

# Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim       Final

Date of Report    September 8, 2021

## Auditor Information

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Company Name:    J&F Collaboration and Consulting, LLC.	
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Telephone:    720-371-2172	Date of Facility Visit:    July 22-23, 2021

## Agency Information

Name of Agency: Office of Juvenile Affairs – State of Oklahoma	Governing Authority or Parent Agency (If Applicable)		
Physical Address:    3812 N. Santa Fe, Suite #400	City, State, Zip:    Oklahoma City, OK 73118		
Mailing Address:    Same as above	City, State, Zip:		
Telephone:    405-530-2800	Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal

**Agency mission:**    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 delinquency.

**Agency Website with PREA Information:**    <https://oklahoma.gov/oja/prea.html>

## Agency Chief Executive Officer

Name:    Rachel Holt	Title:    Executive Director
Email:    Rachel.holt@oja.ok.gov	Telephone:    405-530-2800

## Agency-Wide PREA Coordinator

Name:    Cathy McLean	Title:    PREA Coordinator
Email:    cathy.mclean@oja.ok.gov	Telephone:    405-530-2877

<b>PREA Coordinator Reports to:</b> Deputy Director of Residential Placement Support Services, Carol Miller	<b>Number of Compliance Managers who report to the PREA Coordinator:</b> 2
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## Facility Information

**Name of Facility:** Central Oklahoma Juvenile Center

**Physical Address:** 700 S. 9th, Tecumseh, Oklahoma 74873

**Mailing Address (if different than above):** Click or tap here to enter text.

**Telephone Number:** 405-598-2135

<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Facility Type:</b>	<input type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input type="checkbox"/> Intake
			<input type="checkbox"/> Other

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

**Facility Website with PREA Information:** <https://oklahoma.gov/oja/prea.html>

**Is this facility accredited by any other organization?**  Yes  No

## Facility Administrator/Superintendent

<b>Name:</b> Darryl Fields	<b>Title:</b> Interim Superintendent
<b>Email:</b> Darryl.fields@oja.ok.gov	<b>Telephone:</b> 405-598-2135

## Facility PREA Compliance Manager

<b>Name:</b> Rayshel Longley	<b>Title:</b> APOII/PREA Compliance Manager
<b>Email:</b> rayshel.longley@oja.ok.gov	<b>Telephone:</b> 405-598-2135

## Facility Health Service Administrator

<b>Name:</b> Kyle Shirey	<b>Title:</b> Nursing Manager
<b>Email:</b> kyle.shirey@oja.ok.gov	<b>Telephone:</b> 405-598-2135

## Facility Characteristics

<b>Designated Facility Capacity:</b> 60	<b>Current Population of Facility:</b> 36
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Number of residents admitted to facility during the past 12 months		36
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:		36
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		36
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:		0
Age Range of Population:	15-18	
Average length of stay or time under supervision:		493 days
Facility Security Level:		Medium
Resident Custody Levels:		Delinquent and Youthful Offenders
Number of staff currently employed by the facility who may have contact with residents:		162
Number of staff hired by the facility during the past 12 months who may have contact with residents:		63
Number of contracts in the past 12 months for services with contractors who may have contact with residents:		4
<b>Physical Plant</b>		
Number of Buildings: Currently under construction		Number of Single Cell Housing Units: 0
Number of Multiple Occupancy Cell Housing Units:		0
Number of Open Bay/Dorm Housing Units:		3 that are currently operational
Number of Segregation Cells (Administrative and Disciplinary):		Not applicable
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):		
<p>The facility has video monitoring equipment with cameras installed strategically on the internal and external areas of the building. There are monitors in the control room as well as the offices of the superintendent and other facility administrators.</p>		
<b>Medical</b>		
Type of Medical Facility:		On-site Clinic
Forensic sexual assault medical exams are conducted at:		Women's Resource Center/Rape Crisis Center in Norman, Oklahoma
<b>Other</b>		
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:		75
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		3

## Audit Findings

### Audit Narrative

*The auditor’s description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor’s process for the site review.*

### **Introduction**

The Prison Rape Elimination Act (PREA) onsite audit of the Central Oklahoma Juvenile Center (COJC) was conducted on July 22-23, 2021. COJC is located at 700 S. 9<sup>th</sup>, Tecumseh, Oklahoma. The audit was conducted by Natasha Mitchell from Henderson, Colorado who is a U.S. Department of Justice Certified PREA Auditor for juvenile and adult facilities. The auditor conducted the audit as a single auditor with one (1) non-certified support staff member. The non-certified support staff member arranged the auditor travel plans, organized the audit documents, filled out the first three pages of the audit report, and reviewed the drafted report. The contract was signed between the Auditor and the Oklahoma Office of Juvenile Affairs (OJA) on May 26, 2021, and began communicating with the PREA Coordinator soon after. This is COJC’s third PREA audit since the implementation of the PREA standards.

### **Audit Methodology Pre-Onsite Audit Phase**

Prior to the onsite audit, the auditor-initiated discussions concerning the logistics for preparing for the onsite audit as well as the presence of the auditor onsite. Additional communication between the auditor and the PREA Coordinator continued up until the on-site audit.

### **Notice of Audit Posting**

The audit notices (English and Spanish) were forwarded to the PREA Coordinator on June 10, 2021. Pictures were forwarded to the auditor via email on July 8, 2021. The PREA Coordinator sent an email that said that the audit notices were posted throughout the facility on June 10, 2021. The audit notices were posted throughout the facility, in places visible to the residents and staff, including on housing units. Further verification of the placement of the notices was made through observation during the site review. The audit notices included a statement regarding confidentiality of resident and staff correspondence with the auditor. No correspondence was received during any phase of the audit.

The Pre-Audit Questionnaire and supporting documentation was received on May 20, 2021. The Pre-Audit Questionnaire has a completion date of April 28, 2021. The documentation was provided to the auditor through a secure portal that was established by an IT specialist who is associated with OJA. The auditor reviewed the Pre-Audit Questionnaire, policy, procedures, and supporting documentation in or around June 30, 2021. Using the Auditor Compliance Tool and Checklist of Documentation, the auditor’s initial analysis and review of the information determined there was no immediate need for additional information prior to the onsite audit.

### **Requests of Facility Lists**

COJC provided the following information for interview selections and document sampling:

Complete resident roster	A resident roster for all residents at COJC was provided for July 22, 2021.
Residents with disabilities	1
Residents who are Limited English Proficient (LEP)	0
LGBTQI residents	2

Residents in segregated housing	0
Residents in isolation	0
Residents who reported sexual abuse	3
Residents who reported sexual victimization during risk screening	0
<b>COJC Staff Rosters</b>	
Complete Staff roster	162
Specialized Staff	10
Contractors and volunteers who have contact with residents	67
All grievances/allegations made in the previous 12 months	0
All allegations of sexual abuse and sexual harassment reported for investigation in the previous 12 months	19
<b>External Contacts</b>	
The following external contacts were made:	
Advocacy and SAFE/SANE Programs	Women's Resource Center
Women's Resource Center	The auditor contacted the rape crisis center at 401-701-5660

### Research

- A google search for news articles shows there was one (1) report regarding the COJC juvenile facility during the previous 12 months and the reporting writing phase.
  - <https://www.news-star.com/story/news/2021/08/27/cojc-tecumseh-earns-high-scores-aca-reaccreditation-process/5605084001/>

### Oklahoma State Statute 43A-10-104v2

A. Any person having reasonable cause to believe that a vulnerable adult is suffering from abuse, neglect, or exploitation shall make a report as soon as the person is aware of the situation to:

1. The Department of Human Services; or
2. The municipal police department or sheriff's office in the county in which the suspected abuse, neglect, or exploitation occurred.

B. Persons required to make reports pursuant to this section shall include, but not be limited to:

1. Physicians;
2. Operators of emergency response vehicles and other medical professionals;
3. Social workers and mental health professionals;
4. Law enforcement officials;
5. Staff of domestic violence programs;

6. Long-term care facility personnel, including staff of nursing facilities, intermediate care facilities for persons with mental retardation, assisted living facilities, and residential care facilities;

7. Other health care professionals;

8. Persons entering into transactions with a caretaker or other person who has assumed the role of financial management for a vulnerable adult;

9. Staff of residential care facilities, group homes, or employment settings for individuals with developmental disabilities;

10. Job coaches, community service workers, and personal care assistants; and

11. Municipal employees.

C. 1. If the report is not made in writing in the first instance, as soon as possible after it is initially made by telephone or otherwise, the report shall be reduced to writing by the Department of Human Services, in accordance with rules promulgated by the Commission for Human Services, or the local municipal police or sheriff's department whichever entity received the initial report. The report shall contain the following information:

a. the name and address of the vulnerable adult,

b. the name and address of the caretaker, guardian, or person having power of attorney over the vulnerable adult's resources if any,

c. a description of the current location of the vulnerable adult,

d. a description of the current condition of the vulnerable adult, and

e. a description of the situation which may constitute abuse, neglect or exploitation of the vulnerable adult.

2. If federal law specifically prohibits the disclosure of any of the information required by this subsection, that information may be excluded from the report.

D. If the initial report is made to the local municipal police department or sheriff's office, such police department or sheriff's office shall notify, as soon as possible, the Department of Human Services of its investigation.

E. Any person who knowingly and willfully fails to promptly report any abuse, neglect, or exploitation as required by the provisions of subsection A of this section, upon conviction, shall be guilty of a misdemeanor punishable by imprisonment in the county jail for a term not exceeding one (1) year or by a fine of not more than One Thousand Dollars (\$1,000.00), or by both such fine and imprisonment.

F. 1. Any person participating in good faith and exercising due care in the making of a report pursuant to the provisions of this section shall have immunity from any civil or criminal liability that might otherwise be incurred or imposed. Any such participant shall have the same immunity with respect to participation in any judicial proceeding resulting from the report.

2. The same immunity from any civil or criminal liability shall also be extended to previous employers of a person employed to be responsible for the care of a vulnerable adult, who in good faith report to new employers or prospective employers of such caretaker any misconduct of the caretaker including, but not limited to, abuse, neglect or exploitation of a vulnerable adult, whether confirmed or not.

G. Any person who willfully or recklessly makes a false report shall be civilly liable for any actual damages suffered by the person being reported and for any punitive damages set by the court or jury which may be allowed in the discretion of the court or jury.

H. 1. Every physician or other health care professional making a report concerning the abuse, neglect or exploitation of a vulnerable adult, as required by this section, or examining a vulnerable adult to determine the likelihood of abuse, neglect or exploitation, and every hospital in which a vulnerable adult is examined or treated for abuse, neglect or exploitation shall disclose necessary health information related to the case and provide, upon request by either the Department of Human Services or the local municipal police or sheriff's department receiving the initial report, copies of the results or the records of the examination on which the report was based, and any other clinical notes, x-rays or photographs and other health information which is related to the case if:

a.the vulnerable adult agrees to the disclosure of the health information, or

b.the individual is unable to agree to the disclosure of health information because of incapacity; and

(1)the requesting party represents that the health information for which disclosure is sought is not intended to be used against the vulnerable adult in a criminal prosecution but to provide protective services pursuant to the Protective Services for Vulnerable Adults Act,

(2)the disclosure of the information is necessary to conduct an investigation into the alleged abuse, neglect or exploitation of the vulnerable adult subject to the investigation, and

(3)immediate enforcement activity that depends upon the disclosure:

(a)is necessary to protect the health, safety and welfare of the vulnerable adult because of incapacity, or

(b)would be materially and adversely affected by waiting until the vulnerable adult is able to agree to the disclosure.

2. If federal law specifically prohibits the disclosure of any of the information required by this subsection, that information may be excluded from the disclosed health information.

I. After investigating the report, either the county office of the Department of Human Services or the municipal police department or sheriff's office, as appropriate, shall forward its findings to the office of the district attorney in the county in which the suspected abuse, neglect, or exploitation occurred.

J. Any state or county medical examiner or physician who has reasonable cause to suspect that the death of any vulnerable adult may be the result of abuse or neglect as defined by Section 10-103 of this title shall make a report to the district attorney or other law enforcement official of the county in which the death occurred. The report shall include the name of the person making the report, the name of the deceased person, the facts or other evidence supporting such suspicion, and any other health information that may be of assistance to the district attorney in conducting an investigation into the matter.

