

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

**Date of report:** 09/08/2015

<b>Auditor Information</b>			
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<b>Date of facility visit:</b> August 23-24, 2017			
<b>Facility Information</b>			
<b>Facility name:</b> Central Oklahoma Juvenile Center			
<b>Facility physical address:</b> 700 South 9 <sup>th</sup> Street, Tecumseh, Oklahoma 74873			
<b>Facility mailing address:</b> <i>(if different from above)</i> same			
<b>Facility telephone number:</b> 405-598-2135			
<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> Anderson			
<b>Number of staff assigned to the facility in the last 12 months:</b> 169			
<b>Designed facility capacity:</b> 116			
<b>Current population of facility:</b> 72			
<b>Facility security levels/inmate custody levels:</b> Medium/medium to Maximum			
<b>Age range of the population:</b> 15-18			
<b>Name of PREA Compliance Manager:</b> Debbie Mills		<b>Title:</b> PREA Compliance Manager	
<b>Email address:</b> debra.mills@oja.ok.gov		<b>Telephone number:</b> 405-598-2135	
<b>Agency Information</b>			
<b>Name of agency:</b> Oklahoma Office of Juvenile Affairs			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i>			
<b>Physical address:</b> 3812 Santa Fe, Suite 400, Oklahoma City, Oklahoma 73118			
<b>Mailing address:</b> <i>(if different from above)</i> same			
<b>Telephone number:</b> 405-530-2877			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Steven Buck		<b>Title:</b> Executive Director	
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<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Cathy Mclean		<b>Title:</b> PREA Coordinator	
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## AUDIT FINDINGS

### NARRATIVE

The on-site audit of the Central Oklahoma Juvenile Center (COJC) occurred August 23-24 August 2017. Prior to the on-site visit the auditor was sent a zip file containing all of the necessary documentation to verify the written portion of the audit process. The zip file contained policies, procedures, protocols, and examples of practice, facility diagrams, mission statements and other documents.

The on-site review began at approximately 8:00 a.m. on August 23, 2017. The auditor briefed facility superintendent Todd Anderson and his management team as well as the OJA PREA Coordinator Cathy McLean. The audit schedule was discussed at this time. The auditor stated that 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 41 interviews were conducted on-site.

A breakdown of interviews is as follows

- 1 Medical Staff
- 1 Mental Health Staff
- 1 Intake Staff
- 1 Staff that conduct Risk Assessments
- 1 Human Resources Staff
- 1 PREA Coordinator
- 1 PREA Compliance Manager
- 1 Investigative Staff
- 1 Staff who Monitor Retaliation
- 2 Intermediate and Higher Staff who Conduct Unannounced Rounds
- 1 Incident Review Team Member
- 1 Superintendent
- 13 Random Staff
- 1 Agency Chief Designee/Interviewed on August 25, 2017
- 10 Random Residents
- 3 Residents Who Reported Sexual Abuse
- 1 Resident who disclosed victimization during risk screening

The interviews were conducted in private. The COJC staff kept the flow of those needing interviews at a steady pace making the audit interview process smooth and kept program disruptions to minimum.

The COJC is one of three secure residential centers operated by the Office of Juvenile Affairs in Oklahoma. The COJC is located roughly 30 miles south of Oklahoma City, Oklahoma. It accepts resident from any of the counties in Oklahoma. The average length of stay or time under supervision is 493 days. In the past 12 months 48 residents have been admitted to the facility.

