

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

**Date of report:** August 22, 2017

<b>Auditor Information</b>			
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<b>Date of facility visit:</b> August 24-25 2017			
<b>Facility Information</b>			
<b>Facility name:</b> Oklahoma Juvenile Center for Girls			
<b>Facility physical address:</b> 310 12 <sup>th</sup> Street, N.E., Norman, Oklahoma 73071			
<b>Facility mailing address:</b> <i>(if different from above)</i> same			
<b>Facility telephone number:</b> 405-329-1163			
<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> Waarren Field			
<b>Number of staff assigned to the facility in the last 12 months:</b> 53			
<b>Designed facility capacity:</b> 20			
<b>Current population of facility:</b> 15			
<b>Facility security levels/inmate custody levels:</b> medium secure			
<b>Age range of the population:</b> 13-19			
<b>Name of PREA Compliance Manager:</b> Leslie Hebert		<b>Title:</b> Psych Clinician	
<b>Email address:</b> leslie.hebert@oja.ok.gov		<b>Telephone number:</b> 405-329-1163	
<b>Agency Information</b>			
<b>Name of agency:</b> Office of Juvenile Affairs			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> state			
<b>Physical address:</b> 3812 N. Santa Fe, Suite 400, Oklahoma City, Oklahoma 73118			
<b>Mailing address:</b> <i>(if different from above)</i> same			
<b>Telephone number:</b> 405-530-2800			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Steven Buck		<b>Title:</b> Executive Director	
<b>Email address:</b>		<b>Telephone number:</b>	
<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 Oklahoma Juvenile Center for girls occurred August 24-25 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 4 p.m. on August 24, 2017. On August 24<sup>th</sup>, The auditor arrived at approximately 4pm to conduct the walkthrough of the facility. 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. The auditor toured living units, shower areas, reviewed central control and viewed surveillance video setup, dining areas, school area, administrative offices, clinic etc. I spoke with staff and youth and observed afternoon routines. After the tour the auditor worked with the PREA Compliance Manager and PREA Coordinator to determine which staff needed to be interviewed the following day. After this the auditor was given the list of line staff and residents.. I arrived at the facility early on August 25<sup>th</sup> to conduct interviews. The auditor briefed facility superintendent Warren field and his management team as well as the OJA PREA Coordinator Cathy McLean. The interview schedule was discussed at this time. 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 35 interviews were conducted on-site.

A breakdown of interviews is as follows:

- 1 Superintendent
- 1 staff who supervises isolation
- 1 Staff who acts as a first responder
- 1 Medical Staff
- 1 Mental Health Staff
- 1 Intake Staff
- 1 Staff that conduct Risk Assessments
- 1 Human Resources Staff (offsite different program)
- 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
- 7 Random Staff
- 1 Agency Chief Designee/Interviewed on August 25, 2017
- 10 Random Residents
- 2 Resident who disclosed victimization during risk screening
- 1 Education Staff

The interviews were conducted in private. The OKJCG 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 OJCG is one of three secure residential centers operated by the Office of Juvenile Affairs in Oklahoma. The OJCG 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 OJCG 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. 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 documntation 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. The auditor toured the facility escorted by the Supervisor and PREA Compliance Manager and observed among other things the facility configuration, location of cameras, staff supervision of residents, housing unit layout including shower/toilet areas, placement of posters and PREA informational resources, security monitoring, entrance and search procedures, and resident programming and the girls relaxing. The auditor noted that shower areas allow residents shower one at a time regardless of the situation. Notices of the PREA audit were posted throughout the facility in common areas, living units, clinic area and cafeteria.

## DESCRIPTION OF FACILITY CHARACTERISTICS

The Oklahoma Juvenile Center for Girls provides care, guidance, discipline, education, rehabilitation and reintegration services for 22 female youth between the ages of 13-19. The facility is located in Norman, Oklahoma adjacent to additional social service facilities and programs. Residents of OJCG have been adjudicated by the court as a Delinquent or Youthful Offender, are in the custody of the Office of Juvenile Affairs and meet the requirements for placement in a medium-secure facility. The purpose of Oklahoma Juvenile Center for Girls is to provide temporary residential care, offer effective intervention into the resident's delinquent behaviors, provide for the safety of the public and hold residents accountable for their behaviors.

The physical plant is a one story structure. All pedestrian traffic enters at a single entry point that requires staff assistance to open. Once inside the building all staff and visitors are searched as are carry in items such as a briefcase or a purse. Each visitor signs in to a log at the entry point. The facility is comprised of three housing units. Each sleeping room set up so as each resident to ask staff permission at night to access the toilets. Each housing unit has toilets, wash basins and showers. Each housing unit also has a washer and dryer. Residents shower one a time with staff supervision outside of the shower area. There is a dining/multipurpose room however, food is delivered to the facility from another OJA facility approximately 30 miles away. Food is delivered in temperature controlled containers. The facility also has a large training/conference room and administrative offices, a medical room, and staff offices. There is also an outside recreation area surrounded by fencing. There are surveillance cameras that are viewed as part of the supervision of residents. The cameras can be monitored from in the facility's control center which is near the single entry point into the facility. The control center is manned 24 hours each day. The average length of staff is 496 days. The OJCG is the only girls secure treatment facility in Oklahoma in Oklahoma. The Education Department is part of the Norman School District which provides educational staff to the facility.