K. No employer shall terminate the employment, prevent or impair the practice or occupation of or impose any other sanction on any employee solely for the reason that the employee made or caused to be made a report or cooperated with an investigation pursuant to the Protective Services for Vulnerable Adults Act. A court, in addition to other damages and remedies, may assess reasonable attorney fees against an employer who has been found to have violated the provisions of this subsection.

### **Onsite Audit Phase**

#### **Entrance Briefing**

An entrance briefing was held with the Superintendent, PREA Coordinator, Deputy Director of Residential Placement Support Services, Deputy Superintendent, Administrative Program Manager, Program Specialist, and Nurse Manager. Introductions were made, the agenda for the onsite audit was discussed and the auditor began the site review accompanied by the PREA Coordinator, PREA Compliance Manager, Deputy Supervisor and the Chief of Security.

#### **Site Review**

The auditor accessed and observed all areas of the facility that were not under construction or off-line due to construction. On the day of the site review there were major reconstruction projects taking place, with new structures being built and older structures being demolished. The auditor entered the facility through the main gate where master control operates. The auditor and the PREA Coordinator proceeded to the administration building and then proceeded to the intake building where the entrance meeting convened.

#### **Processes and areas observed**

During the on-site phase of the audit the facility did not admit any new residents. The auditor gathered information about the intake process through specialized staff and resident interviews. PREA audit notices and zero tolerance posters were posted and visible for the resident's to view, and the placement of cameras were observed. The auditor had full access to the facility and had the ability to observe resident movement, and school programming.

During the site review the staff explained the shower procedures and the auditor observed cross gender signs and heard the announcements.

#### **Specific area observations**

The intake building is a newly constructed building which houses office space, a conference room, medical clinic, and the Crisis Management Unit (CMU). During the site review the auditor accessed two (2) housing units which is an older building that will eventually be taken offline. Both housing units were open bay, one (1) dorm was being used at the time to house residents and the other dorm was off-line and the residents were moved to a newer unit. The new housing units are single cell and each room is equipped with a camera. The auditor also accessed the vocational and recreation building. The residents report when there are male staff supervising the showers three people can shower at a time; however, when the female staff are supervising one resident is allowed to shower at a time. The auditor observed prior to a female staff member entering the housing units, there is an opposite gender announcement. This practice seemed to be a normal routine and ingrained into the system.

The intake area for residents being admitted to the facility is completed in an area that is in separate area from the living units. The intake area provides adequate privacy to allow the residents to disclose as much personal information that they feel comfortable disclosing. The residents are searched behind a wood partition and the search is conducted by male staff. The search area has video cameras installed; however, the search area is obscured.



The auditor observed staff presence in every area the residents were programming. Adequate staff supervision and camera placements seem to mitigate blind spots.

**Interviews**

Staff and resident interviews were conducted in an office located in the administration building. The location provided privacy and was centrally located to minimize disruption to programming. Specialized staff were selected based on their respective duties in the facility. Ten (10) randomly selected staff from every shift and unit was interviewed using the random staff interview protocol. The resident population was at thirty (30) on the first day of the audit. The auditor interviewed ten (10) residents. There were two residents who identified as lesbian, gay, bisexual, transgender or intersex; only one of those residents were interviewed utilizing the LGBTQI protocols. At the time of the onsite audit there were no residents identified as limited English speaking, disabled; and no resident was in isolation or made a sexual abuse or sexual harassment allegation. During the auditors interviews with the residents a few of the residents disclosed that they witnessed staff-on-resident sexual misconduct. The auditor made the appropriate reports and had the ability to observe the facility response to sexual abuse and sexual harassment allegations.

<b>Interviews Protocols</b>	<b>Number of Interviews</b>
Agency Head	1
Superintendent	1
PREA Coordinator	1
PREA Compliance Manager	1
Medical Staff	1
Behavioral Health Staff	1
Intake Staff	1
Volunteer	1
Investigation Staff	2
Administrative (Human Resources) Staff	1
Intermediate or Higher-level Staff (Unannounced rounds)	2
SAFE and SANE	1
Staff who supervise residents in isolation	0
Staff on the Incident Review Team	2
Designated staff member charged with monitoring retaliation	1
Random sample of Staff	10
Random sample of Residents	5
Resident identified as lesbian, gay, bisexual, transgender or intersex	2
Resident who reported a sexual abuse	2
Resident with an identified disability or limited English speaking	1
Resident in isolation	0
Residents who disclosed prior sexual victimization during risk screening	0
<b>Total Number of Staff Interviews</b>	
	<b>27</b>
<b>Total Number of Resident Interviews</b>	
	<b>10</b>
<b>Total Number of Interviews</b>	
	<b>37</b>

## Exit Briefing

An exit briefing was conducted with the Superintendent, Deputy Superintendent, PREA Coordinator, PREA Compliance Manager, and the Program Specialist. The onsite audit as discussed. The auditor identified the standards that will need to be addressed to bring the facility into compliance. The standards included: 115.333 (10-day education and 115.341).

## Facility Characteristics

*The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.*

The Central Oklahoma Juvenile Center (COJC) is located in Tecumseh, Oklahoma approximately 40 miles from Oklahoma City, Oklahoma and approximately 20 miles from Norman, Oklahoma. The COJC was established in its present location and mission in 1996. While there is a rated capacity of 116 the OJA only house 70 residents at this location. Prior to the construction project there was a total of 20 buildings on site with one that is located outside the secure area. There are three (3) housing units being used at the present time. There is a school, gymnasium, swimming pool (indoor), and kitchen/dining area. There is a newly constructed building that houses the medical clinic, office space, intake, and the Crisis Management Unit (CMU). There is a control center that has a state of the art video surveillance system. The housing units have single occupancy cubicles for residents. The cubicles are down a single hallway with concrete walls separating each room. The cubicles have no doors. Staff are located at each end of the housing unit hallways during the second and third shifts. Bathrooms and showers are located in the housing units. Residents are allowed showers one at a time and are not in view of female staff. The Office of Juvenile Affairs (OJA) is a state agency entrusted by the people of Oklahoma to provide professional prevention, education, and treatment services as well as secure facilities for juveniles in order to promote public safety and reduce juvenile delinquency.

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

- Serve as the state planning and coordinating agency for statewide juvenile justice and delinquency prevention services;
- Provide court intake, probation, and parole for delinquent children;
- Engage in juvenile justice and delinquency prevention activities relating to the provisions of the Oklahoma Juvenile Code; and
- Collect and disseminate information. The Office of Juveniles Affairs, authorized by Oklahoma State Statute §10-7301-1.2, fulfills its mission through means that are fair and just, that:
- Recognize the unique characteristics and needs of juveniles;
- Give juveniles access to opportunities for personal and social growth;
- Maintain the integrity of substantive law prohibiting certain behavior and developing individual responsibility for lawful behavior;
- Provide a system for the rehabilitation and reintegration of juvenile delinquents into society;

- Preserve and strengthen family ties whenever possible, including improvement of home environment;
- Remove a juvenile from the custody of parents if the welfare and safety of the juvenile or the protection of the public would otherwise be endangered;
- Secure for any juvenile removed from the custody of parents the necessary treatment, care, guidance, and discipline to assist the juvenile in becoming a responsible and productive member of society; and
- Provide procedures through which the provisions of the law are executed and enforced and which will assure the parties fair hearings at which their rights as citizens are recognized and protected.

Oklahoma State Statute §10-7302-6.6 established OJA as the supervising agency for Central Oklahoma Juvenile Center which has the responsibility to provide treatment, care, guidance, discipline, education, rehabilitation, and reintegration planning services in the least restrictive manner possible for a population of male residents between the ages of 12-19. Juveniles must be in the custody of the Oklahoma Office of Juvenile Affairs, be adjudicated Delinquent or a Youthful Offender, and meet qualifications for placement in a medium secure facility.

COJC offers programs that comply with the standards established by the American Correctional Association and the Office of Juvenile Affairs (OJA). The programs have been created to stimulate a juvenile's personal growth and development. The benefits received are dependent on the juvenile's willingness to cooperate with staff and maintain appropriate behavior. The entire process begins with a juvenile's commitment to do their best while assigned to the facility.

## **PROGRAMMING**

### **Education**

To meet the diverse needs of juveniles in secure residential care, the facility will provide a comprehensive education program which will include academic, vocations, and special education components. Compulsory education laws will apply to all juveniles.

All eligible juveniles participate in a full schedule of educational programs year round. The school program is fully accredited by the State of Oklahoma Department of Education and any course work done while at the institution is officially recorded on the juvenile's permanent school transcript through the Oklahoma Youth Academy Charter School (OYAC).

### **Substance Abuse**

The substance abuse program provides for early identification and treatment of juveniles with substance abuse problems through standardized assessment tools, and for the clinical management of clinically dependent juveniles. Individualized treatment plans will be developed and will include the juvenile's chemical dependence needs. Pre-release relapse prevention education will be provided. The juvenile will be placed in a program that is designed for accountability and will provide counseling to help reintegrate the juvenile into the community.

### **Recreation**

Juveniles are assigned a minimum of 1 hour of physical conditioning activity each day if medically approved. Juveniles are assigned a minimum of 1 hour of structured leisure time activities each day. It is mandatory that each juvenile participate in all required treatment activities including recreational and leisure activities. Full participation includes being physically involved in the activity and verbally supporting other participants in a positive manner.

## Religious Services

Juveniles will be afforded the opportunity to attend Religious Services on a voluntary basis. If there is a need for a religious service that is not presently available at the institution, the juvenile can contact the Unit Coordinator/Manager and/or Volunteer Services Specialist.

## Problematic Sexual Behavior Treatment Program

Comprehensive, systemic, and specialized intervention for juveniles adjudicated for sexual offenses is essential to minimize recidivism. The approach is cognitive-behavioral and abuse specific treatment which includes educational interventions; an extensive set of tasks and assignments; along with individual, group, and family counseling. During cognitive-behavioral treatment, juveniles are taught about the laws regarding sexual behavior, thinking errors, defense mechanisms, emotions, the sexual abuse/assault cycle, high risk factors, and techniques for relapse prevention.

## Youthful Offender Program

The purpose of the Youthful Offender Act is to ensure public safety by holding youth accountable for the commission of serious crimes, while affording court methods of rehabilitation for those youths the court determine, at their discretion, may be amenable to such methods. It is the further purpose of the Youthful Offender Act to allow those youthful offenders, whom courts find to be amenable to rehabilitation by methods prescribed in the Youthful Offender Act to be placed in the custody or under the supervision of the Office of Juvenile Affairs for the purpose of assessing the rehabilitative programs provided by OJA.

## PROGRAM PHASE SYSTEM

Within one week of admission to the program, an initial treatment plan is formulated for each juvenile. Within 30 days of admission, a detailed Individual Treatment Plan (ITP) is developed by the Unit Treatment Team (UT), juvenile, Juvenile Service Unit (JSU) worker, and family. The plan is then formalized by a joint treatment planning conference involving the UTT, JSU worker, and family. The UTT and JSU worker will review each juvenile's treatment plan and progress monthly. The staff will utilize all progress notes, task and competency accomplishments, MAP scales, and written and verbal reports as tools during this process. Treatment plan modifications are developed as any issues, problems or goals arise.

The program consists of 5 phases: orientation, awareness, practice, leadership, and community. Length of time on each phase varies as a function of level of program restrictions, the juvenile's rate of progress, number and difficulty of tasks completed, and juvenile's effort.

## Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

**Auditor Note:** No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

**Number of Standards Exceeded:** 0

**Number of Standards Met:** 43

**Number of Standards Not Met:** 0

**Summary of Corrective Action (if any)**

**PREVENTION PLANNING**

**Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

**All Yes/No Questions Must Be Answered by The Auditor to Complete the Report**

**115.311 (a)**

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?  Yes  No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?  Yes  No

**115.311 (b)**

- Has the agency employed or designated an agency wide PREA Coordinator?  Yes  No
- Is the PREA Coordinator position in the upper level of the agency hierarchy?  Yes  No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?  Yes  No

**115.311 (c)**

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)  Yes  No  NA

- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)  
 Yes    No    NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- Facility PAQ
- Prison Rape Elimination Act-Zero Tolerance Policy
- OJA-Agency Organizational Chart
- RPSS Organizational Chart
- COJC-Facility Organizational Chart

*115.311(a)-1 The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract.*

The Office of Juvenile Affairs (OJA) has a **ZERO-TOLERANCE** toward all forms of sexual abuse and sexual harassment. OJA will take appropriate action to prevent, detect, and respond to all forms of sexual abuse and sexual harassment in compliance with the Prison Rape Elimination Act (PREA) of 2003.

