health care**

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

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

OJA Policy P-03-20-01 titled PREA pages 24-26  
NIC Training Curriculum titled Medical Healthcare for Sexual Assaults in a Confinement Setting  
SWOJC Medical/Mental Health Training Acknowledgement Forms from NIC Training

The OJA does not conduct forensic examinations of residents. This process is performed by trained SAFE/SANE staff at local hospitals. Interviews with medical and mental health staff at the facility revealed that each had been trained in the NIC Curriculum. Signed acknowledgement forms verified that training was received.

### **Standard 115.341 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.**

OJA Policy 03-20-01 titled PREA pages 5-6  
Examples of Risk Assessments from SWOJC Residents

The mental health staff at SWOJC conduct the initial intake as well as complete the risk assessments for each resident. This is normally done on the first day within the first hour of arrival. The risk assessment takes into consideration each of the requirements of this standard. This information is not shared with everyone at the facility and only those staff with a need to know are given access to the information from the risk assessments. The completed risk assessments are maintained in a secure file cabinet. The risk assessment form is either yes/no questions, as well as open ended questions. Some responses beget more questions about a resident's history.

### **Standard 115.342 Use of screening information**

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

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

OJA Policy P-03-20-01 titled PREA page 7  
SWOJC Intake Tracking and Treatment Plans  
SWOJC Procedure 30300.02 titled Crises Management Unit page 3-4  
OJA Policy P-35-13-01 titled Reception, Classification, Transfer, and Admissions  
Vulnerability Questionnaire ISD 40  
OJA Policy P -35-03-01 titled Security and Control pages 3-4  
Non-Applicability Statement about the use of Segregation

Information from the resident’s risk assessment as well as other fact gathering processes is utilized to make programming, housing, education, and work assignments (if any). L, G, B, T, I residents are not placed in programs etc. based solely on the basis of gender identification or status. Residents meeting the L, G, B, T, I criteria are given the opportunity to shower alone (all residents at the SWOJC shower alone) and this population is also afforded an opportunity to have a say in their placement assignments etc. A transgender or intersex resident own views of their safety is given serious consideration. The OJA does not use segregation or isolation for purposes of housing residents for who fit into the L, G, B, T, I status nor for any punishment purposes. Segregation is utilized for residents who are out of control and in danger of hurting themselves or others. The use of isolation is limited to no more than three hours. Agency policy prohibits the continued use of segregation beyond the first three hours. The facility does not separate residents according to their sexual identification or status thus there is not a need to do a 30 day review to determine a continuing need to keep them in segregation.

### **Standard 115.351 Resident reporting**

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

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

## corrective actions taken by the facility.

OJA Policy P-03-20-01 titled PREA pages 9-12  
PREA Resident Handbook pages 5-6  
PREA Brochures and Posters in English and Spanish

Interviews with residents revealed their knowledge of the reporting processes in place at the SWOJC. The OJA have at each facility an Advocate Defender who is placed there to respond to resident's grievances or concerns. These staff are not employees of the facility. If an Advocate Defender hears of an allegation involving a sexual assault or harassment, that person (as are all OJAstaff) is mandated to report this to the PREA Hotline in Oklahoma. Residents also said they could tell a trusted staff or family member to report an allegation. A staff member could also assist the resident making an allegation by providing any tools available for helping the resident file a complaint.

### Standard 115.352 Exhaustion of administrative remedies

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

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

Oklahoma Administrative Code 377: 3-1-27 and 28  
SWOJC Procedure 30100.05 titled Grievance Procedure  
Resident Program Manual page 11

There have been no grievances filed related to PREA at the SWOJC. The SWOJC meets all of the criteria established by this standard relating to the PREA including emergency procedures, and all of the timelines in the standard are a part of policy.

### Standard 115.353 Resident access to outside confidential support services

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

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

OJA Policy P-03-20-01 titled PREA page 16  
OJA Policy P-35-09-04 titled Access to the Courts pages 1-2  
Resident Program Manual pages 7, and 9-10  
MOU between the SWOJC and the ACMI House Crises Center in Altus, Oklahoma  
SWOJC Phone and Visitation Logs showing visits by attorneys and family

Interviews with residents revealed that they are aware of the services available should that person need the services. The information about these services are included in the Program Handbook. Residents said they were aware of the services provided would remain confidential and that the services were free to them. Residents said they could also contact an attorney or their parents regarding a PREA incident.

### Standard 115.354 Third-party reporting

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

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

OJA Policy P-03-20-01 titled PREA pages 10 and 12  
PREA Handbook for Residents page 6  
PREA Brochures and Posters in English and Spanish  
OJA Website

The residents and staff said in interviews they were aware of the third party reporting processes established by the OJA.