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 Statue §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

The interviews of residents reflected that they were well 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. Residents were able to articulate to the auditor what they would do and who they would tell if they were sexually abused. Each resident when asked specifically, could articulate a specific person both in and out of the facility that they felt they could report to.

Subsequent to intake, residents are provided more comprehensive education on PREA that includes personal instruction in addition to a PREA 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 reported they could tell a trusted staff member, a therapist, the Victim Advocate or call the hotline telephone number. Residents indicated to the auditor that they felt safe in the facility and felt like staff had their best interest at heart. Residents were also aware that outside services were available including counseling for sexual abuse and harassment and most knew those resources were on the pamphlets and posters.

### 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	0
Unsubstantiated	0	0	0
Unfounded	0	0	0
Ongoing Investigations	0	0	0
<b>Staff on Youth Sexual Assault/misconduct</b>			
Substantiated	3	0	2
Unsubstantiated	3	0	4
Unfounded	0	1	2
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	1

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 OJCG 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 pertinent information and after conducting resident and staff interviews, the auditor found that department and agency leadership have 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: 0

Number of standards met: 40

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.**

Compliance Documents  
P-03-20-01 - Prison Rape Elimination Act – Zero Tolerance Policy  
OJA - Agency Organizational Chart  
OJA - Agency PREA Coordinator PMP  
OJC4G - Facility Organizational Chart

The Oklahoma Office of Juvenile Affairs has developed and implemented a Zero Tolerance Policy (P-03-20-01) that includes all requirements of the PREA of 2003. The policy mirrors the language of the standards and spells out procedures for implementing this law. The agency has adopted the definitions contained in 115.5 and 115.6 relating to definitions involving sexual assault. The OJA has a PREA Coordinator that operates from its Central Office. She is included in the Agency’s Organizational Chart and reports to the Chief of Programs. In addition to this there are PREA Compliance Manager and is shown in the facility’s organization charts. Each has expressed to the auditor that they have enough time to perform their duties.

**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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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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**recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Compliance Documents

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

OJC4G – 4G30500.01 - PREA Procedure with Staffing Plan

OJC4G – ACA Report

(b) OJC4G – Note: There has been No Occurrence of any Deviations from Staffing Plan

(e) P-35-03-01 - Security and Control Policy

OJC4G - Documentation of Unannounced Rounds on All Shifts

The agency develops a staffing plan and reportedly has not deviated from it during the past 12 months. The plan is reviewed annually and updated as needed. The agency has 32 surveillance cameras that assist with supervising residents and any PREA related incidents are available for viewing at least 30 days after they are recorded. The OJC4G operates with a staffing pattern that is 1:8 during waking hours and 1:8 during sleeping hours. The facility uses shift supervisors to conduct unannounced rounds each shift and document those rounds in the log book. The unannounced rounds are not announced over staff radios. The staffing plan is reviewed and updated annually with input from management staff. The staffing plan considers requirements listed in this standard when developing this plan according to the facility superintendent and with assistance of the PREA Compliance Manager and the PREA Coordinator.

**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.**

Compliance Documents

P-35-03-08 - Search Policy

OJC4G – 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 – Male 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

OJC4G - Cross-Gender Search – Training Records

Note: There has been NO Occurrence of anyvisual body cavity searches conducted on a resident at OJC4G.

The OJC4G has not conducted any visual body cavity searches since opening the facility two years ago. Whenever male staff enter into areas where residents may be showering, dressing, or using the toilet they announce themselves accoring to resident interviews as well as notices of opposite gender staff being present posted in every living unit. Staff indicated during random staff interviews that they are aware of the policy that they are not allowed to physically examine a transgender or intersex resident for purposes of determining that resident's genital status. All staff have been trained in how to conduct cross-gender pat down searches and searches of transgender and intersex residents but do not do so unless its an extereme emergency. Residents indicated in interviews that no male staff had ever conducted a pat down search on them at all.. There has been no transgender or intersex residents at this facility. Agency policy requires any cross gender strip searches to be conducted by medical personnel outside of the facility at the local hospital in Norman.

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

PREA Audit Report

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

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

Compliance Documents  
 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)  
 OJC4G – Intake Orientation, PREA Acknowledgement and Risk Assessment  
 OJC4G – 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 OJC4G.