*115.311(a)-2 The facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.*

**PREA Compliance Manager** - Facility staff member designated to coordinate the facility's efforts to comply with the PREA standards. Serves as a liaison with the agency PREA Coordinator.

*115.311(b)-1 The agency employs or designates an upper-level, agency-wide PREA coordinator.*

**PREA Coordinator** - A full time upper-level, agency-wide position that has the responsibilities of developing, implementing, and overseeing the agency's compliance with the PREA Standards.

#### Interviews:

- Superintendent
- PREA Coordinator
- PREA Compliance Manager

OJA has designated a PREA Coordinator who indicated during her interview that she has sufficient time to fulfill her duties and has the necessary authority to oversee the facilities compliance. She indicated the PREA Compliance Manager for COJC is designated as the person responsible for PREA, ACA, and state regulations. The PREA Coordinator does not have supervisor responsibilities over the PREA Compliance Manager; however, she has developed a partnership with the PREA Compliance Manager as well as the Superintendent. She stated she maintains ongoing communication with the PREA Compliance Manager and has ongoing communication with the two (2) PREA Compliance Managers that she is responsible for. The PREA Compliance Manager stated she feels comfortable reaching out to the PREA Coordinator via email and telephone. She said she always makes herself available and is always willing to provide oversight and assistance.

The COJC PREA Compliance Manager is new to her position but she reports that she has sufficient time to oversee the facility's compliance with the standards and appreciates the guidance and support that she receives from the PREA Coordinator. On the facility organizational chart the PREA Compliance Manager is identified as the APO-II. She explains she oversees compliance with a variety of standards that COJC has to comply with.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is in compliance with this standard requiring a zero-tolerance policy toward sexual abuse and sexual harassment and the designation of a PREA Coordinator and PREA Compliance Manager. No corrective action is required.

## Standard 115.312: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.312 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)  Yes  No  NA

### 115.312 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documents Reviewed:

- Facility PAQ
- Community Placement Contracts

#### Interviews:

- PREA Coordinator

SWOCJ and COJC are both all-male facilities that serve juveniles who are committed to OJA. The youth are adjudicated as juvenile offenders or youthful offenders. OJA also serves the State of Oklahoma's female population; however, the female juveniles are placed in community programs throughout the state. The auditor reviewed the contract language for two providers; one provides services for seven (7) OJA female juveniles and the other contract provides services to sixteen (16) OJA male juveniles.

Contract providers are required to have achieved accreditation or be actively seeking accreditation from the American Correctional Association. The contract providers are also required to comply with all state licensing standards as well as the terms of the contract. The community placement contracts give OJA the authority to inspect, investigate, or otherwise evaluate the services performed under the contract.

Additionally, the contract providers shall comply with the abuse and neglect reporting requirements. The providers are required to report suspected or actual child abuse or neglect. The contractor shall immediately notify the OJA Advocate General of child abuse and neglect incidents. Their failure to report and/or cooperate in investigations of suspected or actual child abuse or neglect may result in immediate cancellation of the contract at the sole discretion of OJA.

#### Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the agency is in compliance with this standard regarding contracting with other entities for the confinement of residents.

## Standard 115.313: Supervision and monitoring



## All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.313 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  Yes  No
- Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  Yes  No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?  Yes  No

- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?  Yes  No

#### 115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?  Yes  No
- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.)  Yes  No  NA

#### 115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)  Yes  No  NA
- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)  Yes  No  NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)  Yes  No  NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)  Yes  No  NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?  Yes  No

#### 115.313 (d)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?  Yes  No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?  Yes  No

### 115.313 (e)

- Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)  Yes  No  NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)  Yes  No  NA
- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- Facility PAQ
- Prison Rape Elimination Act-Zero Tolerance Policy
- PREA Procedure with Staffing Plan
- Security and Control Policy
- Documentation of Unannounced Rounds on All Shifts

#### Documentation Reviewed During Onsite Phase of Audit

*115.313(a)-1 The agency requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against abuse.*

The agency shall ensure that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration:

- (1) Generally accepted juvenile detention and correctional/secure residential practices;
- (2) Any judicial findings of inadequacy;
- (3) Any findings of inadequacy from Federal investigative agencies;
- (4) Any findings of inadequacy from internal or external oversight bodies;
- (5) All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated);
- (6) The composition of the resident population;
- (7) The number and placement of supervisory staff;
- (8) Institution programs occurring on a particular shift;
- (9) Any applicable State or local laws, regulations, or standards;
- (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- (11) Any other relevant factors.

*115.313(c)-1 The facility is obligated by law, regulation, or judicial consent decree to maintain staffing ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours.*

Each secure juvenile facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only security staff shall be included in these ratios. Any facility that, as of the date of publication of this final rule, is not already obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph shall have until October 1, 2017, to achieve compliance.

*115.313(e)-1 The facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment.*

Each secure facility shall implement a policy and practice of having intermediate-level or higher level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such policy and practice shall be implemented for night shifts as well as day shifts. Each secure facility shall have a policy to prohibit staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility.

Interviews:

- PREA Coordinator
- PREA Compliance Manager
- Intermediate or Higher-Level Facility Staff

The facility has developed a staffing plan that takes into account the number of residents and their programming activities throughout the day. The average daily number of residents has been fifty-eight (58) and the average daily number of residents on which the staffing plan was predicated is thirty (30). The PREA Coordinator, PREA Compliance Manager, and Superintendent confirmed that the facility

developed a staffing plan that took into consideration the staffing levels to protect residents against sexual abuse. The facility video monitoring system and the placement of the cameras are documented staffing plan. The Superintendent stated the facility is adequately staffed to meet the staffing ratios. He said when there is a need to provide overtime that is a result of staff going on vacation, call-offs, and trainings. The PREA Compliance Manager confirmed that all aspects of this provision of the standard are considered when assessing adequate staffing levels and the need for video monitoring.

COJC will maintain a minimum ratio of one (1) staff to every eight (8) resident during awake hours and one (1) staff to every twelve (12) resident during sleeping hours.

The PREA Coordinator as well as the Superintendent indicated COJC does not deviate from their established staffing plans except in exigent circumstances (i.e., call-offs). In such a case, the facility would enlist support from volunteer staff or select a staff member from the mandatory list. A deviation would be temporarily and would never extend an entire day.

Documentation provided to the auditor indicates the facility has one hundred sixty-two (162) employees that have contact with the residents and has the necessary certification to provide direct care services.

Documentation was reviewed during the audit that demonstrated the intermediate-level and higher-level staff consistently conduct unannounced rounds, which is documented at "WT" (walk through). A review of the Visitor Log demonstrated that the unannounced rounds are in compliance with the PREA standards and occur frequently and at variable times. The auditor was able to verify that the unannounced rounds occur frequently without warning.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding supervision and monitoring. No corrective action required.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.315 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?  
 Yes  No

### 115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?  Yes  No  NA

### 115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No

- Does the facility document all cross-gender pat-down searches?  Yes  No

#### 115.315 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?  Yes  No
- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)  Yes  No  NA

#### 115.315 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?  Yes  No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?  Yes  No

#### 115.315 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- Facility PAQ
- Prison Rape Elimination Act-Zero Tolerance Policy
- Search Policy
- Pat Down Search Log
- Disrobement Search
- Cavity Search
- Security and Control Policy
- Cross-Gender Supervision Announcement Posters
- Female Presence Posters
- Reception, Classification and Transfer-Admission Policy
- Cross-Gender Search Training Curriculum

*115.315(a)-1 The facility conducts cross-gender strip or cross-gender visual body cavity searches of residents.*

The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.

*115.315(d)-1 The facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera).*

The facility shall implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering a resident housing unit. In facilities (such as group homes) that do not contain discrete housing units, staff of the opposite gender shall be required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.

115.315(d)-2 F. Staff of the opposite gender must announce their presence when entering a resident housing unit or any area where residents are likely to be showering, performing bodily functions, or changing clothing.

The facility shall implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering a resident housing unit. In facilities (such as group homes) that do not contain discrete housing units, staff of the opposite gender shall be required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.

115.315(e)-1 The facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.

The facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversation with the resident, by viewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

Interviews:

- Superintendent
- PREA Coordinator
- Random Staff
- Resident who identifies as LGBTQI
- Random Residents

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is compliant with this standard regarding limits to cross-gender viewing and searches. No corrective action is required.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.316 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect,



and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?  Yes  No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)  Yes  No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision?  Yes  No

#### 115.316 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?  Yes  No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  
 Yes  No

### 115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?  
 Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- Facility PAQ
- Prison Rape Elimination Act (PREA)-Zero Tolerance Policy
- Reception, Classification, and Transfers-Admissions Policy
- Juvenile's PREA Guide (English and Spanish)
- PREA Posters (English and Spanish)
- Intake Orientation, PREA Acknowledgement and Risk Assessment
- Interpreter's List

*115.316(a)-1 The agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.*

The agency shall take appropriate steps to ensure that residents with disabilities (including for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or

through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take action that it can demonstrate who result in a fundamental alteration in the nature of service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.

Interviews:

- Superintendent
- Random Staff
- Random Resident

According to the PAQ and interviews with the Superintendent, PREA Coordinator, and PREA Compliance Manager state OJA has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

According to the PAQ, the facility did not have any instances where resident interpreters, readers, or other types of resident assistants have been used in the 12 months preceding the audit. Staff interviews confirmed there are COJC employees who are bilingual who have in the past provided translation and interpretation services. During staff interviews the staff indicated the facility has not used a resident interpreter, resident reader, or any other type of resident assistance to communicate any aspect of the facility operations or programming. The staff stated they would not use a resident to provide translation or interpretation services, especially when the information being communicated is related to sexual abuse or sexual harassment.

Has two (2) staff members who are identified as Spanish speaking and would be willing to provide translation and interpretation services.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding residents with disabilities and residents who are limited English Proficient. No corrective action is required.

## Standard 115.317: Hiring and promotion decisions

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.317 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the

community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

#### 115.317 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?  Yes  No

#### 115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check?  Yes  No
- Before hiring new employees, who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?  Yes  No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?  Yes  No

#### 115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?  Yes  No
- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?  Yes  No

### 115.317 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?  Yes  No

### 115.317 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  Yes  No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?  Yes  No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

### 115.317 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?  Yes  No

### 115.317 (h)

- Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Facility PAQ
- Prison Rape Elimination Act (PREA)-Zero Tolerance Policy
- Recruitment and Selection Policy
- Employment Application
- Pre-Hire Checklist
- New Employee Background Check
- OSBI Rap Back Notification
- Employment Verification Documents

*115.317(a)-1 Agency policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who—*  
*(1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);*  
*(2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or*  
*(3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.*

The Department of Juvenile Services shall establish operating procedures to ensure compliance with the federal Prison Rape Elimination Act (PREA), Juvenile Facility Standards. The Department of Juvenile Services shall employ or designate an upper-level, agency-wide PREA Coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards and shall designate PREA compliance managers to coordinate efforts to comply with PREA in all of its facilities.

The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who-

- (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);
- (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
- (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

*115.317(b)-1 Agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.*

The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

*115.317(c)-1 Agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks, (b) consults any child abuse registry maintained by the State or locality in which the employee would work; and (c) consistent with Federal, State, and local law, makes its best efforts to contact all prior institutional employers for information on*

*substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.*

Before hiring new employees who may have contact with residents, the agency shall:

- (1) Perform a criminal background records check;
- (2) Consult any child abuse registry maintained by the State or locality in which the employee would work; and
- (3) Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

*115.317(d)-1 Agency policy requires that a criminal background records check be completed, and applicable child abuse registries consulted before enlisting the services of any contractor who may have contact with residents.*

The agency shall also perform a criminal background records check, and consult applicable child abuse registries, before enlisting the services of any contractor who may have contact with residents.

*115.317(e)-1 Agency policy requires that either criminal background records checks be conducted at least every five years of current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees.*

The agency shall either conduct criminal background records checks at least five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees.