### Standard 115.361 Staff and agency reporting duties

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

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

OJA Policy P-03-20-01 titled PREA pages 11-13  
Oklahoma State Statute 10A 1-2-101 titled Duty to Report  
OJA Administrative Code 344: 3-1-25  
ISD 18 Form titled Checklist of Significant Issues

The OJA has established clear guidelines on how and to who to report allegations relating to PREA. Interviews with staff including medical and mental health staff revealed their requirement to report any allegations of abuse or harassment. Staff said they would report any allegation to their supervisors and follow the chain of command. These same interviews revealed staff knowledge of using the hotline to report allegations. The Superintendent said that if a resident is under the guardianship of the child welfare system his case worker is contacted as soon as possible and the same is true for any resident under the jurisdiction of the court system. Parents unless prohibited by the court system are also contacted. The Superintendent said all allegations are reported to the Office of Public Integrity for investigative purposes.

### Standard 115.362 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.**

OJA Policy P-03-20-01 titled PREA page 13  
SWOJC PREA Referral with the Investigation Report

All referrals of a sexual assault or harassment are immediately referred to the Office of Public Integrity for investigation. Interviews with SWOJC staff including the Superintendent confirmed that a resident would be immediately separated from the perpetrator, the crime scene preserved, and the proper authorities notified including the OPI.

### **Standard 115.363 Reporting to other confinement facilities**

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

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

OJA Policy P-03-20-01 titled PREA page 13  
Statement of Non Occurrence

The Superintendent said that if a resident was admitted to the SWOJC that revealed he had been sexually abused or harassed, the OPI would be informed immediately. The referral to OPI would occur as soon as possible but under the 72 hour limit. The SWOJC has not had a resident report prior abuse while at another facility

### **Standard 115.364 Staff first responder duties**

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

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

OJA Policy P-03-20-01 titled PREA pages 13-14  
ISD Form 18 First Responder Checklist

The SWOJC has in place policy and procedure that outlines what the first responder is required to do. The checklist has all of the requirements of the standard in place to verify compliance with this standard. According to the Superintendent and other staff interviews, there has not been a case where a sexual assault incident was encountered by staff. The only allegations founded were for reports occurring after the time of the alleged incident occurred thus there was no first responder for these allegations (2). Staff were aware of how to respond should an incident occur according to interviews.

### **Standard 115.365 Coordinated response**

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

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

OJA Policy P-03-20-01 titled PREA page 14  
SWOJC Staffing Plan 30400.03

The written institutional plan for coordinating a response for a sexual assault is outlined in the SWOJC procedure. The Superintendent said if an incident occurred a coordinated response would take place.

**Standard 115.366 Preservation of ability to protect residents from contact with abusers**

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

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

This standard is non-applicable because the OJA does not have collective bargaining unions.

**Standard 115.367 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.**

OJA Policy P-03-20-01 titled PREA page 19

The auditor interviewed two (2) Juvenile Justice Specialist who are charged with monitoring retaliation that might occur. The interviews reveal that they will monitor a situation for as long as necessary including beyond the 90 day period identified in the standard. They said they look for write-ups by staff toward residents, changes of behavior, and if a staff member is involved moving that staff member away from the affected resident (s). The policy also outlines the steps involved in monitoring retaliation. The auditor did suggest that developing a log to track retaliation might be helpful.

**Standard 115.368 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)

**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.**

SWOJC Procedure 30300.02 titled Crises Management Unit/Solitary Confinement

The SWOJC does not utilize segregated confinement, or solitary for any residents involved in a PREA incident. The only time these types of confinement are utilized is when a resident is out of control and threatening to harm himself or others and then for no longer than three (3) hours.

**Standard 115.371 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.**

OJA Policy P-03-20-01 titled PREA pages 20-26  
Office of Public Integrity Investigators Training Records  
Office of Public Integrity MOU with OJA  
OJA MOU with Tillman County Sheriff’s Office  
SWOJC Allegation Referral and Investigation Report  
Records Disposition Schedule

Staff at the SWOJC do not conduct investigations. This task is the responsibility of the Office of Public Integrity. Allegations are forwarded to OPI as soon as possible after learning of the incident in question. The OPI Investigators have been through several trainings including the OJA PREA Staff Training, the National Council of Crime and Delinquency PREA Investigators Training, and the National Institute of Corrections PREA Investigator’s Training. In addition to this the staff at the OPI are former law enforcement officers and at least one who was interviewed had also worked for a County District Attorney. The training curriculum from these sources include the requirements addressed in this standard. The Superintendent is kept informed of investigations. Once an investigation is complete a report is generated and sent to the Superintendent. If an allegation is proven to be substantiated and is criminal in nature it is referred to the local prosecutor. Residents interviews also confirmed that a polygraph technology is not used.

**Standard 115.372 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.**

OJA Policy P-03-20-01 titled PREA page 22

The OJA policy requires a preponderance of the evidence as its threshold for determining whether allegations are substantiated. The interview with the OPI Investigator also said that is the threshold utilized by his office in determining substantiated allegations.