There has been no occurrence of a resident with disabilities or a resident who is limited English proficient housed at the OJC4G. However, agency and facility policy spells out the action that will be taken should such a resident be placed at the OJC4G. Currently the facility has five (5) translators who can speak Spanish and there is one (1) staff who can read and use sign language for those residents with hearing issues. All PREA material such as posters, guidelines and brochures for girls are printed in both Spanish and English. If a resident is unable because of low reading and comprehension skills, a staff member will read to the resident in a manner that will educate the resident about PREA. In summation every effort will be made by the agency/facility to ensure that each resident is capable of knowing and understanding 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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Compliance Documents  
 P-03-05-106 - Selection Procedures  
 HR Form - Employment Application  
 HR Form - Pre-Hire Checklist  
 OJC4G – New Employee Background Check  
 OJC4G - 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 our contract doctors as a requirement for their medical and/or behavioral health licensure

An examination of the Agency Selection Process ensures that no staff person or contractor can be hired if they have violated any laws related to sexual abuse and harassment either in the community or a confinement setting. There have been no requests from any institutional employer to provide information on substantiated allegations of sexual abuse or harassment involving any former employee. The agency has guidelines for the hiring and promotional opportunities for staff and contractors. Each job be it an agency employee or a contract employee, goes through criminal background checks and child abuse registry checks before being hired. In addition to this the facility's Physician is subjected to an extended background check. Each employee is thoroughly screened prior to hire and the state of Oklahoma or more specifically the Oklahoma Bureau of Investigation has a program called RAP that will report to any agency that one of their employees has been cited for any type of criminal activity including driving citations as soon as the infraction occurs rather than wait the required five (5) years as the standard requires.

**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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Compliance Documents  
P-03-20-01 - Prison Rape Elimination Act – Zero Tolerance Policy  
OJC4G – Facility Projects Weekly Reports – Building Modifications  
Note: At OJC4G, There have been no building modifications during this audit period  
OJC4G – Camera Upgrade

Agency policy states that when considering any substantial modifications of existing facilities or when installing or updating video monitoring systems that the agency review the effects the changes will have on the agency's ability to protect residents from sexual abuse. The facility wasn't clearly build for this residential purpose but the agency has done a good job with modifications with sexual safety in mind, they have added 32 cameras and made some areas inaccessible to residents in an effort to create the safest environment possible.

**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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## corrective actions taken by the facility.

### Compliance Documents

P-03-20-01 - Prison Rape Elimination Act – Zero Tolerance Policy  
4G40300.50 – 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  
OJC4G – Memo of Understanding – Victim Advocate/SANE  
OJC4G – SANE Exam with Investigation

Note : There has been no incident during this audit period  
where a resident had a SANE exam for the collection of evidence.  
OPI conducts all investigations for OJA facilities.

The Oklahoma Office of Public Integrity which is part of the OJA is the agency charged with conducting Administrative and Criminal Investigations for the Office of Juvenile Affairs. During an interview with the head of OPI, he reported that when an allegation is made at the facility the JSOS will notify the Institutional Advocate and the OPI. All of the investigators for OPI are sworn officers according to the OPI Supervisor. The steps would be that the case would be assigned, evidence collected, SANE exam and interviews would start. This would happen almost immediately. There also exist a MOU with the Cleveland County Sheriff's Office who will assist any OPI Investigator in the conduct of Criminal Investigations at this facility should the need arise. The National Protocol for Sexual Assault Medical Forensic Examinations, Second Edition is integrated into the training curriculum and has been used in the training of its investigators. There exists a MOU with the Women's Resource Center in Norman to provide SANE services and provides victim advocates to victims of sexual assault. Transportation is provided by OJC4G staff. In addition to this the Women's Resource Center has provided training to staff at the OJC4G and in turn the PREA Coordinator has trained staff from the Women's Center. Resident interviews revealed that residents were familiar with victim services being available to them if they were sexually assaulted and were able to articulate how they could access them.

## 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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### Compliance Documents

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  
OJC4G – Referrals with Investigations  
OJA Public Website – Showing PREA Policy  
NOTE:

OPI conducts all investigations for OJA facilities.

There exists a MOU with the Office of Public Integrity and the Cleveland County Sheriff's Office that outlines the role each entity in the conduct of Criminal Investigations at the OJC4G. The Sheriff's Office defers to the OPI investigation team, which are all sworn officers, in the conduct of sexual assault and harassment allegations. Once an allegation is received at the facility, the Advocate General and the OPI are notified. An investigation is begun as soon as possible. During interviews all staff including first responders could articulate separating the victim as being the immediate action to take. All allegations are also reported to the PREA Coordinator who collects data from all three OJA facilities. The agency's policy relating to sexual assault and harassment investigations is published on the OJA website at <https://www.ok.gov/oja>. The OPI policy outlines the conduct of all investigations conducted in OJA facilities and referrals made for any criminal conduct to the local prosecutor.