*115.317(g)-1 Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.*

Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Interviews:

- PREA Coordinator
- Human Resources/Background Clearance Staff
- Random Staff

The auditor was informed that applicants have to answer approximately four (4) questions those questions ask about the applicant's history related to allegations of sexual abuse and sexual harassment. The auditor was informed that current employees are periodically asked the same questions about misconduct. The HR representative stated the facility asks all applicants and employees about previous misconduct in written applications for hiring and promotions and in written self-evaluations conducted as part of an annual review for current employees.

Additionally, the HR representative indicated COJC employees fall under the current Oklahoma law which flags all State of Oklahoma employees. Anytime an employee is arrested, charged or summoned for any criminal offense the human resource representative will be contacted by the Wrap back unit. She indicated in those instances that an employee has encountered legal troubles; Wrap back has made notification to the facility before the employee has had an opportunity. All of the COJC employees

have an affirmative duty to self-report all disqualifying offenses within 24-hours of the arrest. When an employee fails to disclose there could disciplinary action up to and including termination.

The HR representative confirmed the department considers prior incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with the residents.

The HR representative confirmed the department performs criminal background record checks and considers pertinent civil or administrative adjudications for all newly hired employees and contractors who may have contact with the residents and all employees, who may have contact with residents. The HR representative also confirmed that the background check is conducted by the Oklahoma State Bureau of Investigation (OSBI). The applicant will go through a pre-physical and drug test, and then complete medical screen. While at the facility for the medical screen the applicant will provide the facility fingerprints. The background check also includes a check of the Joshua's list. Joshua's list is the online child care restricted registry, which is the online database of individuals restricted from working or residing in a child care facility. Individuals on the list have confirmed cases of abuse or neglect in a child care facility, a revocation or denial of a facility license, or a specified criminal history.

The HR representative confirmed OJA has the authority to provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee but the request must be processed through the Human Resource department.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding hiring and promotion decisions. No corrective action is required.

## Standard 115.318: Upgrades to facilities and technologies

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.318 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes  No  NA

#### 115.318 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring



technology since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documents Reviewed:

- Facility PAQ
- Prison Rape Elimination Act (PREA)-Zero Tolerance Policy

When designing or acquiring new facilities and in planning any substantial expansion or modification of existing facilities, OJA shall consider the effect of the design, acquisition, expansion, or modification upon OJA's ability to protect juveniles from sexual abuse.

When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, OJA shall consider how such technology may enhance OJA's ability to protect juveniles from sexual abuse.

#### Interviews:

- Superintendent

During the interview with the Director of Residential Support Services she indicated when acquiring a redesigning or rehabbing the facilities OJA will consider the floor plan. OJA is currently remodeling COJC and the agency contracted with someone who understands the ACA standards and modern correctional designs. The new build has large windows to allow natural lighting and other secure structures. As the structures are being built cameras are being installed to mitigate blindspots and enhance security. The residential units are designed with single cells. The plan is for all juveniles committed to OJA to receive services at COJC. COJC will be repurposed; however, it has not been determined how the facility will be utilized or what services will be provided.

COJC has a modern video monitoring system with cameras strategically installed within the facility and on the exterior areas of the buildings. The cameras are monitored in master control. The Superintendent has designated administrator level employees with access to the camera system to review video footage as needed.

#### Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is in compliance with this standard regarding upgrades to facilities and technologies. No corrective action is required.

## RESPONSIVE PLANNING

### Standard 115.321: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.321 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  
 Yes    No    NA

#### 115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes    No    NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes    No    NA

#### 115.321 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?  Yes    No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes    No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes    No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes    No

### 115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?  Yes  No
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

### 115.321 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?  Yes  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

### 115.321 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  No  NA

### 115.321 (g)

- Auditor is not required to audit this provision.

### 115.321 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Documentation Reviewed:

- Facility PAQ
- Prison Rape Elimination Act (PREA)-Zero Tolerance Policy
- Sexual Assault Procedure
- A National Protocol for Sexual Assault Medical Forensic Examinations (Second Edition)
- Office of Public Integrity (OPI)-Investigators-Training Verification
- Office of Public Integrity (OPI)-Memo of Understanding-Conducting Investigations for OJA
- Memo of Understanding-Victim Advocate/SANE

*115.321(a)-1 The agency/facility is responsible for conducting administrative or criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct).*

To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecution.

*115.321(c)-1 The facility offers to all residents who experience sexual abuse access to forensic medical examinations.*

The agency shall offer all residents who experience sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document if efforts to provide SAFEs or SANEs.

*115.321(d)-1 The facility attempts to make a victim advocate from a rape crisis center available to the victim, in person or by other means.*

The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.

*115.321(e)-1 If requested by the victim, a victim advocate, or qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.*

As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

*115.321(f)-1 If the agency is not responsible for investigating administrative or criminal allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs §115.321 (a) through (e) of the standards. Check NA if the agency/facility is responsible for administrative and criminal investigations.*

To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section.

Interviews:

- SANE Staff
- Random Staff

The Office of Public Integrity (OPI) is the agency responsible for conducting administrative and criminal investigations for all OJA facilities. All investigations conducted by the OPI would be conducted according to standard investigatory protocols. The OPI investigator has the authority to refer criminal allegations for prosecution; and all OJA employees are expected to fully cooperate with administrative, and criminal investigations and prosecutions.

The PAQ provided to the auditor, indicated there were zero (0) allegations of sexual abuse that required a forensic examination or the services of an advocate for emotional support in the past 12 months. COJC has medical staff and a medical clinic onsite. All residents residing at COJC would be transported to the Jackson County Memorial Hospital in Altus, Oklahoma for a forensic examination. Jackson Memorial has trained SANE nurses on staff but in any instance that a nurse is not on shift an on-call SANE nurse would be called to conduct the exam. Additionally, the Jackson County Memorial Hospital would provide testing, STD Prophylaxis and options as medically determined. The facility medical personnel are qualified to provide testing, administer STD Prophylaxis, and provide additional follow-up medical care as prescribed per discharge orders.

COJC would contact the ACMI House to access sexual abuse support services for the residents. The ACMI House is located in Altus, Oklahoma and in any instance that a COJC resident request an advocate ACMI has trained advocates.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding evidence protocol and forensic medical examinations. No corrective action is required.

## Standard 115.322: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.322 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?  Yes  No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?  Yes  No

### 115.322 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?  Yes  No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- Does the agency document all such referrals?  Yes  No

### 115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).]  
 Yes  No  NA

### 115.322 (d)

- Auditor is not required to audit this provision.

### 115.322 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Documentation Reviewed:

- Facility PAQ
- Prison Rape Elimination Act (PREA)-Zero Tolerance Policy
- Office of Public Integrity (OPI)-Investigators-Training Verification
- Office of Public Integrity (OPI)-Memo of Understanding-Conducting Investigations OJA
- Referrals for Investigations

*115.322(a)-1 The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.*

The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

*115.322(b)-1 The agency has a policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior.*

The agency shall have in place a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The agency shall publish such policy on its website, if it does not have one, make the policy available through other means. The agency shall document all such referrals.

### Interviews:

- Superintendent
- Investigative Staff
- PREA Coordinator

According to the policy all allegations of sexual misconduct will be taken seriously and investigated thoroughly by trained administrative and criminal investigator. The OPI would investigate allegations involving abuse and neglect, as well as allegation with a criminal component. The Caretake Conduct Review (CCR) would work collaboratively with the PREA Compliance Manager and the PREA Coordinator to conduct the facility level administrative investigations. Such an investigation would involve determining if there was a policy or rule violation involving staff member. Investigations will be conducted in a timely manner and administrative investigators shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. A report made to the agency or any facility staff member would be documented on an incident report and the OPI would be notified to initiate a screening to determine an appropriate investigation (state or facility level). The OPI unit is intended to provide the most effective and efficient investigation and to ensure a department that is independent of OJA/SWOCJ conduct an investigation.

The facility PAQ reports there were nine (9) sexual abuse and/or sexual harassment allegations in the past 12 months. Five (5) allegations alleged a staff member engaged in non-contact sexual misconduct, two (2) allegations of staff-on-resident sexual harassment, one (1) allegation of resident-on-resident sexual misconduct, and two (2) allegations of resident-on-resident sexual harassment.

The agency website has information that informs the public about the different methods for reporting allegations of abuse. The website states, "The Office of Juvenile Affairs (OJA) is committed to protecting the resident's right to be safe from sexual abuse and sexual harassment in our facilities." Interviews with administrators, specialized and direct care staff confirmed that they were knowledgeable of reporting requirements and procedures and everyone acknowledged they are mandated reporters.

The PREA Coordinator explained that COJC experienced an increase in PREA allegations in the months leading up to the audit. There was concern that the residents were attempting to get staff members in trouble, which would result in their removal from the unit. The PREA Coordinator implemented a reporting form as an alternative reporting method. The form included types of PREA violations as well as the PREA definitions. With the implementation of the form the residents received a message that if it was found that they were making false allegations they would receive a major rule violation. It is the auditor's opinion that the residents at COJC were concerned that they would not be believed and their reports would be treated as a false allegation. It is this auditor's opinion that a reintroduction of the form as well as a robust PREA education program will create a sexually safe environment where the resident will feel comfortable reporting, they will better understand what behaviors are prohibited, and trust the reporting process.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding policies to ensure referrals of allegations for investigations. No corrective action is required.

## TRAINING AND EDUCATION

### Standard 115.331: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.331 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment  Yes  No



- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?  Yes  No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No
- Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?  Yes  No

#### 115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities?  Yes  No
- Is such training tailored to the gender of the residents at the employee's facility?  Yes  No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?  Yes  No

#### 115.331 (c)

- Have all current employees who may have contact with residents received such training?  Yes  No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  Yes  No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  Yes  No

### 115.331 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- Facility PAQ
- Prison Rape Elimination Act (PREA)-Zero Tolerance Policy
- PREA Training Curriculum for Staff
- PREA Guide Book for Staff
- Staff Training Rosters

*115.331(a)-1 The agency trains all employees who may have contact with residents in the following matters (check all that apply and indicate where in training curriculum this information is covered):*

The agency shall train all employees who may have contact with residents on:

- (1) Its zero-tolerance policy for sexual abuse and sexual harassment;
- (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- (3) Resident's right to be free from sexual abuse and sexual harassment;
- (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- (5) The dynamics of sexual abuse and sexual harassment in juvenile facilities;
- (6) The common reactions of juvenile victims of sexual abuse and sexual harassment;
- (7) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents;
- (8) How to avoid inappropriate relationships with residents;
- (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and
- (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;

(11) Relevant laws regarding the applicable age of consent.

*115.331(b)-1 Training is tailored to the unique needs and attributes and gender of the residents at the facility.*

Such training shall be tailored to the unique need and attributes of residents of juvenile facilities and to the gender of the residents at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa.

*115.331(d)-1 The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.*

*The agency shall document, through employee signature or electronic verification, that employees understand the training they have received.*

Interviews:

- PREA Coordinator
- Specialized Staff
- Random Staff

All OJA/COJC new employees receive orientation training before undertaking their assignments. The PREA Coordinator, PREA Compliance Manager, the facility trainers are responsible for delivering the training for all full-time, part-time, and contract professionals. The training includes PREA classroom training which includes reviewing the PREA policy, reporting and investigating child abuse and neglect, preventing, and identifying sexual abuse and sexual harassment.

Per the agency policy the refresher training is provided every two years; however, the during staff interviews they indicated they receive ongoing refresher trainings throughout the year. The auditor reviewed the training curriculums and determined each module was adequately covered. The PREA curriculum is designed to provide an overview of the PREA standards, describe how PREA compliance will prevent incidents of sexual abuse at OJA facilities.

The auditor received and reviewed signed training acknowledgment forms, which demonstrated the staff received training during the 2020 and 2021 calendar year.

During staff interviews the staff were fluent in explaining how they would make a report if they received a disclosure, their first responder duties, and how to secure the scene when there is a sexual abuse allegation that requires the collection of evidence.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with the standard regarding employee training. No corrective action is required.

## **Standard 115.332: Volunteer and contractor training**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.332 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?  Yes  No

### 115.332 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?  Yes  No

### 115.332 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- Facility PAQ
- Prison Rape Elimination Act (PREA)-Zero Tolerance Policy
- PREA Guide Book-Volunteers, Contractors, and Interns

*115.332(a)-1 All volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.*

The agency shall ensure that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detections, and response policies and procedures.