The COJC has an MOU with the Women's Resource Center/Rape Crises Center in Norman, Oklahoma who provides emotional support and arrange for forensic medical exams at their office for the residents should the need arise and the youth were aware of tis agency. The Office of Public Integrity is tasked with conducting administrative and criminal investigations. The OPI investigator supervisor was interviewed on 8/25/17 .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. The docuemntation was received in a very timely fashion giving the auditor plenty of time to review the documentation. All interviews went very well with both staff and residents. Both groups have a good understanding of the PREA process and could articulate it at the auditor request. Posters in English and Spanish are displayed at many spots 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 Central Oklahoma Juvenile Center (COJC) is located in Tecumseh, Oklahoma approximately 40 miles from Oklahoma City, Oklahoma and approximately 20 miles from Norman, Oklahoma. The COJC was established in its present location and mission in 1996. While there is a rated capacity of 116 the OJA only house 70 residents at this location. There is a total of 20 buildings on site with one that is located outside the secure area. There are five (5) housing units being used at the present time. There is a school, gymnasium, swimming pool (indoor), kitchen/dining area as well as a resident operated café for staff and accessible to the highest level residents once a week. There is also administrative offices and staff office spread throughout the campus. There is a new control center that has a state of the art video surveillance system. The housing unit have single occupancy cubicles for residents. The cubicles are down a single hallway with concrete walls separating each room. The cubicles have no doors. Staff are located at each end of the housing unit hallways during the second and third shifts. Bathrooms and showers are located in the housing units. Residents are allowed showers one at a time and are not in view of female staff.

The Office of Juvenile Affairs (OJA) 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.

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.

Oklahoma State Statute §10-7302-6.6 established OJA as the supervising agency for Central Oklahoma Juvenile Center which has the responsibility to provide treatment, care, guidance, discipline, education, rehabilitation, and reintegration planning services in the least restrictive manner possible for a population of male residents between the ages of 12-19. 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.

### Organization

See Attached organizational Chart

## SUMMARY OF AUDIT FINDINGS

Overall, the interviews of residents reflected that they were aware of and understood the PREA protections and the agency's zero tolerance policy. Residents receive written materials at intake that provide detailed information about PREA protections, the multiple ways to report sexual abuse or harassment and ways to protect themselves from abuse. Subsequent to intake, residents are provided more comprehensive education on PREA that includes personal instruction in addition to a video titled "PREA", a Juvenile Orientation video.

There are also PREA posters, guides, and pamphlets in English and Spanish to assist in educating residents about PREA. Residents indicated they understand the various ways to report abuse and discussed the posters throughout the facility with the telephone number to call to report sexual abuse or harassment. Residents were able to articulate to the auditor what they would do and who they would tell if they were sexually abused. Residents reported they could tell a trusted staff member, a therapist, the Victim Advocate or call the hotline telephone number. Residents consistently indicated to the auditor that they felt safe in the facility. Residents were also aware that outside services were available including counseling for sexual abuse and harassment.

Statistical Data Information for	2014	2015	2016
<b>Youth on Youth Sexual Assaults</b>			
Substantiated	0	0	0
Unsubstantiated	1	0	0
Unfounded	2	0	0
Ongoing Investigations	0	0	0
<b>Youth on Youth Sexual Harrassment</b>			
Substantiated	0	0	1
Unsubstantiated	0	0	3
Unfounded	0	0	0
Ongoing Investigations	0	0	0
<b>Staff on Youth Sexual Assault/misconduct</b>			
Substantiated	3	0	1
Unsubstantiated	3	0	3
Unfounded	0	1	0
Ongoing Investigations	0	2	0
<b>Staff on Youth Harassment</b>			
Substantiated	0	0	0
Unsubstantiated	0	0	0
Unfounded	0	0	0
Ongoing Investigations	0	0	0

All facility staff interviewed indicated they had received detailed PREA training and could articulate the meaning of the agency's zero tolerance policy. Staff was knowledgeable about their roles and responsibilities in the prevention, reporting and response to sexual abuse and sexual harassment. Staff consistently articulated the variety of reporting mechanisms for residents and staff to use to report sexual abuse or sexual harassment. Additionally, staff were well trained on the PREA first responder's protocol for any PREA related allegation and could clearly articulate exactly the steps they would follow if they were the first responder to an incident.

In addition to providing SAFE/SANE services, the Center's staff also provide training for COJC staff relating to how clients react to sexual abuse and how it affects lives, In turn the PREA Coordinator provide training about the PREA and had done so recently.

