

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

**Date of report:** 09/26/17

<b>Auditor Information</b>			
<b>Auditor name:</b> Bryan Bacon			
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<b>Telephone number:</b> 2708040025			
<b>Date of facility visit:</b> August 22-23, 2017			
<b>Facility Information</b>			
<b>Facility name:</b> Southwest Oklahoma Juvenile Center			
<b>Facility physical address:</b> 300 South Broadway, Manitou, Oklahoma 73555			
<b>Facility mailing address:</b> <i>(if different from above)</i> same			
<b>Facility telephone number:</b> 580-397-3511			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input type="checkbox"/> Other
<b>Name of facility's Chief Executive Officer:</b> Marc Novell			
<b>Number of staff assigned to the facility in the last 12 months:</b> 134			
<b>Designed facility capacity:</b> 60			
<b>Current population of facility:</b> 59			
<b>Facility security levels/inmate custody levels:</b> Medium/Medium to max			
<b>Age range of the population:</b> 12-19			
<b>Name of PREA Compliance Manager:</b> April McClure		<b>Title:</b> PREA Compliance Manager	
<b>Email address:</b> april.mcclure@oja.ok.gov		<b>Telephone number:</b> 580-397-2603	
<b>Agency Information</b>			
<b>Name of agency:</b> Office of Juvenile Affairs			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> N/A			
<b>Physical address:</b> 3812 North Santa Fe, Suite 400, Oklahoma City, Oklahoma			
<b>Mailing address:</b> <i>(if different from above)</i> same			
<b>Telephone number:</b> 405-530-2800			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Steven Buck		<b>Title:</b> Executive Director	
<b>Email address:</b> steven.buck@oja.ok.gov		<b>Telephone number:</b> 405-530-2800	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Cathy McClean		<b>Title:</b> PREA Coordinator	
<b>Email address:</b> cathy.mcclean		<b>Telephone number:</b> 405-530-2877	

## AUDIT FINDINGS

### NARRATIVE

The on-site audit of the Southwest Oklahoma Juvenile Center (SWOJC) occurred August 21-22, 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 files contained policies, procedures, protocols, and examples of practice, facility diagrams, mission statements and other documents.

The on-site review began at approximately 8am on 21 August 2017. The auditor briefed facility superintendent Marc Norvell, his management team and the OJA PREA Coordinator Cathy McLean at their normal Monday meeting. Introductions were made. The audit schedule was discussed at this time. The auditor said the review would begin with a walking tour of the facility's physical plant. The purpose of the tour was to view camera and staff positions throughout the facility and to look for blind spots not covered by cameras, observe routines and living conditions. After the tour the auditor worked with the PREA Compliance Manager and PREA Coordinator to determine which specialized 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 43 interviews were conducted on-site. The breakdown of interviews is as follow:

- 1 Medical Staff
- 1 Staff who have acted as first responders
- 1 staff who supervise residents in isolation
- 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
- 1 Intermediate and Higher Staff who Conduct Unannounced Rounds
- 1 Incident Review Team Member
- 1 Superintendent
- 12 Random Staff
- 13 Random Residents
- 3 residents who reported prior victimization
- 1 resident who reported sexual abuse

There were no residents meeting the criteria for other types of resident interviews. The interviews were conducted in private across from the main office. The SWOJC staff kept the flow of those needing interviews at a steady pace for the auditor thus allowing for the next interviewee to be ready as soon as the previous interview was completed. It was necessary due to the volume to take occasional breaks in order to remain fresh and focused.

The SWOJC is one of three secure residential centers operated by the Office of Juvenile Affairs in Oklahoma. The SWOJC is located approximately 40 south of Lawton, Oklahoma. It accepts resident from any of the counties in Oklahoma. The average length of stay or time under supervision is 506 days. In the past 12 months 47 residents have been admitted to the facility.