### 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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#### Compliance Documents

P-03-20-01 - Prison Rape Elimination Act – Zero Tolerance Policy  
PREA Training Curriculum for Staff  
PREA Guide Book for Staff  
OJC4G – Staff Training Rosters (samples)  
(all staff PREA training records are available upon request)  
Superintendent statement that all staff have been trained

The agency/facility trains each employee on the requirements of PREA, reviews of records samples indicate this as well. Additionally, the Superintendent provided a statement to the auditor that all staff have been trained in PREA. Interviews with staff at the facility indicated they had received this training and were able to articulate this information to the auditor. The auditor also examined training records and the curriculum and found both to be in compliance with this standard's requirements. Each staff is also given a PREA handbook that contains information related to PREA. On at least an annual basis PREA training is provided by the PREA Coordinator at each OJA facility including OJC4G and in fact had recently occurred. When employee from a male institution begins working at the OJC4G he receives the PREA training in working with females. This has happened because there is another OJA male facility approximately 30 miles away and occasionally staff relocate to the OJC4G. Male staff are routinely working at the facility.

### 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)

**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.**

#### Compliance Documents

P-03-20-01 - Prison Rape Elimination Act – Zero Tolerance Policy  
PREA Guide Book – Volunteer's, Contractor's and Intern's  
OJC4G – Volunteer PREA Training Roster  
Contract Doctors – PREA Specialized Training

The auditor spoke with one teacher who is a contract employees and interviewed them using the PREA questionnaire for volunteers and contractors. He was well aware of and knew the requirements of PREA and how to report any sexual abuse or harassment allegation. The auditor examined training records, the curriculum, and the PREA Guidebook for Volunteers, Contractors and Interns. The doctor while not interviewed had received appropriate training in the PREA curriculum as well as receiving the training for medical and mental health professionals through the National Institute of Corrections. Additionally, the Superintendent provided a statement that all staff had been trained in PREA.

### 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)

**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.**

#### Compliance Documents

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

OJC4G – 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

Each resident is provided information during the intake process related to how to report sexual abuse or harassment, the resident's right to be free from sexual abuse or harassment and the resident's right not to be punished for reporting sexual assault and abuse. Each resident signs an acknowledgement form verifying this information. The residents confirmed this during interviews. The residents also receive a PREA Handbook and watch a PREA video. This material is available in both English and Spanish as are PREA brochures and posters that are located throughout the facility. The facility also makes this information available to any resident who is not English proficient or has any other disabilities such as hard of hearing, or visually impaired. All residents at the facility during the audit had received this information and knew where to find it.

### 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)

**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.**

#### Compliance Documents

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 Office of Public Integrity is part of the Office of Juvenile Affairs but is a separate entity within the Department. The OPI is charged with conducting all sexual abuse or harassment investigations in the OJA. During the audit an OPI investigator Supervisor was interviewed. He explained how the investigation process works. He explained that in an administrative investigation his investigators interview staff and residents, reviews any film footage if applicable, and also reviews log book entries related to an incident. If the administrative investigation reveals criminal activity he will contact the local

prosecutor for a referral. He confirmed that each investigator receives training in PREA and additional training from the National Institute of Corrections relating to investigations. This training is documented and a certificate is issued to the recipient which was viewed by the auditor. The training includes the proper use of Garrity and Miranda Warnings, techniques for interviewing juvenile sexual abuse victims, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative or prosecution referral.

### 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.**

Compliance Documents  
P-03-20-01 –Prea Policy  
NIC –Training Curriculum PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting

Specialized Training Certificates with PREA Acknowledgement  
• OJC4G Medical Staff  
• OJC4G Mental Health Staff  
• Contract Doctors

Note: Medical staff employed by the agency do not conduct forensic examinations. When the need arises, the juvenile is taken to the local hospital and the forensic examination is conducted by a SAFE/SANE examiner.

One medical staff and one mental health staff was interviewed using the PREA Questionnaire for Medical and Mental Health Staff. Each revealed their understanding of PREA and how and to who to report any allegation received by them. Each staff member indicated they had received PREA training as well as training specific to Medical and Mental Health Staff provided by the National Institute of Corrections. This training is documented and each staff member was able to articulate to the auditor that the training included how to detect and assess signs of sexual abuse and harassment; how to preserve physical evidence; how to respond effectively and professionally to juvenile victims of sexual abuse or harassment; and how and to whom to report allegations or suspicions of sexual abuse or harassment. The training certificates were viewed for each. In addition, the Superintendent provided a statement that all staff had been trained in PREA. The medical staff at the OJC4G do not conduct forensic exams. These are conducted at either the Norman Regional Hospital or at the Women’s Resource Center. The staff acknowledged that they provide equal if not better care than community standards.

### 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.

### Compliance Documents

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

OJC4G – DRS-05 form – Risk Assessment Done at Intake

The auditor interviewed the staff member charged with performing the screening and intake process. She stated that she provides the material to each resident upon intake and has the resident sign acknowledging having received the information. After this is completed a mental health assessment including the MAYSI II, and reviews other available information about the resident's past history. During this process he ask questions of the resident and reviews other related documents. The mental health practitioner also inquires about a resident's past victimization and takes into consideration the size and demeanor of the resident. All of this information is aggregated to provide a picture of the resident which assists with housing assignments, program assignments etc. Staff also offer mental health services to any resident who had prior sexual victimization or was a perpetrator of abuse after the intake process was completed. The risk assessment and related documents are maintained by the mental health staff in a locked cabinet accessible only to mental health staff and only shared with need to know staff. According to the interview, each resident risk level is reassessed each month or as needed.