In summary, after reviewing all supplied evidentiary information and after conducting resident and staff interviews and a thorough walkthrough of the facility, the auditor found that OJA leadership has clearly made PREA compliance a high priority and have devoted a significant amount of time and resources to policy development, training of staff and education of residents on all the key aspects of PREA

Number of standards exceeded: 1

Number of standards met: 39

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.**

P-03-20-01 - Prison Rape Elimination Act – Zero Tolerance Policy  
OJA - Agency Organizational Chart  
OJA - Agency PREA Coordinator PMP  
COJC - Facility Organizational Chart

The facility PREA Compliance Manager and the OJA PREA Coordinator were interviewed. Both staff reported having enough time to complete their respective assignments. 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)

**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.**

No Occurrence – there has been no new contracts or contract renewals

The bid solicitation contains the requirements of this standard which includes the adoption of the PREA Standards as a part of any 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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P-03-20-01 - Prison Rape Elimination Act – Zero Tolerance Policy  
COJC – CO30400.01 PREA Procedure with Staffing Plan  
PREA Audit Report

COJC – ACA Re-accreditation Report  
COJC – Note: There has been No Occurrence of any Deviations from Staffing Plan.  
P-35-03-01 - Security and Control Policy  
COJC - Documentation of Unannounced Rounds on All Shifts

It was reported by the Superintendent that 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 owever it should be noted that they are already clearly meeting the new PREA mandate of 1:8. 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 but are already meeting that standard as stated before. 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 in various forms.

### 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)

**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.**

P-35-03-08 - Search Policy  
COJC – Logs: Pat-Down Search  
Disrobement Search  
Cavity Search (if applicable) (Progress Notes from Hospital)  
P-35-03-01 - Security and Control Policy  
Cross-Gender Supervision Announcement – Sign For Housing Units  
Cross-Gender Supervision – Female Presence – Sign For Housing Units  
P-35-13-01 - Reception, Classification and Transfer – Admissions Policy  
P-03-20-01 - Prison Rape Elimination Act – Zero Tolerance Policy  
Cross-Gender Search – Training Curriculum  
COJC - Cross-Gender Search – Training Records

Note: There has been NO Occurrence of any visual body cavity searches conducted on a resident at COJC.

Superintendent Acknowledgement memo declaring that all staff have received PREA Training

Interviews with staff and residents 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 but are clearly not allowed to do this unless an extereme emergency is presented. All staff and resident interviews also revealed that female staff do not view residents as they shower, dress or use the toilet. This was also clear during the walkthrough when staff demonstrated shower procedures. 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 and state a pat down could never be done for this purpose..

### 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)

**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.**

P-03-20-01 Prison Rape Elimination Act (PREA) – Zero Tolerance Policy  
P-35-13-01 Reception, Classification, and Transfers – Admissions Policy  
Juvenile’s PREA Guide (English)  
Juvenile’s PREA Guide (Spanish)  
PREA Brochure (English)  
PREA Brochure (Spanish)  
PREA Posters (English)  
PREA Posters (Spanish)  
COJC – Intake Orientation, PREA Acknowledgement and Risk Assessment  
COJC – Interpreter’s List

Note: During this audit period, there has been No Occurrence of a resident with disabilities or a resident who is limited English proficient at COJC.

Interviews with staff and residents indicate that professional translation services are available to them and that residents are never used for translation services. no staff could ever recall a time when this has happened or could be allowed to happen. There are also bilingual direct care and other staff at the facility. In addition , 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 and were able to articulate this.

### 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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P-03-05-106 - Selection Procedures  
HR Form - Employment Application  
HR Form - Pre-Hire Checklist  
COJC – New Employee Background Check  
COJC - OSBI Rap Back Notification  
Contractor Background Check – Medical/Mental Health Licensure Information  
No Occurrence – There has been no requests from any institutional employer to provide information on substantiated allegations of sexual abuse or sexual harassment involving any former employee.