Interviews:

- Contract Staff (Medical)
- Volunteer (Chaplain Assistant)

Contractors and volunteers are required to complete PREA training for those that have direct access with residents. A review of the training curriculum indicated contractors receive training that instructs them about the zero tolerance policy, prohibited behavior, and reporting requirements. The PAQ for COJC indicates the facility has sixty-seven (67) volunteers and contractors who can access the facility to provide services to the residents.

An interview with a facility contract provider and a volunteer indicated they received PREA training. The contractor as well as the volunteer who participated in an interview was able to describe what to look for to prevent sexual abuse and sexual harassment and how to make a report when there is a disclosure. They were clear about their professional boundaries and how to assess the boundaries of others.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding volunteer and contractor training. No corrective action is required.

## Standard 115.333: Resident education

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.333 (a)

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No
- Is this information presented in an age-appropriate fashion?  Yes  No

#### 115.333 (b)

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?  Yes  No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?  Yes  No

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?  Yes  No

#### 115.333 (c)

- Have all residents received such education?  Yes  No
- Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?  
 Yes  No

#### 115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?  Yes  No

#### 115.333 (e)

- Does the agency maintain documentation of resident participation in these education sessions?  
 Yes  No

#### 115.333 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Documentation Reviewed:

- Facility PAQ
- Prison Rape Elimination Act (PREA)-Zero Tolerance Policy
- Juvenile Orientation, PREA Acknowledgment & Risk Assessment
- PREA Juvenile Guide (English and Spanish)
- PREA Brochure (English and Spanish)

*115.333(a)-1 Residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment.*

During the intake process, residents shall receive information explaining, in age appropriate fashion, the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

*115.333(b)-1 The number of residents admitted in the past 12 months who received comprehensive age-appropriate education on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents within 10 days of intake:*

Within 10 days of intake, the agency shall provide comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

*115.333 (e)-1 The agency maintains documentation of resident participation in PREA education sessions.*

The agency shall maintain documentation of resident participation in these education sessions.

### Interviews:

- Random Staff
- Residents

Every resident will receive PREA training during the admission process. Resident interviews demonstrated the residents received PREA information during the intake process and the information is delivered within an hour of their arrival to the facility. The policy states the residents shall receive information explaining, "OJA's zero-tolerance policy regarding sexual and sexual harassment and how to report incidents or suspicions of sexual abuse and sexual harassment." The residents explained that they during their intake process they receive PREA information and sign an acknowledgement form.

The auditor received documentation to demonstrate COJC is in compliance with the 10 education requirements. The auditor was unsure about the facilities compliance with the 10-day education requirement, which was based on the resident's interviews. During the report writing phase, the facility was asked to provide additional PREA information to all of the residents who were residing in the facility at the time. Once the education was completed the residents needed to sign the updated acknowledgment form, which was modified to include a signature section for the 10-day education.

The facility PAQ indicates the facility admitted thirty-six (36) residents who received PREA information upon intake. The information is delivered to the resident through verbal communication and a brochure, and upon receiving the information the resident will sign the Acknowledgement of Orientation Material form, which will be placed in the resident's facility file. The PREA Coordinator provided the auditor with documentation which demonstrated that the residents receive PREA information during the intake process and ongoing education while they reside at the facility.

COJC had zero tolerance posters and information about the different reporting methods posted throughout the facility. The posters were visible to the auditor on each of the housing units near the programming areas. Resident interviews confirmed that the PREA posters and information is always posted throughout the facility and they review the information during their ongoing education sessions.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding resident education. No corrective action is required.

## Standard 115.334: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.334 (a)

- In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA

### 115.334 (b)

- Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA



- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA

#### 115.334 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA

#### 115.334 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- Facility PAQ
- Prison Rape Elimination Act (PREA)-Zero Tolerance Policy
- NIC Training Curriculum-PREA: Investigating Sexual Abuse in a Confinement Setting
- PREA Training Verification for Investigators

*115.334(a)-1 Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. Check NA if the agency does not conduct administrative or criminal sexual abuse investigations.*

In addition to the general training provided to all employees pursuant to § 115.331, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.

Interviews:

- Two Investigators (OPI & CCR)
- PREA Coordinator
- PREA Compliance Manager

All sexual abuse and sexual harassment allegations that occur at COJC are investigated by an OPI investigator. The OPI investigators are responsible for conducting all of the criminal and administrative investigations. The OPI investigator is an OJA employee; however, the OPI investigators are not under the jurisdiction of COJC. COJC also has an employee in the role as the CCR, who is responsible for investigating allegations that involve staff and resident; however, the allegations are not criminal. Both investigators explained that they receive ongoing training offered by OJA as well as trainings offered by external agencies. The investigators report that they have participated in and completed the NIC online training and understand the skills and techniques necessary to conduct a sexual abuse and sexual harassment investigation.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding specialized training for investigations. No corrective action is required.

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

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.335 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment?  Yes  No

#### 115.335 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.)  Yes  No  NA

### 115.335 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?  Yes  No

### 115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331?  Yes  No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- Facility PAQ
- Prison Rape Elimination Act (PREA)-Zero Tolerance Policy
- NIC Training Curriculum-PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting
- Specialized Training Certificates (Medical, Mental Health, and Contract Doctor)

*115.335(a)-1 The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities.*

The agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:

- (1) How to detect and assess signs of sexual abuse and sexual harassment;
- (2) How to preserve physical evidence of sexual abuse;

- (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and
- (4) How and to who to report allegations or suspicions of sexual abuse and sexual harassment.

Interviews:

- Medical Staff
- Behavioral Health Staff

The facility provided training certificates for the facility behavioral health and medical practitioners. Interviews with the behavioral health and medical practitioners indicated they received the specialized training through the NIC as well as the general PREA training that is provided to the facility staff. The behavioral health and medical professionals receive annual PREA training and at the completion of the training they sign an acknowledgement, which indicates they received the training and understand that they have a duty to make a report when there is knowledge or suspicion of sexual abuse or sexual harassment. Their response to the interview questions indicated they understand their role in the facility's coordinated response is to provide crisis and trauma care. They stated that they are mandatory reporters and as a result they would make a report "immediately" or "as soon as possible" when they receive a disclosure, or have knowledge or suspicion that a resident has been sexually abused or sexually harassed. They stated they would work closely with the facility to prevent, detect, and respond to incidents of sexual abuse and sexual harassment.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding specialized training for medical and mental health care. No corrective action is required.

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

### Standard 115.341: Screening for risk of victimization and abusiveness

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.341 (a)

- Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?  Yes  No
- Does the agency also obtain this information periodically throughout a resident's confinement?  Yes  No

#### 115.341 (b)

- Are all PREA screening assessments conducted using an objective screening instrument?  
 Yes  No

#### 115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?  Yes  No

#### 115.341 (d)

- Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?  Yes  No
- Is this information ascertained: During classification assessments?  Yes  No

- Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?  Yes  No

### 115.341 (e)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- Facility PAQ
- Prison Rape Elimination Act (PREA)-Zero Tolerance Policy
- Intake Risk Assessment

*115.341(a)-1 The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.*

*Within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident.*

#### Interviews:

- Intake Staff
- Random Residents

COJC is an all-male treatment facility. All new admissions are screened for vulnerabilities of victimization and sexually aggressive behavior immediately upon intake. The risk assessment tool contains all eleven (11) elements required per provision (c) of the standard. The facility intake person will make an initial classification decision using the results of the vulnerability assessment. The risk screening information is obtained through conversation and using any available collateral information. COJC admitted thirty-six (36) residents in the past 12 months whose length of stay in the facility was for

72 hours or more. According to staff interviews the residents are re-assessed when the resident is involved in a critical incident.

Once the risk assessment has been completed the information is used to complete the resident's room assignment will be determined utilizing the risk levels. All staff and resident interviews confirmed the facility procedure is followed. Residents are re-assessed at each new intake or return to the facility and any time circumstances dictate it is appropriate.

Interviews with all of the residents indicate they were asked if they identify as lesbian, gay or bisexual; about their gender identity; if they had a history of sexual abuse; and if they felt safe in the facility during their admission. Each resident indicated they understood the questions were asked to protect them and because the facility had a need to know.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding screening for risk of victimization and abusiveness. No corrective action is required.

## Standard 115.342: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.342 (a)

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?  Yes  No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?  Yes  No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?  Yes  No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?  Yes  No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?  Yes  No

### 115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?  Yes  No
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?  Yes  No
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?  Yes  No
- Do residents in isolation receive daily visits from a medical or mental health care clinician?  Yes  No
- Do residents also have access to other programs and work opportunities to the extent possible?  Yes  No

#### 115.342 (c)

- Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?  Yes  No
- Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?  Yes  No
- Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?  Yes  No
- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?  Yes  No

#### 115.342 (d)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?  Yes  No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?  Yes  No

#### 115.342 (e)



- Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?  
 Yes  No

#### 115.342 (f)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?  Yes  No

#### 115.342 (g)

- Are transgender and intersex residents given the opportunity to shower separately from other residents?  Yes  No

#### 115.342 (h)

- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)  Yes  No  NA
- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)  Yes  No  NA

#### 115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Documentation Reviewed:

- Facility PAQ
- Prison Rape Elimination Act (PREA)-Zero Tolerance Policy
- Security and Control Policy
- Sexual Assault and Vulnerability Questionnaire

*115.342 (b)-1 The facility has a policy that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged.*

Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. During any period of isolation, agencies shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

*115.342 (c)-1 The facility prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status.*

Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

*115.342 (d)-1 The agency or facility makes housing and program assignments for transgender or intersex residents in a facility on a case-by-case basis*

In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether placement would ensure the resident's health and safety, and whether the placement would present management or security problems.

*115.342 (i)-1 If a resident at risk of sexual victimization is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population.*

Every 30 days, the facility shall afford each resident described in paragraph (h) of this section a review to determine whether there is a continuing need for separation from the general population.

Interviews:

- Intake Staff
- Random Staff
- Random Resident

Each resident who resides at COJC will be housed and assigned a room consistent with the room assignment requirements and the admission screening decision. The criteria for assigning housing classification and supervision level of a resident shall consider, the severity of the current charge or adjudication, severity of the most serious prior adjudication, the number of prior serious incidents in custody, age, size, special needs, and vulnerability to victimization and/or sexually aggressive behaviors or being the perpetrator of such behavior. The master roster is the tool used by the staff to

inform them about a resident's unit and bed assignment. Residents who are classified as high risk are assigned to #1 and #16, which are the beds closest to staff. With every change, the facility roster is updated with the most current information.

The facility does not have designated units or beds for LGBTQI residents; therefore, neither assignment is based solely on the resident's sexual orientation or gender identity. The intake staff indicated they will consider multiple variables when making a housing assignment decision, to include the current make-up and culture of the population on the unit at the time. Housing, bed, program, education, and work assignments are based on information obtained from assessments/risk screenings and any collateral information that is relevant to the resident.

Residents may be separated from others and housed in the Crisis Management Unit (CMU) only as a last resort when less restrictive measures are inadequate to keep the resident and/or other residents safe. The use of the CMU is used only until an alternative means of keeping all of the residents safe and can be arranged. COJC does not have a room or area within the facility that is designated for a resident to be placed in isolation or on protective custody. Should the need arise the residents assigned room will be used temporarily as the room used to separate the resident from others. Interviews with the Deputy Director of Residential Placement Support Services, Superintendent, and the PREA Coordinator were all emphatic that placing a resident in isolation, seclusion, or protective custody would be used as a last resort and only when there are no other means of keeping the resident or other residents safe.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding use of screening information. No corrective action is required.