### 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.**

### Compliance Documents

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

OJC4G

Intake Tracking

Treatment Plan

Not Applicable: OJA Facilities do not use Segregation Units.

Facilities do use Solitary Confinement as a last resort and for no longer than (3)hours.

4G30300.02 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: OJC4G has not had any occurrence of a resident with the gender orientation of transgender or intersex.

The OJC4G uses a facility screening tool upon entrance into the facility and refers to it when making decisions regarding each resident's placement into a housing unit, bed, program, education and work assignments. The facility does not utilize segregation cells or units. There is a safe room for residents who display out of control behaviors or are suicidal and is covered by a camera. However, this room is not used to punish a resident nor is this room used to house a LGBTI resident. There has been no transgender or intersex residents at this facility since it opened. If there was, policy dictates that a resident who identifies as LGBTI is given the opportunity to shower alone, however all residents at all Oklahoma facilities shower alone) and their views of their own safety is given consideration when making housing, bed, program, education, or work assignments. Interviews with risk assessment confirmed that their status is reassessed monthly in treatment team.

### 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.**

Compliance Documents  
P-03-20-01 Prison Rape Elimination Act (PREA) – Zero Tolerance Policy  
Juvenile PREA Guide Book  
PREA Brochure  
PREA Posters

The auditor interviewed 10 residents at random all represented each housing unit. Each was able to articulate how to report any sexual abuse or harassment. All residents were able to articulate multiple ways of reporting. All resident said they could tell a trusted staff member or call the hotline. Other answers including telling the Institutional Advocate, their parents, or tell or write the Superintendent. Residents also said they could remain anonymous when reporting sexual abuse or harassment. The Institutional Advocate Defender reports to the State's Advocate General who is not part of the OJA. In addition the hotline number is part of the Department of Human Services and not part of the OJA. Staff interviews said they make verbal reports relating to sexual assault and would do so immediately after the report is made to them. Staff also acknowledged being able to make reports anonymously and privately multiple ways.

#### **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.**

Compliance Documents  
Oklahoma Administrative Code 377: 3-1-27 and 377: 3-1-28  
4G30100.02 – Grievance Procedure  
Juvenile Program Manual

Note: During this audit period, OJC4G has not had any resident file a grievance claiming sexual abuse

There has been no grievance filed related to sexual abuse, harassment or neglect at the OJC4G during the past 12 months. The agency/facility grievance process is outlined in Agency policy and the resident's handbook. There is no time frame for when a resident may file a grievance related to sexual abuse or harassment. The agency policy complies with the reporting mechanisms outlined in this standard including all applicable time frames. All grievances are forwarded to the Advocate Defender at the institution who also forwards it to the Advocate General for Oklahoma. Any grievance filed concerning sexual abuse, harassment, or neglect is immediately reported to the Department of Human Services Hotline. All elements of this standard are contained in the agency PREA policy. Each resident is made aware of the grievance process through the Resident Handbook upon arrival at the facility. Resident interviews also revealed their knowledge of the grievance process and were able to articulate many ways in which they could report.

#### **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.**

Compliance Documents

P-03-20-01 Prison Rape Elimination Act (PREA) – Zero Tolerance Policy  
P-35-09-04 Access to Courts and Counsel  
OJC4G - Memorandum of Understanding – Victim Advocate/SANE  
Juvenile Program Manual  
OJC4G – Attorney and Family Contact

The facility has a MOU with the Women's Resource Center for outside services. The MOU was reviewed and offers substantial support if needed. The MOU outlines the responsibilities of each party in relation to PREA. The Women's Center provides SAFE/SANE services as well as offering victim advocacy services including counseling and realted follow up services. Resident interviews revealed their knowledge of these services and that any conversations would be confidential. The residents also knew where they could find the contact information for the WRC as some could not recall the contact information without reference. There are posters and the handbook telling residents of available services. These posters and brochures contain the addresses and telephone numbers for these services. Resident knew the telephone numbers were free to call. Residents also said the facility would allow them to communicate and see their attorney privately should the need arise and in fact several had done that. Residents also explained how they are allowed to see their parents or others through the visitation and telephone usage which occurs frequently.

**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.**

Compliance Documents

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

The OJA provides for the confidential and anonymous reporting of sexual abuse or harassment though third parties such as a friend, family member or legal guardian. The general public can also make calls to the DHS hotline, send a confidential email to PREA.Complaints@ oja.ok.gov, or send a letter to the Office of Public Integrity. Resident interviews indicate they are aware that friends or family members could make a call on their behalf. This information is also contained in the resident's handbook. The reporting mechanisms are also listed on the Agency Website.