Note: The Oklahoma Board of Medical Licensure and the Oklahoma Board of Behavioral Health conducts an “Extended Background Check” on contract doctors as a requirement for their medical and/or behavioral health licensure.

The OSBI has a Rap back 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 allowed to verify employment dates.

### **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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P-03-20-01 - Prison Rape Elimination Act – Zero Tolerance Policy  
COJC – Facility Projects Weekly Reports – Building Modifications

Note: There have been no building modifications at COJC during this audit period.

COJC – Camera Upgrade

The OJA Affairs has recently completed an overhaul of the Camera Surveillance Program at COJC. 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. Still photos of camera images are contained in various investigative reports. The system can retain camera images and recordings for up to three months according to COJC 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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P-03-20-01 - Prison Rape Elimination Act – Zero Tolerance Policy  
CO40300.50 – Sexual Assault A National Protocol For Sexual Assault Medical Forensic Examinations Second Edition – April 2013 (Table of Contents)  
Office of Public Integrity (OPI) – Investigators – Training Verification  
Office of Public Integrity (OPI) - Memo of Understanding –  
Conducting Investigations for OJA  
COJC – Memo of Understanding – Victim Advocate/SANE

Note There has been no incident during this audit period where a resident had a SANE exam for the collection of evidence.

The Office of Public Integrity conducts administrative and criminal investigations at the COJC. OPI also has an MOU with the facility and the Tucumseh Police Department outlining the investigation process while adhering to the National Protocol for Sexual Assault Forensic Examinations, Adults/Adolescents for the conduct of investigations. The COJC also has an MOU with the Women's Resource Center/Rape Crises Center. The WRC also operates a crises hotline 24 hours a day and provides SANE/SAFE nurses at their office location to conduct forensic exams.

### **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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P-03-20-01 - Prison Rape Elimination Act – Zero Tolerance Policy  
Office of Public Integrity (OPI) – Investigators – Training Verification  
Office of Public Integrity (OPI) - Memo of Understanding –  
Conducting Investigations for OJA  
COJC – Referrals with Investigations  
OJA Public Website – Showing PREA Policy

The OJA and the COJC has in place memorandum of understandings with OPI for the conduct of investigations in OJA facilities. According to staff interviewed, all allegations filter thru OPI for investigation. The OPI responds as soon as practical but no later than 24 hours according to an interview with the OPI supervisor. Each allegation results in an investigation and if criminal in nature the local prosecutor is notified. As to any charges filed, that is up to the individual prosecutors according to the Director of OPI.

### **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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P-03-20-01 - Prison Rape Elimination Act – Zero Tolerance Policy  
PREA Training Curriculum for Staff  
PREA Guide Book for Staff  
Superintendent Statement that all staff have been trained

The interviews with random direct care staff reflected their knowledge of PREA and have received the training as outlined by this standard. The Superintendent also verified in a memo to the auditor 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 and is clearly a cornerstone of what they do.

### **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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P-03-20-01 - Prison Rape Elimination Act – Zero Tolerance Policy  
 PREA Guide Book – Volunteer’s, Contractor’s and Intern’s  
 COJC – Volunteer PREA Training Roster  
 Contract Doctors – PREA Specialized Training

All volunteers and contractors have been trained in the PREA. Each volunteer or contractor signs an acknowledgement form verifying their training. The COJC contract 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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P-03-20-01 - Prison Rape Elimination Act – Zero Tolerance Policy  
 COJC – Juvenile Orientation, PREA Acknowledgement & Risk Assessment  
 PREA Juvenile Guide –English  
 PREA Juvenile Guide – Spanish  
 PREA Brochure – English  
 PREA Brochure – Spanish  
 PREA Posters – English  
 PREA Posters – Spanish

Intake assessment staff and resident interviews reveal that residents have received the PREA Education information including the PREA Video on the first or second day upon arrival at COJC. The PREA related information is also available in the resident handbook and residents also noted that posters on walls spoke to the PREA process with great detail and knowledge.