The SWOJC has an MOU with the ACMI House who provides emotional support and arrange for forensic medical exams at the local hospital for the residents should the need arise. The Office of Public Integrity is charged with conducting administrative and criminal investigations. One Investigator Supervisor was interviewed at another facility later in the week. The Mental Health Staff conduct the initial intake and risk assessments for each youth entering the facility and PREA orientation materials are provided upon admission as well.

From the outset, the auditor was informed that the facility staff were made aware some time ago that there was a plan in place to repurpose and close the SWOJC within 3 years. This has no doubt cause some anxiety in staff who largely appear, through interviews to have been there a relatively short period of time. Even given this news of impending change, the auditor was impressed with the level of readiness for the audit displayed by the facility staff and the cooperation in what has to be a time of anxiety about the future. The walk through was very informative and thorough and all interviews went very well with both staff and residents. Both groups have a good understanding of the PREA process and staff understood their role in supervision and reporting. Posters in English and Spanish are displayed throughout the facility as well as notifications for opposite sex staff to announce themselves. Although each resident interviewed stated that there is never a time when opposite sex staff are not present on the living units 24/7. The gender makeup of the staff makes that stand to reason. Residents are also given a PREA Handbook and shown a PREA Video upon arrival at the facility.

## DESCRIPTION OF FACILITY CHARACTERISTICS

The Southwest Oklahoma Juvenile Center is a medium secured Juvenile facility for male juveniles ages 12-19 who have committed felony offenses, have been adjudicated by the courts as delinquent or as a Youthful Offender and placed in the custody of the Office of Juvenile Affairs. The center is situated in rural Manitou Oklahoma, two blocks east of highway 183 on approximately eight acres. The center is located approximately 45 miles west-southwest of Lawton, Oklahoma and approximately 40 miles east-southwest of Altus, Oklahoma. The center received its first admissions on August 5, 1996, with the Open House and Dedication Ceremony on September 12, 1996.

The facility has a bed capacity of 60. It now has four operating units with a Crisis Management Unit. It uses the approved Office of Juvenile Affairs approved residential treatment program for rehabilitation. The educational/vocational complex, gym, central maintenance, storeroom, dining hall and medical services, storm cellar, recreation fields, equipment and other essentials are all completely fenced with entrance through the gate controlled by staff in central control with perimeter cameras. There is one building outside the fence that houses the human resources department, the training unit and volunteer services.

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

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

### Purposes and Responsibilities

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

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

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

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

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

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

### III. Organization

\* See Organization chart

## SUMMARY OF AUDIT FINDINGS

Statistical Data Report	2014	2015	2016
Youth on Youth Sexual Assault			
Substantiated	0	0	0
Unsubstantiated	0	0	0
Unfounded	0	0	0
Ongoing Investigations	0	0	0
Youth on Youth Sexual Harassment			
Substantiated	0	0	0
Unsubstantiated	0	0	0
Unfounded	0	0	0
Ongoing Investigations	0	0	0
Staff on Youth Sexual Assault			
Substantiated	1	1	5
Unsubstantiated	2	3	7
Unfounded	1	0	2
Ongoing Investigations	0	0	0
Staff on Youth Sexual Harassment			
Substantiated	0	0	1
Unsubstantiated	3	0	1
Unfounded	0	0	1
Ongoing Investigations	0	0	0

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  
SWOJC - Facility Organizational Chart

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

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

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

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Bid Solicitation Page 12, C.1.1

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

**Standard 115.313 Supervision and monitoring**

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

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P-03-20-01 - Prison Rape Elimination Act – Zero Tolerance Policy  
SWOJC – SW30400.02 PREA Procedure with SW30400.03 Staffing Plan  
SWOJC – ACA Re-accreditation Report  
SWOJC – Note: There has been No Occurrence of any Deviations from Staffing Plan  
P-35-03-01 - Security and Control Policy  
SWOJC - Documentation of Unannounced Rounds on All Shifts

According to the Superintendent, there has not been a time when the staffing plan was not adhered to. Oklahoma regulations currently require a 1:10 staff to resident ratio. The staffing plan is posted in several locations for appropriate 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 and is documented. 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 clearly are already meeting that standard. The facility utilizes several intermediate and upper management staff to conduct unannounced rounds at varying times and without notifying or alerting any other staff. Interviews with staff who conduct stated these rounds and any issues are documented in the unit log book and that they don't keep the same pattern of rounds from day to day.