**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.**

Compliance Documents  
 P-03-20-01 - Prison Rape Elimination Act – Zero Tolerance Policy  
 Oklahoma State Statute 10A § 1-2-101  
 OJA Administrative Code 344:3-1-25  
 ISD-18 Form

Agency policy requires staff to immediately report any incident of sexual abuse or harassment to the appropriate investigatory agencies. The staff at OJC4G are required to report any such incident to their immediate supervisor and the supervisor in turn notifies the facility superintendent. The facility superintendent then notifies the State Advocate General and the Office of Public Integrity. All staff interviewed were aware of their status as mandatory reporters as well. Once a referral is made the OPI will assign an investigator to review the facts of the allegation. Medical and mental health staff are required to report any allegation or suspicion to the facility superintendent. The agency policy also prohibits staff from telling other staff except those with a need to know about the alleged incident or any details related to it. If the resident is under the guardianship of the child welfare agency the allegation is reported to that resident's case worker. The ISD 18 form provided shows a very precise system for monitoring and documenting the contact with required parties. Oklahoma state statute and the OJA Administrative code outline the requirements of reporting sexual abuse or harassment and is incorporated into agency policy verbatim.

**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.**

Compliance Documents  
 P-03-20-01 - Prison Rape Elimination Act – Zero Tolerance Policy  
 OJC4G – Referral with Investigation

If the perpetrator is a staff, that staff would be moved to another location or be asked to leave the facility. If the perpetrator is another juvenile that resident would also be moved to ensure the safety of all residents. The facility superintendent would then send a referral to the Advocate General and the Office of Public Integrity for an investigation. Interviews with all staff at the facility revealed that the first thing they would do is to separate/remove the victim from the imminent danger and do so immediately in order to protect the victim.

**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.**

Compliance Documents

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

Proof of Notification

Note: During this audit period, there has been no occurrence at OJC4G

The facility superintendent said he has not received any allegations that a resident was sexually abused while confined to another facility. He said if he did receive an allegation he would immediately refer it the Advocate General and the Office of Public Integrity just as he would any allegation at his facility. He also said he would inform the facility superintendent at the facility verbally, that received the allegation. There have been no reports to verify but the process is rooted in policy.

### **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.**

Compliance Documents

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

OJC4G – Investigation with SANE Exam

Note: There has been no occurrence of sexual abuse where a SANE exam was required for collection of forensic evidence.  
Form – ISD-18-FR

Agency policy outlines the duties of the first responders. In addition to confirming the policy meets the standard requirements, random staff interviews and first responder interviews confirmed the requirements that include separate the victim and perpetrator and preserve and protect the crime scene. The first responder has a checklist called the ISD 18 FR form which outlines all of the requirements/actions that a first responder is expected to take in a sexual abuse situation. The agency policy also requires that if a first responder is not a security staff member then he should request that the victim or perpetrator not take any steps to destroy physical evidence until a security staff member arrives on the scene. it is clear through staff interviews that everyone takes this responsibility seriously and knows what steps to take. There has been no occurrence of sexual abuse where a SANE examination was required for the collection of forensic evidence but the requirements are known to staff and rooted in policy and procedure..

### **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.**

Compliance Documents  
P-03-20-01 Prison Rape Elimination Act – Zero Tolerance Policy  
4G30500.01 PREA Procedure

The OJC4G has developed a coordinated response procedure (approved by the OJA Director) in facility procedure 4G30500.01. The plan includes the responsibilities of first responders, medical and mental health staff, investigators and facility management if an allegation occurs according to the facility superintendent.

### **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.**

The Office of Juvenile Affairs does not utilize unions for its staff therefore this standard is Non-Applicable.

### **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.**

Compliance Documents  
P-03-20-01 Prison Rape Elimination Act (PREA) – Zero Tolerance Policy  
OJC4G – Documentation of Monitoring for Retaliation

The staff charged with monitoring retaliation is a mental health staff member. She said in an interview that he checks on each resident who reports sexual abuse or harassment at least weekly after an incident. She said he reviews disciplinary actions, observes any changes in behavior or mood and also just speaking to the resident helps her to learn if retaliation is occurring weekly during sessions. She maintains a form that documents the monitoring and any concerns. She said she would monitor a situation as long as there is an issue going beyond 90 days if necessary.