## REPORTING

### Standard 115.351: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?  Yes  No

#### 115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the resident to remain anonymous upon request?  Yes  No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?  Yes  No

### 115.351 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?  Yes  No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?  Yes  No

### 115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report?  Yes  No
- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Documentation Reviewed:

- Facility PAQ

- Prison Rape Elimination Act (PREA)-Zero Tolerance Policy
- Juvenile PREA Guide Book
- PREA Brochure (English and Spanish)
- PREA Posters (English and Spanish)

*115.351 (a)-1 The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about:*

- sexual abuse and sexual harassment;*
- retaliation by other residents or staff for reporting sexual abuse and sexual harassment; AND*
- staff neglect or violation of responsibilities that may have contributed to such incidents.*

The agency shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse or sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

*115.351 (b)-1 The agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency.*

The agency shall also provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

*115.351 (b)-2 The agency has a policy requiring residents detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security.*

The agency shall also provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

*115.351 (c)-1 The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties.*

Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

Interviews:

- Random Staff
- Random Residents

The OAJ PREA posters identifies multiple ways for the resident's to report when they have been a victim or a witness of sexual harassment or sexual abuse. The resident interviews communicated that they can call the hotline (DHS hotline), tell the Institutional Advocate Defender, tell a trusted staff member, tell a third-party (i.e., parents/legal guardian, attorney, etc.), or send a letter to the

Superintendent or the Deputy Superintendent. The hotline is designated as the number the residents can call from the facility phones free of charge.

The majority of the resident's interviewed said they would write a grievance or talk to a staff member if they wanted to make a report. The resident's report the grievances are picked up by the OJA Social Services Inspector who will review the grievance and submit it to the appropriate individual to address. The inspector will follow the grievance through to conclusion to make sure the grievance is appropriately addressed. He said if he were to receive a grievance that alleged sexual abuse or sexual harassment he would gather as much information as possible and forward the grievance to the Attorney General and make a report to the PREA Compliance Manager. The inspector said he did not receive an allegation of sexual abuse or sexual harassment in the past 12 months.

COJC is a state operated facility that serves residents committed and youthful offenders from the State of Oklahoma. The facility is not a detention facility; therefore, they do not detain residents solely for civil immigration purposes.

Interviews with the facility staff indicate they understand that they are responsible for accepting reports of sexual abuse that are made verbally, in writing, or those that are reported anonymously and through a third-party (i.e., another resident, parent, volunteer, etc.). Once a staff member receives a report they are required to notify their supervisor or any supervisor on duty and draft an incident report. The supervisor would then assume responsibility for making the appropriate notification to the OPI. The staff consistently communicated that they would report the allegations to their supervisor "immediately" or "as soon as possible."

Additionally, the staff consistently report that they can make a private report of sexual abuse or sexual harassment, retaliation by other residents or staff for making a report, and staff neglect or violation of responsibilities that may have contributed to the incident by reporting directly to the superintendent, or by calling the hotline. Every staff member communicated that they felt safe that they could make a report without retribution and they are not in fear of making a report regarding any incident of abuse or neglect.

The information for making a report regarding PREA is available to the public on the OJA PREA website at <https://oklahoma.gov/oja/prea.html>

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance this standard regarding resident reporting. Residents are provided with numerous ways to report both internally and externally. No corrective action is required.

## **Standard 115.352: Exhaustion of administrative remedies**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.352 (a)**

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not

ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  Yes  No  NA

#### 115.352 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  Yes  No  NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  
 Yes  No  NA

- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)  Yes  No  NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (g)



- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- Facility PAQ
- Prison Rape Elimination Act (PREA)-Zero Tolerance Policy
- Oklahoma Administrative Code
- Grievance Procedure
- Juvenile Program Manual

*115.352 (a)-1 The agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.*

An agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse.

*115.352 (b)-1 Agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred.*

(1) The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse.

(2) The agency may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse.

(3) The agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

(4) Nothing in this section shall restrict the agency's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired.

*115.352 (c)-1 The agency's policy and procedure allow a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint.*

The agency shall ensure that-

- (1) A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and
- (2) Such grievance is not referred to a staff member who is the subject of the complaint.

*115.352 (f)-1 The agency has a policy established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.*

The agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.

*115.352 (f)-2 The agency's policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours.*

After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

*115.352 (f)-5 The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse require that a final agency decision be issued within 5 days.*

After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

*115.352 (c)-2 The agency's policy and procedure requires that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.*

The agency shall ensure that-

- (1) A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and
- (2) Such grievance is not referred to a staff member who is the subject of the complaint.

*115.352 (d)-1 The agency's policy and procedures that require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance.*

- (1) The agency shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance.
- (2) Computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal.

*115.352 (e)-1 Agency policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of residents.*

(1) Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents.

(2) If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.

*115.352 (e)-2 Agency policy and procedure require that if the resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline.*

If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision.

*115.352 (g)-1 The agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith.*

The agency may discipline a resident for filing a grievance related to alleged sexual assault only where the agency demonstrates that the resident filed the grievance in bad faith.

Interviews:

- PREA Coordinator

All resident's residing at COJC may report an incident of sexual abuse or any other grievance at any time, regardless of the date the incident occurred. Upon receipt of an allegation of sexual abuse, the allegation is immediately forwarded to the OPI for assignment and investigation. The Social Services Inspector indicated he would never refer allegations of sexual abuse to the staff member named as the subject of the allegation(s).

Any staff member who might receive an emergency grievance that alleged sexual abuse or sexual harassment shall "immediately" notify the superintendent and/or the shift supervisor. The superintendent or shift supervisor shall notify the OPI and the PREA Compliance Manager.

The Social Services Inspector is responsible for collecting, reviewing and responding to all grievances submitted by the residents. If it is determined that the grievance is emergent and alleges sexual abuse, the grievance will be reported to the OPI to initiate an investigation. All emergency grievances shall receive an initial response within 48 hours, and shall issue a final decision within 5 calendar days.

The PAQ indicates there were zero (0) grievances that alleged the resident was a victim of sexual abuse. This was supported by interviews with the Social Service Inspector, Superintendent and the PREA Compliance Manager. The facility received one (1) allegation that was investigated by the OPI

investigator and the finding concluded that the resident filed the report to retaliate against a staff member with the intent to circumvent the facility's program.

A resident may be subject to sanctions pursuant to the behavior management program for filing a grievance only when OJA/COJC demonstrates the resident filed the grievance in bad faith. Of those interviewed residents who have submitted a grievance they report they did not feel they were retaliated against as a result of their grievance and felt the grievance process was fair even in those instances that they did not get the results that they wanted.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding exhaustion of administrative remedies. No corrective action is required.

## **Standard 115.353: Resident access to outside confidential support services and legal representation**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.353 (a)**

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?  Yes  No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?  Yes  No

### **115.353 (b)**

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?  Yes  No

### **115.353 (c)**

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?  Yes  No

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

#### 115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?  Yes  No
- Does the facility provide residents with reasonable access to parents or legal guardians?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- Facility PAQ
- Prison Rape Elimination Act (PREA)-Zero Tolerance Policy
- Access to Courts and Counsel
- Memorandum of Understanding-Victim Advocate/SANE
- Juvenile Program Manual

*115.353 (a)-1 The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse by doing the following:*

*Gives residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) of local, State, or national victim advocacy or rape crisis organizations.*

*Gives residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) of immigrant service agencies for persons detained solely for civil immigration purposes.*

*Enables reasonable communication between residents and these organizations, in as confidential a manner as possible.*

The facility shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.

*115.353 (d)-1 The facility provides residents with reasonable and confidential access to their attorneys or other legal representation.*

The facility shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.

*115.353 (d)-2 The facility provides residents with reasonable access to parents or legal guardians.*

The facility shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.

Interviews:

- PREA Coordinator
- PREA Compliance Manager
- Random Residents

COJC has identified the ACMI House Crisis Center as a resource that would be contacted in the event that an outside victim advocate would be necessary to offer a resident emotional support services. In any instance that a resident alleges that they have been a victim of sexual abuse while in the facility or in their communities they are offered support services. When residents are afforded the ability to contact ACMI House they would do so via telephone by calling the hotline number. Prior to the residents accessing the support services they are informed of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Interviews with COJC case managers indicated if any resident requested a call to the rape crisis hotline, the staff member would dial the number from their office and monitor the telephone call.

Residents have the right to have visits with their legal counsel. All legal representatives will have access to their client at any reasonable time. Liberal but reasonable time limits are placed on calls the residents are able to make to their legal and case related professionals. According to the case manager, legal calls are most often called from the case managers offices and are not charged against any phone privileges provided to the resident.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding resident access to outside confidential support services and legal representation. No corrective action is required.

## **Standard 115.354: Third-party reporting**

## All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.354 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documents Reviewed:

- Facility PAQ
- Prison Rape Elimination Act (PREA)-Zero Tolerance Policy
- Juvenile PREA Guide Book
- PREA Brochure (English and Spanish)
- PREA Posters (English and Spanish)
- OJA-PREA Website

#### Interviews:

- PREA Coordinator

OJA has established methods to receive third-party reports of sexual abuse and sexual harassment on behalf of a resident; and the agency makes the information available on the agency website. Third parties, including fellow residents, staff, family members, attorneys, and outside advocates are permitted to assist youth in filing requests for administrative remedies and to file such a request on behalf of the resident. According to the PREA Coordinator, the agency has not received a third-party report regarding any resident concerning a resident at COJC.

#### Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding third-party reporting. No corrective action is required.

# OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

## Standard 115.361: Staff and agency reporting duties

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.361 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  Yes  No

#### 115.361 (b)

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?  Yes  No

#### 115.361 (c)

- Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?  Yes  No

#### 115.361 (d)

- Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?  Yes  No
- Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

#### 115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?  Yes  No



- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?  
 Yes  No
- If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)  Yes  No  NA
- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?  Yes  No

### 115.361 (f)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- Facility PAQ
- Prison Rape Elimination Act (PREA)-Zero Tolerance Policy
- Oklahoma State Statute
- OJA Administrative Code
- Critical/Major/Significant Incident Notification Checklist

*115.361 (a)-1 The agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency.*

The agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Interviews:

- Superintendent
- Medical & Mental Health Staff
- Random Staff

All COJC employees, professional visitors, volunteers, contract staff and/or other OAJ personnel are required to report any knowledge or any act of sexual misconduct. The employees are required to contact the shift supervisor who will begin to make the appropriate notifications to initiate an investigation. The duty to report extends to personal communications that may otherwise be privileged (i.e., attorney, clergy, medical practitioner, social worker, or mental health practitioner). If any part of the allegation includes neglect or abuse a report should be made to the OPI. Every allegation will also be reported to the alleged victim's parents or legal guardian.

Any information regarding sexual misconduct is to be kept confidential and reporting or revealing any information related to a sexual abuse report is prohibited other than to the extent necessary to make treatment, investigation, and other security and management decisions.

The facility medical and behavioral health practitioners communicated that they are obligated to inform residents of their mandatory reporting requirements at the initiation of any services to a resident and the limitations of confidentiality. They stated constantly remind the residents of the duty to report during their treatment of the residents.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding staff and agency reporting duties. No corrective action is required.

## Standard 115.362: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.362 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?  Yes  No

### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- Facility PAQ
- Prison Rape Elimination Act (PREA)-Zero Tolerance Policy
- Sample Allegation Referral Forms

*115.362 (a)-1 When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).*

All staff or youth who report or cooperate with investigations of sexual abuse or harassment or suspected sexual abuse or harassment shall be held free from retaliation.

When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate actions to protect the resident.

#### Interviews:

- Superintendent
- PREA Coordinator
- PREA Compliance Manager
- Random Staff

The facility PAQ indicates the facility did not have any information that a resident was subject to a substantial risk of imminent sexual abuse in the past 12 months. According to the random staff interviews the staff explained they would "immediately" make a report if there is a concern that a resident is in imminent risk of sexual abuse. The staff said they would notify their supervisor and wait to receive guidance to protect the resident. Also, the staff said they would either separate the resident from the alleged perpetrator or increase their supervision of the resident by positioning the resident in close proximity of the staff member.

While the PAQ indicates the facility did not receive a report that a resident was subject to substantial risk of imminent sexual abuse, when the facility receives a report of any risk the facility response would be to separate the residents by bed assignment or unit. If the allegation involves a staff member the staff member will be placed on no resident contact or put out on administrative leave.

#### Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding agency protection duties. No corrective action is required.

## Standard 115.363: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.363 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?  Yes  No
- Does the head of the facility that received the allegation also notify the appropriate investigative agency?  Yes  No

### 115.363 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?  Yes  No

### 115.363 (c)

- Does the agency document that it has provided such notification?  Yes  No

### 115.363 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Documentation Reviewed:

- Facility PAQ
- Prison Rape Elimination Act (PREA)-Zero Tolerance Policy

- Proof of Notification
- Investigation Report

*115.363 (a)-1 The agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred.*

Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall notify the appropriate investigative agency.