### **Standard 115.315 Limits to cross-gender viewing and searches**

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

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Compliance Documents  
P-35-03-08 - Search Policy  
SWOJC – 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  
SWOJC - Cross-Gender Search – Training Records  
Note: There has been NO Occurrence of any visual body cavity searches conducted on a resident at SWOJC.

Interviews with staff confirmed that cross gender pat down searches are not allowed. Residents reported that same sex staff always conduct pat down searches. All staff and resident interviews also revealed that female staff do not view residents as they shower, dress or use the toilet. Cross gender staff announce themselves when coming in the living units. Even still, the youth spoke to the fact that there is a never a time when there isnt a cross gender staff in the living area on all 3 shifts. The observations on the walkthrough confirms supervision for residents showering and each resident showers alone, one at a time. Staff interviews also indicate their awareness of the policy prohibiting non-medical staff examining a transgender or intersex resident for purposes of determining that resident's genital status.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

Does Not Meet Standard (requires corrective action)

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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)

SWOJC – Intake Orientation, PREA Acknowledgement and Risk Assessment

SWOJC – 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 SWOJC.

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

### Standard 115.317 Hiring and promotion decisions

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

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Compliance Documents

P-03-05-106 - Selection Procedures

HR Form - Employment Application

HR Form - Pre-Hire Checklist

SWOJC – New Employee Background Check

SWOJC - 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.

The OSBI has a program that notifies the OJA if an employee is arrested (RAPBACK) so there are continuous checks of each employee rather than at five year intervals. The OJA requires numerous pre-employment checks into each potential employee’s background including sex offender registry, violent offender background checks, and criminal history checks to include FBI fingerprint checks and Joshuas list.

### 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  
SWOJC – Facility Projects Weekly Reports – Building Modifications

Note: At SWOJC, There have been no building modifications during this audit period

SWOJC – Camera Upgrade

Within last few years a completed an overhaul of the Camera Surveillance Program took place at SWOJC. A new and more technologically advanced surveillance system was installed. The new system is digital and images can be enhanced for better viewing of these images. The system can retain camera images and recordings for up to three months according to SWOJC staff. In addition, very recently (2017) additional cameras were added to better cover blind spots. 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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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  
SWOJC – Memo of Understanding – Victim Advocate/SANE  
SWOJC – 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 Office of Public Integrity conducts administrative and criminal investigations at the SWOJC. This office has an MOU with the facility and the Tillman County Sheriff's Department outlining the investigation process while adhering to the National Protocol for Sexual Assault Forensic Examinations, Adults/Adolescents for the conduct of investigations. The SWOJC also has an MOU with the ACMI Crises Center for additional support services. The ACMI also maintains a crises hotline 24 hours a day. If forensic exams are necessary the Jackson County Hospital or Comanche County Hospital provides these exams at no cost to the victim.

### 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  
SWOJC – Referrals with Investigations  
OJA Public Website – Showing PREA Policy

NOTE: OPI conducts all investigations for OJA facilities.

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

### Standard 115.331 Employee training

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

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Compliance Documents  
P-03-20-01 - Prison Rape Elimination Act – Zero Tolerance Policy  
PREA Training Curriculum for Staff

The interviews with random staff revealed that staff are knowledgeable concerning PREA and have received the training as outlined by this standard and in fact had received it recently. The Superintendent also verified in memo format that all active staff have been trained in the PREA Curriculum and are current. All staff sign acknowledgement forms verifying their attendance at the training. All the training involved all components of the standard and was recalled by staff upon questioning. Many staff also mentioned in interviews that PREA is discussed regularly between staff.