**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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P-03-20-01 - Prea Policy  
NIC – Training Curriculum  
PREA: Investigating Sexual Abuse in a Confinement Setting  
PREA Training Verification for Investigators  
Specialized Training for Investigators

The auditor interviewed the OPI Supervisor while in Oklahoma. He detailed how his investigators investigate allegations at OJA facilities and the training they have received. The supervisor said the members of OPI have extensive training as police officers and investigators and could articulate the PREA process very well.

**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)

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P-03-20-01 –Prea Policy  
NIC –Training Curriculum PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting by a SAFE/SANE examiner.  
Specialized Training Certificates with PREA Training  
• COJC Medical Staff  
• COJC Mental Health

The OJA does not conduct forensic examinations of residents. This process is performed by trained SAFE/SANE nursing staff at The Women's Resource Center/Rape Crises Center. Interviews with medical and mental health staff at the facility revealed that each had been trained in the NIC Curriculum with signed acknowledgement forms verifying the 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.**

P-03-20-01 Prison Rape Elimination Act (PREA) – Zero Tolerance Policy

The mental health staff at COJC 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. Other historical evidence is relied upon to complete a good screening for each resident.

### 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.**

P-03-20-01 Prison Rape Elimination Act (PREA) – Zero Tolerance  
Policy  
COJC – Intake Tracking Treatment Plan

CO30300.02 Solitary Confinement  
P-35-13-01 Reception, Classification and Transfers – Admissions  
Vulnerability Questionnaire – ISD-40 SAVQ Form  
P-35-03-01 Security and Control

Note: COJC has not had any occurrence of a resident with the gender orientation of transgender or intersex.

Information from the resident’s risk assessment is utilized to make programming, housing, education, and work assignments. 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 and in fact all residents at COJC are able to shower alone and this population is also afforded an opportunity to have a say in their placement assignments etc. Any LGBTI residents 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 this 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. Auditor did give a recommendation that the use of the terms isolation and segregation be clarified in agency policy statements

### 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.**

Interviews with residents detailed their substantial knowledge of the PREA reporting process. They were able to articulate the many different ways that a resident could report an allegation. All residents were able to articulate a person inside and outside of the facility that they could call on to assist them to report an allegation and various ways they could verbalize or report in written format. All residents interviewed had a strong belief that they would be taken seriously if they reported an allegation.

### 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 377: 3-1-28  
CO30100.02 – Grievance Procedure  
Juvenile Program Manual  
Note: During this audit period, COJC has not had any resident file a grievance claiming sexual abuse.

During this audit period, COJC has not had any resident file a grievance claiming sexual abuse. The COJC 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.**

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 and knew about what information was on the handouts and posters. Residents said they could also contact an attorney or their parents or other caregiver 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.**

P-03-20-01 - Prison Rape Elimination Act – Zero Tolerance Policy  
Juvenile PREA Guide Book  
PREA Brochure  
PREA Posters  
OJA – PREA Public Website

The residents and staff said in interviews they were aware of the third party reporting processes established by the OJA and could articulate this easily. Residents were all able to articulate one 3<sup>rd</sup> party that could report for them

### 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.**

P-03-20-01 - Prison Rape Elimination Act – Zero Tolerance Policy  
Oklahoma State Statute 10A § 1-2-101  
OJA Administrative Code 377:3-1-25  
ISD-18 Form

The OJA has established clear guidelines on how and to who to report allegations relating to PREA. Interviews with all staff detail their requirement to report any allegations of abuse or harassment. All staff understand their role as mandatory reporters. Staff said they would report any allegation to their supervisors, document the allegation and follow the chain of command. Interviews show staff knowledge of using the hotline to report allegations and are aware of who investigates them. 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 and this is documented on a form as well. Parents are also notified. 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.**

P-03-20-01 - Prison Rape Elimination Act – Zero Tolerance Policy  
COJC – Referral with Investigation

All referrals of a sexual assault or harassment are immediately referred to OPI for investigation. Interviews with COJC 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. All staff interviewed were very clear on protection duties regarding residents.