### **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.**

Note: OJA Facilities do not use Segregation Units. OJC4G does use Solitary Confinement as a last resort and for no longer than (3) hours.  
 OJC4G Procedures: 4G40300.46 Seclusion – Isolation  
 4G30300.02 Solitary Confinement

The OJC4G 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.**

Compliance Documents  
 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  
 OJC4G – Referrals with Investigations  
 Records Disposition Schedule  
 Not Applicable – OPI conducts all investigations for OJA facilities

The Office of Public Integrity conducts all administrative and criminal investigations. Each investigator employed by OPI has received the appropriate training to conduct investigations that follow the requirements of this standard and is documented. Each OPI employee is a sworn officer. In addition to training as a sworn officer each investigator has completed a training course from the National Institute of Corrections called "PREA: Investigating Sexual Assault in Confinement Settings" and documented. The investigator supervisor interviewed as part of this audit said that after he receives an allegation he will begin assign the investigation as soon as possible but no later than 24 hours afterwards. The investigator will interview all parties included in the allegation, review video footage if appropriate, collect physical evidence if any, and assess credibility of the parties involved. If when investigating an allegation and it appears criminal in nature the OPI will notify the local prosecutor for further action. The Supervisor also concurred that the investigation does not terminate if the resident or staff member is no longer at the facility. For each investigation a very thorough and descriptive report is generated. Once completed the report is disseminated to appropriate parties including the facility superintendent. The OJA also complies with the retention schedule required of this standard. No other agency conducts investigations in OJA facilities.

**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.**

Compliance Documents  
 P-03-20-01 - Prison Rape Elimination Act – Zero Tolerance Policy  
 OJC4G – Referrals with Investigations

The Investigator supervisor interviewed for this audit reported that clear and convincing PoE is the standard applied when assessing the outcome of an investigation. The agency also spells this out in its PREA policy. In examining the investigation report from this facility, the case was closed and substantiated based on a clear PoE.

**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.**

Compliance Documents  
 P-03-20-01 Prison Rape Elimination Act (PREA) – Zero Tolerance Policy  
 OJC4G – Referral with Investigation  
 OJA Form – ISD-19-VN – Sexual Abuse Victim Notification Form  
 Note: The Office of Public Integrity (OPI) conducts the investigations for OJA at OJC4G.

In review of one investigation, a notice, OJA Form ISD-19-VN was given to the resident and informing her that the allegation was unsubstantiated. The allegation did not involve sexual abuse or misconduct but rather an allegation of an inappropriate hand gesture directed at the resident. The investigation of the incident was investigated thoroughly. The agency policies relating to informing residents of the results of investigation is consistent with the requirements of this standard and practice verifies this to be so after reviewing the documentation related to this case.

**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  
OCJ4G – Referral with Investigation

The OJA and state personnel rules as well as Oklahoma Administrative Codes and State Statutes follow the requirements of this standard. Each potential staff is vetted thoroughly before being hired in a position at an OJA facility including OJC4G through multiple databases. A criminal background check is conducted on each potential employee as well as a check with the sexual abuse registry. There is also a reporting system where if any employee of an agency such as OJA that has violated a law it is automatically reported to the OJA and the facility by law enforcement officials (RAPBACK). One investigation reviewed detailed a staff receiving discipline (reprimand) due to substantiated harrasing behavior and caretaker misconduct resulting in probationary discharge of that employee.

**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.**

Compliance Documents  
P-03-01-48 Volunteer Program  
P-35-01-04 Sexual Activity  
Note: The OJC4G facility has had no occurrence of a volunteer or contractor engaging in sexual abuse with a resident during this audit period.  
The OJC4G has had no occurrence of a volunteer or contractor removed from contact with the residents due to violations of PREA.

The agency policy and state statutes govern the conduct of volunteers, contractors and interns. A volunteer or contractor cannot be hired if that person has been convicted of a felony or any sexual abuse or harassment charge whether felony or misdemeanor. In the past 12 months no volunteer, contractor or intern has been terminated for any reason related to sexual abuse or harassment. The agency policy spells out that no volunteer or contractor can have any contact with residents if there are any allegations of sexual abuse or harassment against a resident by that person. There have been no allegations against any volunteer, contractor or intern.

### 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.**

Compliance Documents  
PREA Guide Book for Juveniles  
Juvenile Program Manual  
OJC4G – Offense Report with Disciplinary Hearing Report for Sexual Activity

NOTE: OJC4G – There has been no occurrence of a juvenile receiving disciplinary action for committing sexual abuse.

The PREA Guide Book for Juveniles is given to each resident at intake. It contains information for protecting a resident against any form of sexual abuse or harassment while at the facility and reporting procedures. All resident interviewed stated they had received this information and understood it. There is also a Juvenile Program Manual that contains the disciplinary process for violations of the rules including sexual activity with another resident or staff.

The agency does not use segregation for violations of sexual assault or harassment. The OJA policy does not allow sexual activity between residents, however if a resident has sexual contact with another juvenile that is consensual, both residents are subject to disciplinary hearings and sanctions. Agency policy also details that a resident making an allegation in good faith does not constitute false reporting even if the allegation is not proven to be substantiated. When determining sanctions against residents, mental disability or illness is considered when determining sanctions as is the nature and circumstances of the abuses committed by the residents according to the Superintendent. To date there has been no occurrence of a juvenile receiving disciplinary actions for committing sexual abuse. Sanctions would be different for criminal versus administrative findings for residents.