### Standard 115.332 Volunteer and contractor training

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

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#### Compliance Documents

P-03-20-01 - Prison Rape Elimination Act – Zero Tolerance Policy  
PREA Guide Book – Volunteer’s, Contractor’s and Intern’s  
SWOJC – 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 SWOJC physician was trained in the NIC curriculum titled “PREA: Medical Healthcare for Sexual Assault Victims in Confinement Settings”. The Superintendent also supplied a written memo attesting that all staff had been trained in PREA and was current.

### 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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#### Compliance Documents

P-03-20-01 - Prison Rape Elimination Act – Zero Tolerance Policy  
SWOJC – Juvenile Orientation, PREA Acknowledgement &  
Risk Assessment  
PREA Juvenile Guide –English  
PREA Juvenile Guide – Spanish  
PREA Brochure – English  
PREA Brochure – Spanish  
PREA Posters – English

Resident interviews reveal that most residents could recall having received the PREA Education information including the PREA Video usually on the first day of arrival at SWOJC. The ones that could not recall were checked by the auditor (intake packets) to ensure they had been given the information and each that could not recall actually had been given the information as confirmed in the intake paperwork and signatures. The PREA related information is also available in the resident handbook and residents also noted that posters on walls spoke to the PREA Process as well. Posters were evident throughout the facility on the walkthrough and all residents were able to articulate the PREA process.

**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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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 auditor interviewed an OPI Investigator Supervisor while at another facility. . He spoke at length about how his office investigates allegations at OJA facilities and the training he had and his investigators had received. The investigator said the members of OPI have extensive training as police officers and investigators. The investigator Supervisor interviewed said he had an excellent grasp on the PREA process and was able to articulate that as well. Documentation provided also proved this standard.

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

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.

- Specialized Training Certificates with PREA Training
- SWOJC Medical Staff
  - SWOJC Mental Health Staff
  - Contract Doctors

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

**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  
 SWOJC – DRS-05 Form – Risk Assessment Done at Intake

The mental health staff at SWOJC conduct the initial intake as well as complete the risk assessments for each resident. This is normally done on the first day 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 fialry compehensive asking a variety of questions and the process also taking into account the past victimization, past evals, court reports etc in the whole screening process.

**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  
 SWOJC – 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.  
 SW30300.02 CMU – Solitary Confinement

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

Information from the resident’s risk assessment as well as other fact gathering processes is utilized to make programming, housing, education, and work assignments (if any). L,G,B,T, residents are not placed in programs etc. based solely on the basis of gender identification or status. Residents meeting the L G,B,T, criteria are given the opportunity to shower alone (all residents at the SWOJC shower alone). Additionally, any issues that this group would have with their programming and living arrangements would be given due consideration based on interviews with staff. The OJA does not use segregation or isolation for purposes of housing residents for who fit into the L,G,B,T 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 auditor did recommend clarifying the terms isolation and segregation in their policy and procedure statements as they were somewhat confusing.

### 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

Interviews with residents revealed their knowledge of the reporting processes in place at the SWOJC. They were aware of where the hotline numbers were located, how to access grievance paperwork, request to talk to the Superintendent etc. Residents also could articulate several people they could report to outside as well as inside the facility. A staff member could also assist the resident making an allegation by providing any tools available for helping the resident file a complaint. The OJA have at each facility an Advocate Defender who is placed there to respond to resident’s grievances or concerns. These staff are not employees of the facility.

### 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  
SW30100.02 – Grievance Procedure  
Juvenile Program Manual  
Note: During this audit period, SWJC has not had any resident file a grievance claiming sexual abuse.

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

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

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

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

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

Interviews with residents generally revealed that they are aware of the services available should that person need the services some could not recall but records show they were made aware at intake and the auditor reminded them that the info was posted throughout the facility that they all acknowledged. The information about these services are also included in the Program Handbook of which they had a copy. Most residents said they were aware of the services provided would remain confidential and that the services were free to them. Residents said they could also contact an attorney or their parents /guardian 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.**

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 residents and staff said in interviews they were aware of the third party reporting processes established by the OJA and everyone could articulate how that would happen and someone they could call or a process they could use.