### 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  
Statement of Non Occurrence

Intake staff said that if a resident was admitted to the COJC that revealed he had been sexually abused or harassed at a confinement facility or in the community, the OPI would be informed immediately.

The COJC 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.**

P-03-20-01 - Prison Rape Elimination Act – Zero Tolerance Policy  
COJC – Investigation with SANE Exam

Note: There has been no occurrence of sexual abuse where a SANE exam was required for collection of forensic evidence.

The COJC 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. Staff were aware of how to respond should an incident occur according to interview. They would immediately notify Superintendent, nursing and mental health staff.

### **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  
COJC Staffing Plan

The written institutional plan for coordinating a response for a sexual assault is outlined in the COJC procedure and participants identified. There has not been an incident where staff had to respond to a sexual assault however all staff were aware of what to do in case it happened..

### **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.**

Not Applicable

Note: At OJA facilities, there has been NO collective bargaining agreement entered into or renewed. Neither the OJA nor its facilities is a union organization

### **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.**

P-03-20-01 Prison Rape Elimination Act (PREA) – Zero Tolerance Policy  
 COJC – Documentation of Monitoring for Retaliation

The auditor interviewed staff 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 or until the resident or staff leaves the facility. The policy also outlines the steps involved in monitoring retaliation. The PREA coordinator has developed a nice form specifically for noting and tracking the monitoring of retaliation.

**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.**

COJC Procedure 30300.02 titled Crises Management Unit/Solitary Confinement

The COJC 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. The auditor did recommend clarifying the language of isolation and solitary confinement in the policy and procedure.

**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.**

Prison Rape Elimination Act – Zero Tolerance Policy  
 Office of Public Integrity (OPI) – Investigators – Training Verification  
 Office of Public Integrity (OPI) - Memo of Understanding –

Conducting Investigations for OJA  
COJC – Referrals with Investigations  
OJA – Records Disposition Schedule  
Not Applicable – OPI conducts all investigations for OJA facilities

No staff at the COJC conduct investigations at the facility and is the responsibility of the OPI. Allegations are forwarded to OPI as soon as possible after learning of the incident in question and all staff interviewed understood their responsibility in this process. The OPI Investigators are trained in 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. The training curriculum from these sources comply with the requirements addressed in this standard. The Superintendent is kept informed of investigations and stated he periodically checks on the status himself if enough time has gone by. Once an investigation is complete a report is generated and sent to the Superintendent. If an allegation is substantiated and is criminal in nature it is referred to the local prosecutor. Resident interviews confirmed that a polygraph test is not used at the facility.

**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.**

P-03-20-01 - Prison Rape Elimination Act – Zero Tolerance Policy  
COJC – Referrals with Investigations

The OJA policy requires a preponderance of the evidence for determining whether allegations are substantiated. The investigation results that were reviewed support this. The interview with the OPI Investigator Supervisor confirmed the same.

**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.**

P-03-20-01 Prison Rape Elimination Act (PREA) – Zero Tolerance Policy  
COJC – Referral with Investigation  
OJA Form – ISD-19-VN – Sexual Abuse Victim Notification Form

The OJA and COJC policy include the standard’s language for notifying residents of sexual abuse and other qualifying events identified in the standard. In addition, the COJC has a nice form that standardizes the reporting and notification process to residents.

**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  
 377:3-13-147.1  
 377:3-13-147.2  
 455:10-11-14  
 State Statute  
 74 OS § 840-6.3  
 74 OS § 840-6.4  
 74 OS § 840-6.5  
 21 OS § 30-843.5  
 21 OS § 45-1111  
 OJA – Agency Policy  
 P-03-05-800 Progressive Discipline – Management  
 P-03-05-801 Progressive Discipline – Causes  
 P-03-05-805 Procedures for Discharge  
 P-03-05-806 Reassignment or Removal from Duty  
 COJC – Referral with Investigation

The OJA policies and administrative codes outline the process for disciplining employees including discharge from duty. There was an incident in 2016 where a staff was fired for a substantiated allegation. The case was referred for prosecution and declined by the County Atty.