Interviews:

- Superintendent

The Superintendent explained that the director to director notification is their responsibility and in their absence the PREA Compliance Manager or designee would be appointed to make the necessary notifications. The superintendent communicated that he would also make the report directly to the OPI and the PREA Coordinator. Per the policy the notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.

Once the report has been made to the appropriate authorities the agency and the facility would fully cooperate with all investigations and would make the resident who made the allegation available to the investigator for an interview.

The facility PAQ indicates the facility received zero (0) allegation that a resident was abused while at another facility. Also, the PAQ indicates there were zero (0) allegations of sexual abuse the facility received from another facility.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding reporting to other confinement facilities. No corrective action is required.

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

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.364 (a)**

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
 Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  Yes  No

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

### 115.364 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- Facility PAQ
- Prison Rape Elimination Act (PREA)-Zero Tolerance Policy
- Referral with Investigation and SANE Exam Notes
- Facility PREA First Responders Checklist

*115.364 (a)-1 The agency has a first responder policy for allegations of sexual abuse. If YES, the policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to (check all that apply):*

- (1) Separate the alleged victim and abuser*
- (2) Preserve And protect any crime scene until appropriate steps can be taken to collect any evidence.*
- (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as*

*appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.*

*(4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.*

Upon learning of an allegation that a resident was sexually abused the first staff member to respond to the report shall be required to:

- (1) Separate the alleged victim and abuser;
- (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
- (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and
- (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

Interviews:

- Staff First Responders
- Random Staff

Any person providing services to the residents have been trained as a first responder. The policy requires that the first responder separate the victim from the abuser. The safety of the victim is the first priority. The potential crime scene should be kept secure with little or no persons permitted through the scene. The scene will remain sealed until such time after the investigator releases the scene. COJC employees are not trained or required to collect evidence; their sole responsibility is to secure the potential crime scene. When there is a need for evidence collection the OPI investigator in collaboration with the local police department would be responsible for the collection of evidence.

The staff interviews indicated everyone was well versed and understood their first responder duties, and the intent is to ensure a thorough investigation can be conducted and to protect the residents.

The facility PAQ shows there were zero (0) allegations that a resident was sexually abused and the allegations required the collection of evidence. However, there was one allegation that was reviewed by the auditor that possibly should have resulted in the resident being transported to the hospital for a SANE exam.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding staff first responder duties. No corrective action is required.

## **Standard 115.365: Coordinated response**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.365 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documents Reviewed:

- Facility PAQ
- Prison Rape Elimination Act (PREA)-Zero Tolerance Policy
- Staffing Plan

#### Interviews:

- PREA Coordinator
- PREA Compliance Manager

OJA has a written institutional plan that demonstrates the coordinated steps and the action steps that should take place in response to an incident of sexual abuse. This plan serves to define the duties of each person involved in the post-allegation response to an incident. The plan includes the duties and actions of each member, including the PREA Compliance Manager, administrators, supervisory staff, medical and behavioral health professionals. The facility supervisors and specialized personnel were well aware of their individual responsibilities in coordinating their responses to sexual abuse and were able to articulate each step of their first responder duties. The direct care staff were well aware of their duty to take serious any knowledge, suspicion, or allegation of sexual abuse or sexual harassment. Their interviews indicated they would immediately notify the shift supervisor and draft an incident report as required.

#### Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding a coordinated response to an incident of sexual abuse. No corrective action is required.



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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.366 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

### 115.366 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

#### Documentation Reviewed:

- Facility PAQ
- Prison Rape Elimination Act (PREA)-Zero Tolerance Policy

#### Interviews:

- Superintendent

OAJ does not participate in collective bargaining nor any other form of agreement which may limit the Department's ability to remove an alleged staff abuser from contact with residents pending the outcome of the investigation, and if necessary, the extent to which disciplinary measures are applied.

#### Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding the preservation of ability to protect residents from contact with abusers. No corrective action is required.

## Standard 115.367: Agency protection against retaliation

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.367 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?  Yes  No
- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

#### 115.367 (b)

- Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?  Yes  No

#### 115.367 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?  Yes  No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.367 (d)

- In the case of residents, does such monitoring also include periodic status checks?  Yes  No

#### 115.367 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?  Yes  No

#### 115.367 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- Facility PAQ

- Prison Rape Elimination Act (PREA)-Zero Tolerance Policy
- Sample Retaliation Monitoring

115.367 (a)-1 The agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff.

The agency shall establish a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff and shall designate which staff members or departments are charged with monitoring retaliation.

Interviews:

- Superintendent
- PREA Coordinator
- Random Staff Interviews
- Random Resident Interviews

Interviews with residents and staff convinced the auditor that if a resident expressed fear of retaliation for participating in or cooperating with a sexual abuse or sexual harassment investigation, COJC staff would implement protocols to protect that resident against retaliation. The PREA Compliance Manager is designated as the individual responsible for monitoring for possible retaliation. The OAJ policy is clear that retaliation is prohibited against anyone who reports alleged sexual abuse or harassment.

The facility PAQ and resident interviews indicate there were zero (0) incidents of retaliation in the past 12 months.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding agency protection against retaliation. No corrective action is required.

## Standard 115.368: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.368 (a)

- Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- Facility PAQ
- Prison Rape Elimination Act (PREA)-Zero Tolerance Policy
- Seclusion/Isolation Procedure
- Solitary Confinement Procedure

*115.368 (a)-1 The facility has a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged.*

Any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of § 115.342.

#### Interviews:

- PREA Coordinator

Interviews with the superintendent indicate the facility would not segregate residents due to an allegation of sexual abuse or sexual harassment. This statement was corroborated during the Interviews with residents. The residents indicated the facility does not have a separate area in the facility or a room used to isolate residents; and of the residents interviewed they all reported that they had not been placed in seclusion nor had they witnessed any of their peers in seclusion.

#### Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding post-allegation protective custody. No corrective action is required.

## INVESTIGATIONS

### Standard 115.371: Criminal and administrative agency investigations

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.371 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).]  Yes  No  NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).]  Yes  No  NA

### 115.371 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?  Yes  No

### 115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  Yes  No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

### 115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?  Yes  No

### 115.371 (e)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?  Yes  No

### 115.371 (f)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?  Yes  No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

### 115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

### 115.371 (h)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?  Yes  No

### 115.371 (i)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  Yes  No

### 115.371 (j)

- Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?  Yes  No

### 115.371 (k)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?  Yes  No

### 115.371 (l)

- Auditor is not required to audit this provision.

### 115.371 (m)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- Facility PAQ
- Prison Rape Elimination Act (PREA)-Zero Tolerance Policy
- Office of Public Integrity (OPI)-Investigators-Training Verification
- Office of Public Integrity (OPI)-Memo of Understanding-Conducting Investigations for OJA
- Sample Referrals with Investigations
- OJA-Records Dispositions Schedule

*115.371 (a)-1 The agency/facility has a policy related to criminal and administrative agency investigations.*

When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

*115.371 (d)-1 The agency does not terminate an investigation solely because the source of the allegation recants the allegation.*

The agency shall not terminate an investigation solely because the source of the allegation recants the allegation.

*115.371 (i)-1 Substantiated allegations of conduct that appear to be criminal are referred for prosecution.*

Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

*115.371 (j)-1 The agency retains all written reports pertaining to administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.*

The agency shall retain all written reports referenced in paragraphs (g) and (h) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless the abuse committed by a juvenile resident and applicable law requires a shorter period of retention.

#### Interviews:

- PREA Coordinator



- Investigative Staff

COJC works with the OPI, which is an independent body with jurisdiction to conduct all abuse and neglect administrative investigations. The facility is responsible for making a report to the OPI so that an investigation can be initiated. All allegations of sexual misconduct will be taken seriously and investigated thoroughly by the OPI trained investigators. According to the OPI investigator, sexual abuse and sexual harassment allegations will be investigated in a timely manner and the investigator will not impose a standard higher than a preponderance of the evidence.

OPI investigators also investigate all sexual abuse allegations that involve criminality. Once an investigation determines that there evidence that a crime was committed the OPI investigator will refer the case to the prosecutor with jurisdiction. OJA/COJC would fully cooperate with an investigation and prosecution.

According to the PAQ there were zero (0) substantiated allegations of conduct that appeared to be criminal that were referred for prosecution.

Upon the conclusion of a criminal and administrative investigation, the facility will receive a report that will include the investigation findings. The report will be issued to the PREA Compliance Manager as well as the superintendent. The report will be maintained in a facility file for residents and in staff members personnel file for as long as the alleged abuser is in the custody of OJA; or a staff member is employed by OJA, plus at least five years.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding criminal and administrative agency investigations. No corrective action is required.

## Standard 115.372: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.372 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Documentation Reviewed:

- Facility PAQ
- Prison Rape Elimination Act (PREA)-Zero Tolerance Policy
- Referrals with Investigations

*115.372 (a)-1 The agency imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated.*

The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

### Interviews:

- Investigative Staff

Investigator interviews indicated the standard of evidence required to substantiate an allegation of sexual abuse or sexual harassment is based on the preponderance of the evidence standard.

### Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding evidentiary standard for administrative investigations. No corrective action is required.

## Standard 115.373: Reporting to residents

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.373 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?  Yes  No

#### 115.373 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  Yes  No  NA

#### 115.373 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?  Yes  No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?  Yes  No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?  Yes  No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?  Yes  No

#### 115.373 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?  Yes  No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?  Yes  No

#### 115.373 (e)

- Does the agency document all such notifications or attempted notifications?  Yes  No

#### 115.373 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- Facility PAQ
- Prison Rape Elimination Act (PREA)-Zero Tolerance Policy
- Referral with Investigation
- Sexual Abuse Victim Notification Form

*115.373 (a)-1 The agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.*

Following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegations has been determined to be substantiated, unsubstantiated, or unfounded.

#### Interviews:

- Investigative Staff
- PREA Coordinator

The OAJ policy requires at the conclusion of the investigation, written notification of the result (substantiated, unsubstantiated, or unfounded) will be given to the resident who has made the original allegation. The facility provided the auditor with a sample post notification form for an investigation with an unsubstantiated finding. The auditor also received a notification that was made to the COJC at the conclusion of the OPI's investigation.

#### Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding reporting to residents. No corrective action is required.

## DISCIPLINE

### Standard 115.376: Disciplinary sanctions for staff

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.376 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  Yes  No

### 115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  Yes  No

### 115.376 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?  Yes  No

### 115.376 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Documentation Reviewed:

- Facility PAQ
- Prison Rape Elimination Act (PREA)-Zero Tolerance Policy
- OJA Administrative Rules

- Oklahoma State Statute
- OJA Progressive Discipline
- OJA Procedures for Discharge
- OJA Procedures for Reassignment or Removal from Duty
- Allegation Referral Form

*115.376 (a)-1 Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.*

Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

During the auditor's interview with the superintendent he indicated that he has full authority to place a staff member on no-contact status with residents pending the outcome of an investigation with regards to any allegation of sexual abuse and/or threat against a resident. The "no-contact" or administrative leave status would remain in place until there is an investigation finding. If there is a determination that there was a substantiated finding the level of discipline will be determined on the severity of the violation. Employees will be made aware of expected and acceptable levels of performance and notification will be documented and retained, the documentation will provide specifics and will avoid making conclusions that are not supported by facts.

The facility PAQ indicates there were zero (0) staff members terminated or who resigned for violating the agency sexual abuse or sexual harassment policy.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding disciplinary sanctions for staff. No corrective action is required.

## **Standard 115.377: Corrective action for contractors and volunteers**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.377 (a)**

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  No

### **115.377 (b)**

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- Facility PAQ
- Prison Rape Elimination Act (PREA)-Zero Tolerance Policy
- Volunteer Program Policy
- Sexual Activity Policy

*115.377 (a)-1 Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.*

Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

#### Interviews:

- Superintendent
- PREA Coordinator

Sexual conduct between a volunteer or contract provider involving a resident, regardless of consensual status, is prohibited and subject to discipline. Persons assigned as contract workers and volunteers must adhere to policies, regulations, and statutes of the agency or face loss of privilege to volunteer or contract with OJA. Contractors and volunteers are expected to clear the background check process, maintain confidentiality of information, and acknowledge receiving and having an understanding of zero tolerance policy. In the past 12 months the facility did not receive any sexual abuse allegations that involved a volunteer or contract provider.