**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

The OJA and SWOJC has established clear guidelines on how and to who to report allegations relating to PREA and that was articulated by staff and youth. Interviews with random staff including medical and mental health staff revealed their requirement to report any allegations of abuse or harassment. Everyone knew their requirements as mandatory reporters. Staff said they would report any allegation to their supervisors and follow the chain of command. These same interviews revealed staff knowledge of using the hotline to report allegations. The Superintendent said that if a resident is under the guardianship of the child welfare system his case worker is contacted as soon as possible and the same is true for any resident under the jurisdiction of the court system. A nice form is present that documents this contact. Parents unless prohibited by the court system are also contacted. The Superintendent said all allegations are reported to the Office of Public Integrity for investigative purposes. All staff at SWOJC took the process seriously and seemed to genuinely take the provisions under PREA to heart.

**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

SWOJC – Referral with Investigation

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

### 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

Investigation Report

Note: During this audit period, there has been No Occurrence at SWOJC where a resident has alleged sexual abuse while confined at another facility.

During the interview, the Superintendent and intake staff stated that if a resident was admitted to the SWOJC that revealed he had been sexually abused or harassed, the OPI would be informed immediately and the advocate general. The referral to OPI would occur "immediately" The SWOJC has not had a resident report prior abuse while at another facility during this audit cycle.

### 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

SWOJC – 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

The SWOJC has in place policy and procedure that outlines what the first responder is required to do. The checklist has all of the requirements of the standard in place to verify compliance with this standard. According to interviews with a first responder he was aware of and could articulate the plan of action during a first response if needed. There has not been a case where a sexual assault incident was encountered by staff needing meeting a first response scenario but staff stand ready to respond.

### 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

SW30400.02 PREA Procedure

SW30400.03 Staffing Plan

The written institutional plan for coordinating a response for a sexual assault is outlined in the SWOJC procedure. The Superintendent and first responders said there would be a coordinated response if an incident occurred and all components are in place for that to happen.

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

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

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

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

**Standard 115.367 Agency protection against retaliation**

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

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

Compliance Documents

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

Policy

SWOJC – Documentation of Monitoring for Retaliation

The interview with staff who monitor retaliation reveal that they will monitor a situation for as long as necessary including beyond the 90 day period identified in the standard. They said they look for changes of behavior, increase in discipline etc and if a staff member is involved moving that staff

member away from the affected resident (s). The policy also outlines the steps involved in monitoring retaliation. A form has been developed that effectively tracks the retaliation monitoring process and seems to be an effective tool for this purpose.

### 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.  
SWOJC does use Solitary Confinement as a last resort and for no longer than (3) hours.  
SWOJC Procedures: SW40300-46 Seclusion – Isolation  
SW30300-02 CMU - Solitary Confinement

The SWOJC does not utilize segregated confinement, or solitary for any residents involved in a PREA incident. The only time these types of confinement are utilized is when a resident is out of control and threatening to harm himself or others and then for no longer than three (3) hours. The auditor did recommend clarifying the language isolation/Segregation in policy and procedure as it is confusing.

### 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  
SWOJC – Referrals with Investigations  
Not Applicable – OPI conducts all investigations for OJA facilities

Staff at the SWOJC do not conduct PREA investigations. This task is the responsibility of the Office of Public Integrity. Allegations are forwarded to Advocate general/OPI as soon as possible after learning of the incident in question. The OPI Investigators have been through all required trainings including the OJA PREA Staff Training, the National Council of Crime and Delinquency PREA Investigators Training, and the National Institute of Corrections PREA Investigator’s Training. In addition to this the staff at the OPI are sworn law enforcement officers. The training curriculum complies with the standard. The Superintendent is kept informed of investigations and can also call to check up on the status if needed. Once an investigation is complete a report is generated and sent to the Superintendent. If an allegation is proven to be substantiated and is criminal in nature it is referred to the local prosecutor. Residents interviews also confirmed that a polygraph technology is not used at the facility for any reason.