### Standard 115.373 Reporting to residents

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

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

OJA Policy P-03-20-01 titled PREA pages 22-23

OJA Form ISD 19 VN Notification to Resident of Investigation Outcome

The OJA and SWOJC policy include the standard’s language for notifying residents of sexual abuse and other qualifying events identified in the standard.

### Standard 115.376 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.**

OJA Administrative Code 377:3-13-147, 157.1 and 2,

OJA Administrative Code 455:10-11-14

OJA Policy P-03-05-800 titled Progressive Discipline/Management

OJA Policy P-03-05-801 titled Progressive Discipline /Causes

OJA Policy P-03-05-805 titled Procedures for Discharge

OJA Policy P-03-05-806 titled Reassignment of Removal from Duty

The OJA policies and administrative codes outline the process for disciplining employees including discharge from duty. There has been one staff fired from the SWOJC because of a substantiated sexual abuse toward a resident. The case has been given to the Tillman County District Court where the case is pending a probable cause hearing. The complaint was filed by the OPI Investigator in the case.

### Standard 115.377 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.**

OJA Policy P-03-01-48 titled Volunteer Program pages 1, and 3-5  
OJA Policy P-35-01-04 titled Sexual Activity

The OJA Policies contain the requirements of the standard. There have been no occurrences of a volunteer or contractor who engaged in sexual activity with a resident or staff.

### Standard 115.378 Disciplinary sanctions for residents

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

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

PREA Handbook for Residents pages 1-3, and 8-9  
Juvenile Program Manual pages 13-19

The resident handbook and program manual outline the sanctions and consequences should a resident falsely report an incident of sexual abuse or harassment. The resident's mental status is reviewed to determine appropriate sanctions should an incident occur. Interviews with mental health staff indicated that a resident would be offered counseling and therapy or other interventions designed to address any underlying reasons or motivations for abusing others or to address these same issues with a victim. There have been no residents disciplined at SWOJC for any incidents of sexual abuse or harassment.

### Standard 115.381 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.

OJA Policy 03-20-01 titled PREA pages 6-7  
Resident Risk Assessments

If a medical/mental health screening indicates the resident has been a victim or perpetrator, a follow up meeting is offered to discuss the underlying issues of the resident's abusiveness or victimization. Informed consent is not required for anyone under 18 but if a resident was over 18 then a signed consent form would be generated. Information gathered by medical/mental health staff is not shared except for those staff needing to know such as when developing a treatment plan or making a housing decision. All elements of the standard are included in the language of the policies.

### Standard 115.382 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.**

OJA Policy P-03-20-01 titled PREA pages 15, and 17-18

The OJA Policy meets the requirements of the standards for emergency medical or mental health care. There has not been an occurrence at the SWOJC where this has been necessary. Interviews with medical staff revealed their knowledge about reporting abuse, providing sexually transmitted infections prophylaxis and that residents are not charged for accessing these services. The medical and mental health staff also said they provide services consistent with or better than what is available in the community.

### Standard 115.383 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.**

OJA Policy P-03-20-01 titled PREA pages 17-18

Interviews with medical and mental health care providers revealed the requirements of this standard are being met. Those interviewed said they provide on-going treatment for any victim or perpetrator. Residents are offered services such as being offered tests to reveal sexually transmitted diseases and there is no cost for this or any other ongoing medical treatment for any consequences of being sexually abused or perpetrating sexual abuse. Medical and mental health staff provide services for the development of treatment planning as well as making referrals for further evaluation and treatment.

### Standard 115.386 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.**

OJA Policy P-03-20-01 titled PREA pages 27-28  
ISD 19 Sexual Assault Incident Report

The facility has in place a Sexual Assault Incident Review Team. Actually the facility conducts a similar review after any major incident involving residents according to the Superintendent when interviewed. All of the factors identified in the standard are part of the review that is conducted and documented. The team includes the Superintendent, PREA Compliance Manager, Deputy Superintendents, and the Chief of Security and Medical staff.

### **Standard 115.387 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.**

OJA Policy P-03-20-01 titled PREA page 28  
2013/14 Annual Report  
2012/13 Annual Report

The PREA Coordinator is responsible for collected data related to all incidents of sexual abuse or harassment. A report is generated annually. If requested this data will be shared with the Department of Justice.

### **Standard 115.388 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.**

OJA Policy P-03-20-01 titled PREA page 29  
Annual Reports

According to the interview with the PREA Coordinator she collects data from each of the agencies three (3) facilities relating to PREA occurrences. The PREA Audit Report

information is scrutinized and compared with previous year's data. If needed, corrective action is taken if a deficiency is noted. This information is published on the agency's website.

**Standard 115.389 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.**

OJA Policy P-03-20-01 titled PREA page 29

The agency posts its reports on their website. Information is securely maintained on a secure server and any paper reports are maintained in a locked filing cabinet in a locked office. The agency policy addresses the need to maintain records for at least 10 years.

**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.

Jeff Rogers

09/03/2015

Auditor Signature

Date