Any contractor or volunteer who engages in sexual abuse or sexual harassment would be prohibited from having contact with COJC residents and would be reported to the OPI for investigation.

According to the PAQ and interviews with the PREA Coordinator and the Superintendent, they both certify that no volunteer or contractor has been restricted from contact with a resident at the facility nor has the facility had to enact any remedial measures against such individuals for violating OJA's sexual abuse or sexual harassment policies within the past 12 months.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding corrective action for contractors and volunteers. No corrective action is required.

## Standard 115.378: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.378 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?  
 Yes  No

### 115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?  Yes  No

### 115.378 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?  Yes  No

### 115.378 (d)



- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?  Yes  No
- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?  Yes  No

#### 115.378 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  Yes  No

#### 115.378 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

#### 115.378 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- Facility PAQ
- Prison Rape Elimination Act (PREA)-Zero Tolerance Policy
- PREA Guide Book for Juveniles

- Juvenile Program Manual
- Offense Report with Disciplinary Hearing Report for Sexual Activity

*115.378 (a)-1 Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse.*

A resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.

Interviews:

- PREA Coordinator
- Medical Staff
- Behavioral Health Staff

The agency has a resident discipline policy which includes providing the resident with their rights to due process. In the past 12 months the facility completed one (1) administrative investigation for resident-on-resident allegations of sexual abuse. The investigation determined the residents engaged in consensual sexual contact. COJC residents would never be sanctioned to specialized housing that would restrict their ability to participate in regular programming. The facility does not have a designated segregation unit and residents would not be placed in isolation or seclusion to protect them from the imminent threat of sexual abuse. The disciplinary process would consider where the resident's mental disabilities or mental illness contributed to their behavior when determining the appropriate sanction, if any should be imposed.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding interventions and disciplinary sanctions for residents. No corrective action is required.

## MEDICAL AND MENTAL CARE

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

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.381 (a)

- If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

#### 115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?  Yes  No

#### 115.381 (c)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  Yes  No

#### 115.381 (d)

- Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- Facility PAQ
- Prison Rape Elimination Act (PREA)-Zero Tolerance Policy
- Risk Assessment
- Juvenile Intake Tracking Form

*115.381 (a)-1 All residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner.*

If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that

the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

Interviews:

- Medical & Mental Health Staff

Residents that are admitted to COJC are automatically screened by the facility medical staff. The facility intake area is located in the same area as the facility clinic. Since every admission to the facility is previously determined, all admissions occur during the day when medical staff are available. Every resident will meet with the facility medical staff during the intake process and before they are escorted to their assigned housing unit. The medical staff will screen the residents for a history of sexual victimization and determine if there are any medical needs. Additionally, every new intake regardless if there is a history of sexual abuse will be assigned to a therapist who will address the residents treatment needs during the stay at COJC.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding medical and mental health screenings; history of sexual abuse. No corrective action is required.

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

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.382 (a)**

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?  Yes  No

### **115.382 (b)**

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?  Yes  No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

### **115.382 (c)**

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?  Yes  No

### **115.382 (d)**

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  
 Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- Facility PAQ
- Prison Rape Elimination Act (PREA)-Zero Tolerance Policy
- Investigation with Corresponding SANE Exam Notes

*115.382 (a)-1 Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services.*

Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

*115.382 (d)-1 Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.*

Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

*115.382 (c)-1 Resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.*

Resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

#### Interviews:

- Medical Staff

- Behavioral Health Staff

According to the agency policy, residents have unimpeded access to health care. COJC has medical staff and a medical clinic on-site. There is also a system in place for processing complaints regarding the resident's health care needs. During orientation, the resident will receive oral and written communication that explains how to submit a medical slip or make a request to see the medical practitioner. Resident victims of sexual abuse will have unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and behavioral health practitioners according to their professional judgment. The facility did not receive any allegations of sexual abuse that required medical services or a SANE exam; therefore, there are no secondary materials demonstrating a resident received emergency medical treatment or crisis intervention services.

Any resident who is victimized while residing at COJC will be offered timely information about and timely access to emergency contraception and treatment for any sexually transmitted infections. Victims of sexual abuse will be transported to Hendricks Trauma Center to receive the appropriate medical care.

Every resident residing at COJC will receive medical and behavioral health care services without financial cost to the resident or the resident's family. Every resident is Medicaid eligible; therefore, OJA would be invoiced for payment. Additionally, the services are free of cost regardless of whether the victim names the abuser or cooperates with any investigations arising out of the incident.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding access to emergency medical and mental health services. No corrective action is required.

## **Standard 115.383: Ongoing medical and mental health care for sexual abuse victims and abusers**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.383 (a)**

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?  Yes  No

### **115.383 (b)**

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?  Yes  No

### **115.383 (c)**

- Does the facility provide such victims with medical and mental health services consistent with the community level of care?  Yes  No

#### 115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)  Yes  No  NA

#### 115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)  Yes  No  NA

#### 115.383 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  Yes  No

#### 115.383 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

#### 115.383 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Documentation Reviewed:

- Facility PAQ
- Prison Rape Elimination Act (PREA)-Zero Tolerance Policy
- Investigation with Corresponding SANE Exam Notes and Mental Health Follow-up Treatment Plan

*115.383 (a)-1 The facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.*

The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

*115.383 (d)-1 Female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. Check NA for all-male facilities.*

Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

*115.383 (e)-1 If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. Check NA for all-male facilities.*

If pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

*115.383 (f)-1 Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.*

Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

*115.383 (h)-1 The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.*

The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

Interviews:

- Medical & Mental Health Staff

Any resident who is a victim of sexual misconduct will receive medical services, crisis intervention support, behavioral health treatment and any type of long-term follow-up care. COJC medical and behavioral health professionals are qualified enough to provide after-care services upon their return to the facility after they have received medical care. COJC is a secure facility with an onsite clinic. Victims of sexual abuse will be transported to the hospital utilizing appropriate security provisions when there is a treatment need and to ensure any evidence can be collected by a SANE nurse.



COJC is an all-male facility; therefore, OJA's policy does not apply with regards to services for female residents where there was a violation that involved vaginal penetration. If the facility served female residents the facility would ensure the female resident received the necessary care, which includes tests for sexually transmitted infections and lawful pregnancy-related medical services.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding ongoing medical and mental health care for sexual abuse victims and abusers. No corrective action is required.

## DATA COLLECTION AND REVIEW

### Standard 115.386: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.386 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?  Yes  No

#### 115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?  Yes  No

#### 115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?  Yes  No

#### 115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No

- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

### 115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documents Reviewed:

- Facility PAQ
- Prison Rape Elimination Act (PREA)-Zero Tolerance Policy
- Completed Investigation
- Sexual Abuse Victim Notification
- Sexual Abuse Incident Review Report

*115.386 (a)-1 The facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded.*

The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.

COJC did not have any sexual abuse allegations that resulted in a criminal and/or administrative investigation. There were zero (0) incidents that involved resident-on-resident or staff-on-resident sexual abuse or sexual harassment. However, if there were any incidents the facility incident review team would debrief the incident. The incident review practice involves the leadership assessing the incident to identify any immediate concerns that would require corrective actions to mitigate identified

risk. At the conclusion of an investigation which according to the investigator would be complete within 30-45 days depending on the complexity of the case. Per policy the review team should be convened within 30-days at the conclusion of the OPI investigation. The COJC review team is made up of the superintendent, PREA Compliance Manager, medical and behavioral health staff, and the resident's case manager. The OPI investigator will be invited but given their role they are not always available to attend the meetings.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding sexual abuse incident reviews. No corrective action is required.

## Standard 115.387: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.387 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  Yes  No

### 115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?  Yes  No

### 115.387 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  Yes  No

### 115.387 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  Yes  No

### 115.387 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)  Yes  No  NA

### 115.387 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- Facility PAQ
- Prison Rape Elimination Act (PREA)-Zero Tolerance Policy
- Aggregated Data Reports

*115.387 (a)/(c)-1 The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.*

The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

OJA collects accurate, uniform data for every allegation of sexual abuse at the facilities under its control using the incident reports to collect the data associated with PREA incidents. The PREA Incident Review includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence published by the United States Department of Justice. OJA maintains, reviews, and collects data as needed from all available incident-based documents including reports, investigation files, and sexual abuse incident reviews. The PREA Coordinator in conjunction with the Residential Placement Support Services Division will collect and aggregate the data at least annually.

#### Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding data collection. No corrective action is required.

## Standard 115.388: Data review for corrective action

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.388 (a)

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

#### 115.388 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?  Yes  No

#### 115.388 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  Yes  No

#### 115.388 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Documentation Reviewed:

- Facility PAQ
- Prison Rape Elimination Act (PREA)-Zero Tolerance Policy
- Aggregated Data Reports

The OJA PREA Coordinator will review, analyze and use all sexual abuse data, including incident-based and aggregated data, to assess and improve the effectiveness of the agency sexual abuse prevention, detection and response policies, practices and training. The PREA Coordinator will also ensure that all collected data is securely retained. Once the information is collected the PREA Coordinator will submit an annual report with redacted material to this supervisor for review. Once the review is complete the report will be forwarded to the Executive Director for a signature, approval and publishing the report on the OJA website. Before making aggregated sexual abuse data publicly available, OJA will remove all personal identifiers. All PREA administrative and criminal investigation reports are retained for as long as the alleged offender is incarcerated or employed by the agency, plus five (5) years. The auditor accessed the Oklahoma OJA website and reviewed the reports that were provided to the auditor with annual sexual abuse data to demonstrate the information is collected annually; the reports were from 2018 and 2019.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding data review for corrective action. No corrective action is required.

## Standard 115.389: Data storage, publication, and destruction

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?  
 Yes  No

#### 115.389 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes  No

#### 115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No

### 115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- Facility PAQ
- Prison Rape Elimination Act (PREA)-Zero Tolerance Policy
- Aggregated Data Reports
- Records Disposition Schedule

*115.389 (a)-1 The agency ensures that incident-based and aggregate data are securely retained.*

The agency shall ensure that data collected pursuant to § 115.387 are securely retained.

The agency shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means.

#### Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding data storage, publication, and destruction. No corrective action is required.

## AUDITING AND CORRECTIVE ACTION

## Standard 115.401: Frequency and scope of audits

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*)  Yes  No

#### 115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*)  Yes  No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.)  Yes  No  NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.)  Yes  No  NA

#### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  Yes  No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  Yes  No

#### 115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)



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

**Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

OJA operates two facilities; both are all-male facilities that serve committed juveniles and youthful offenders. OJA is participating in a PREA audit for the third time; each audit has determined the agency as well as the facility is in compliance with the standards. OJA has not been required by the Department of Justice (DOJ) to complete an expedited audit.

The auditor utilized the Auditor Compliance Tool for guidance on the conduct and contents of the audit. OJA has demonstrated their efforts to comply with the standards and has taken corrective action steps to become fully compliant. The audit process involved reviewing all relevant policies, reports and conducted interviews. The auditor reviewed documents and records involving information for 12 months prior to the onsite audit.

The auditor was allowed full and unimpeded access to the facility and observed all areas of the facility. During and after the onsite audit, the auditor requested additional documentation to support the auditors findings. All audit material relied upon has been retained by the auditor and will be provided to the DOJ upon request.

COJC residents were able to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The auditor did not receive correspondence.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding frequency and scope of audits. No corrective action is required.

## **Standard 115.403: Audit contents and findings**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.403 (f)**

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for

prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The auditor certifies that no conflict of interest exists with respect to the auditor's ability to conduct an audit of OJA/COJC.

This is the third audit for the COJC.

The auditor submitted the final report to the PREA Coordinator on September 7, 2021. The PREA Coordinator reviewed the report with edits suggestions and questions. The edits were corrected and the PREA Coordinators questions were answered.

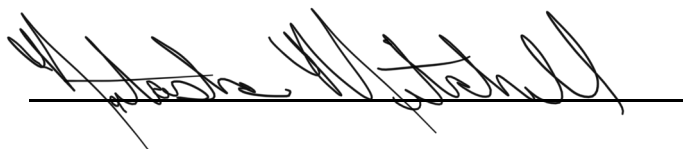
## AUDITOR CERTIFICATION

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 resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

### Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.



**Auditor Signature**

9-8-2021

**Date**

<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.