**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.**

P-03-01-48 Volunteer Program  
 P-35-01-04 Sexual Activity  
 Note: The COJC facility has had No Occurrence of a volunteer or contractor engaging in sexual abuse with a resident during this audit period.

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 Guide Book for Juveniles  
 Juvenile Program Manual  
 COJC – Offense Report with Disciplinary Hearing Report for Sexual Activity  
 COJC– There has been No Occurrence of a juvenile receiving disciplinary action for committing sexual abuse.

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 health 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 reasons for abusing others or to address these same issues with a victim. Additionally, they have a unit specifically for SO youth who get more specialized services. Additionally, there have been no residents disciplined at COJC for any incidents of sexual abuse or harassment this audit period.

**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.**

P-03-20-01 - Prison Rape Elimination Act – Zero Tolerance Policy  
 COJC – DRS-05 Risk Assessment  
 ISD-40 Juvenile Intake Tracking Form  
 Initial Treatment Plan

If a medical/mental health screening suggests the resident has been a victim or perpetrator of sexual abuse, a treatment session is offered to discuss the underlying issues of the resident’s abusiveness or victimization. Informed consent is not required for anyone under 18, any resident over 18 then consent is gained. Information gathered by medical/mental health staff is not shared except for those in a need to know basis for conducting treatment and living assignments. All elements of the standard are included in the language of the policies and procedures.

**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.**

P-03-20-01 - Prison Rape Elimination Act – Zero Tolerance Policy  
COJC – Investigation with Corresponding SANE Exam Notes

Note: There has been No Occurrence of incidents of sexual abuse that would require a SANE Exam for the collection of forensic evidence.

The OJA Policy meets the requirements of the standards for emergency medical or mental health care. There has not been an occurrence at the COJC 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 better than what is available in the community based on immediate access in the facility versus waiting in the community for appointments. Ongoing psychoeducational groups are conducted to address preventitave self care.

### **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.**

P-03-20-01 Prison Rape Elimination Act (PREA) – Zero Tolerance Policy  
COJC – Investigation with Corresponding SANE Exam Notes and Mental Health Follow-up Treatment Plan

Note: During this audit period, there has been No Occurrence of incidents of sexual assault/sexual abuse that would require a SANE Exam for the collection of forensic evidence.

Interviews with medical and mental health care providers revealed the requirements of this standard are being met. Staff responsible provide on-going treatment for any victim or perpetrator. Residents are routinely provided these services as treatment is the core component COJC. 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.**

P-03-20-01 Prison Rape Elimination Act (PREA) – Zero Tolerance Policy  
COJC – Completed Investigation  
COJC - ISD-19-SA Administrative Sexual Abuse Incident Review  
Report

The facility has in place a Sexual Assault Incident Review Team. All major incidents regardless of type are debriefed with the team. All of the factors identified in the standard are part of the review that is conducted and documented. The team includes all of the main administrative staff responsible for ongoing operations at COJC. Interview with a staff that is a part of this team confirmed all of the above.

### **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.**

P-03-20-01 Prison Rape Elimination Act (PREA) – Zero Tolerance Policy  
Aggregated Data 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.**

P-03-20-01 Prison Rape Elimination Act – Zero Tolerance Policy  
Aggregated Data Report

The PREA coordinator collects and analyzes data for trends and appropriate action is taken to minimize and negate ongoing problems. 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.**

P-03-20-01 Prison Rape Elimination Act – Zero Tolerance Policy  
Aggregated Data Report  
Records Disposition Schedule

The agency posts its reports on their website. Information is securely maintained on a secure server or locked cabinet. 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.

Bryan Bacon

9/20/17

Auditor Signature

Date