### 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  
SWOJC – Referrals with Investigation

The OJA policy requires a preponderance of the evidence as its threshold for determining whether allegations are substantiated. The interview with the OPI Investigator Supervisor also confirmed the same. The pre-audit documentation supplied showed 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.**

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

The OJA and SWOJC policy include the standard's language for notifying residents of sexual abuse and other qualifying events identified in the standard. There is a nice form ( ISD-19-VN) that also tracks notifications in detail and is used with regularity.

### 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.**

Compliance Documents

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

SWOJC – Referral with Investigation

The OJA policies and administrative codes outline the process for disciplining employees including and up to discharge from duty. There has been a discharge of a staff in 2016 for caretaker misconduct. The policy outlines the process to moving to higher levels of discipline from previous events. Sexual misconduct and harrasment do not fall into this category and are grounds for immediate termination.

**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 SWOJC facility has had No Occurrence of a volunteer or contractor engaging in sexual abuse with a resident during this audit period.

The SWOJC has had No Occurrence of a volunteer or contractor removed from contact with the residents due to violations of PREA 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.**

Compliance Documents

PREA Guide Book for Juveniles

Juvenile Program Manual

SWOJC – Disciplinary Record for PREA Related Activity

SWOJC– 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 emotional status is reviewed to determine appropriate sanctions should an incident occur. There have been no residents disciplined at SWOJC for any incidents of sexual abuse or harassment.

**Standard 115.381 Medical and mental health screenings; history of sexual abuse**

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

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

Compliance Documents

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

SWOJC – DRS-05 Risk Assessment

ISD-40 Juvenile Intake Tracking Form

Initial Treatment Plan

If a medical/mental health screening indicates the resident has been a victim or perpetrator, a follow up meeting is offered to discuss the underlying issues of the resident's abusiveness or victimization. The treatment plan reviewed showed treatment directed at issues surrounding a history of abuse or perpatration is part of the ongoing treatment plan

Informed consent is not required for anyone under 18 but if a resident was over 18 then a signed consent form would be generated. Information gathered by medical/mental health staff is not shared except for those staff needing to know such as when developing a treatment plan or making a housing decision. All elements of the standard are included verbatim in the language of the policies.

**Standard 115.382 Access to emergency medical and mental health services**

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

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

Compliance Documents

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

SWOJC – 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 SWOJC where this has been necessary however, Interviews with medical staff revealed their knowledge about reporting abuse, providing sexually transmitted infections prophylaxis and ongoing preventitave education and that residents are not charged for accessing these services in the community. The medical and mental health staff also said they provide services consistent with or better than what is available in the community. Emergency Services are accessed through the local hospital ER.

**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

SWOJC – 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. Both medical and mental health staff state they provide appropriate services to youth on an ongoing basis for any victim or perpetrator. Residents are offered services such as sexually transmitted diseases testing and there is no cost for this or any other ongoing medical treatment for any consequences of being sexually abused or perpetrating sexual abuse. Medical and mental health staff provide services for the development of treatment planning as well as making referrals for further evaluation and treatment. The facility treatment plans are consistent with this ongoing 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.**

Compliance Documents

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

SWOJC – Completed Investigation

SWOJC - 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 facility has in place a Sexual Assault Incident Review Team assigned by position. The facility conducts a similar review after any major incident involving residents according to various staff interviewed. it does not have to be solely PREA for a incident review to occur; All of the factors identified in the standard are part of the review that is conducted and documented. The team includes the Superintendent, PREA Compliance Manager, Deputy Superintendents, and the Chief of Security and Medical staff., first responders etc.

### **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

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.**

Compliance Documents

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

PREA Audit Report

According to the interview with the PREA Coordinator she collects data from each of the agencies three (3) facilities relating to PREA occurrences. If needed, corrective action is taken if a deficiency is noted on ongoing issues.. This information is published on the agency’s website and was viewed by the auditor.

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

**AUDITOR CERTIFICATION**

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Bryan Bacon

09/29/17

Auditor Signature

Date