### 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.**

Compliance Documents  
P-03-20-01 - Prison Rape Elimination Act – Zero Tolerance Policy  
OJC4G – DRS-05 Risk Assessment  
ISD-40 Juvenile Intake Tracking Form  
Initial Treatment Plan

According to the staff member that conducts the risk assessment, a resident would be offered a follow up meeting with medical or mental health staff immediately or as soon as practical if the resident has experienced prior sexual victimization in the community or institutional setting. Counseling is offered to a perpetrator of sexual abuse usually within the same day according to the staff member interviewed. Information connected to a sexual assault, harassment or prior sexual victimization can only be discussed by staff members needing to know when determining housing, programming, work assignments, and educational pursuits. According to the medical and mental health staff interviewed informed consent is obtained in writing for residents

over 18, but not for those residents under 18.

### 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.**

#### Compliance Documents

P-03-20-01 - Prison Rape Elimination Act – Zero Tolerance Policy  
OJC4G – Investigation with Corresponding SANE Exam Notes

Note: There has been no occurrence of incidents of sexual abuse that would require this service

Agency policy complies with the requirements of this standard by having unimpeded access to emergency medical and crises intervention services available to all residents in need. Nursing staff interviewed stated they were on call. Also, there exists an agreement with the Women's Resource Center for SANE/SAFE services for crises intervention services and emotional support services. If a resident needs emergency medical or mental health treatment the resident can be transported by staff to the Norman Regional Hospital Emergency Room. In interviews with medical and mental health staff, each said that the nature and scope of the emergency services provided to residents are determined according to their professional judgement and in accordance with policy. The medical staff interviewed said that a resident would be offered emergency contraception and sexually transmitted infections prophylaxis and these services would be without cost to the resident or her family.

### 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.**

#### Compliance Documents

P-03-20-01 Prison Rape Elimination Act (PREA) – Zero Tolerance Policy  
OJC4G – 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.

The agency policy provides for the ongoing treatment and evaluation of all residents who have been victimized by sexual abuse while incarcerated. Both medical and mental health staff indicated that ongoing treatment such as counseling and therapy is provided and referrals to other community providers



can be made in the event that it is needed for the ongoing specialized care of that resident. The medical staff interviewed said that pregnancy tests are offered at no cost. This staff also said that services provided in the community are consistent with those services offered at the facility although a wider array of services is offered in the community. The agency policy also states that resident on resident abusers must have a mental health evaluation within 60 days of staff learning of such abuse history and offers treatment as appropriate.

### 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.**

Compliance Documents

P-03-20-01 Prison Rape Elimination Act (PREA) – Zero Tolerance Policy  
OJC4G – Completed Investigation  
OJC4G - ISD-19-SA Administrative Sexual Abuse Incident Review Report

NOTE: During this audit period, there has been no PREA related incidents that required an Incident Review Team Report.

The agency policy sets forth the guidelines for conducting sexual abuse incident reviews that are substantiated or unsubstantiated. The review team is comprised of the facility superintendent, PREA Coordinator, medical and mental health staff as appropriate, the investigator and any other staff with connections to the allegation. All staff interviewed knew if they were part of that team. during and interview with the Superintendent, reviews have been held once an investigation is complete and the findings outlined in the investigation report. The superintendent said he and the review team review staffing, physical barriers that may have contributed to the incident, considers whether the incident was motivated by race, ethnicity, gender identity, gang affiliation or other factors at the facility and whether more video surveillance is needed. this is documented on a form. The incident review report is completed and forwarded to appropriate staff at the agency’s central office where this information is also aggregated and used in improving programming statewide.

### 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.**

Compliance Documents

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

Agency policy and the PREA Coordinator states that the agency PREA Coordinator will collect accurate and uniform data for every allegation of sexual

abuse and harassment at facilities under its control and by using a standardized instrument and set of definitions. The PREA Coordinator aggregates the incident reports based sexual abuse data at least annually and includes its answers from the most recent Survey of Sexual Violence conducted by the Department of Justice. The OJA does not contract with any private agencies for housing its residents. The auditor reviewed the most recent data report and found it to be compliant with the PREA standard guidelines for reporting. it is also available on the OJA website..

### 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.**

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

The PREA Coordinator aggregates all sexual abuse data from its three facilities annually. In the report she compares data from the previous year and makes recommendations for any policy changes, practices, and training as a result of the review of data. The report is approved by the agency head and published on its website at <https://www.ok.gov/oja>. There are no names or personal qualifiers in the report itself. Each year of operation is compared from the previous years to ensure that any corrections are made to improve its performance related to PREA.

### 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.**

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

The PREA related documentation is kept secure in a locked file cabinet and door. Any information on the PREA Coordinator's computer is password protected. All PREA related documents are retained for 10 years. The report is approved by the agency administrator prior to the report being placed on the agency website. All personal identifiers are removed from the report. Disposition schedule was provided.

### 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 D. Bacon\_\_\_\_\_

August 22, 2017\_\_\_\_\_

Auditor Signature

Date