

PREA Facility Audit Report: Final

Name of Facility: Central Oklahoma Juvenile Center

Facility Type: Juvenile

Date Interim Report Submitted: 02/13/2024

Date Final Report Submitted: 05/14/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: DeShane Reed	Date of Signature: 05/14/2024

AUDITOR INFORMATION	
Auditor name:	Reed, DeShane
Email:	drbconsultinggroup@gmail.com
Start Date of On-Site Audit:	12/18/2023
End Date of On-Site Audit:	12/20/2023

FACILITY INFORMATION	
Facility name:	Central Oklahoma Juvenile Center
Facility physical address:	700 South 9th Street, Tecumseh, Oklahoma - 75873
Facility mailing address:	, , -

Primary Contact

Name:	Cathy McLean
Email Address:	cathy.mclean@oja.ok.gov
Telephone Number:	14056207610

Superintendent/Director/Administrator	
Name:	Darryl Fields
Email Address:	darryl.fields@oja.ok.gov
Telephone Number:	4056640823

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Health Service Administrator On-Site	
Name:	Nacole Ney
Email Address:	nacole.ney@oja.ok.gov
Telephone Number:	(580) 397-3511

Facility Characteristics	
Designed facility capacity:	64
Current population of facility:	53
Average daily population for the past 12 months:	62
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males

Age range of population:	13-19
Facility security levels/resident custody levels:	medium
Number of staff currently employed at the facility who may have contact with residents:	160
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	18
Number of volunteers who have contact with residents, currently authorized to enter the facility:	44

AGENCY INFORMATION

Name of agency:	Oklahoma Office of Juvenile Affairs
Governing authority or parent agency (if applicable):	
Physical Address:	2501 North Lincoln Boulevard, Suite 500, Oklahoma City, Oklahoma - 73105
Mailing Address:	P.O. Box 268812, Oklahoma City, Oklahoma - 73118
Telephone number:	405-620-7610

Agency Chief Executive Officer Information:

Name:	Carol Miller, Deputy Director of Residential Placement
Email Address:	carol.miller@oja.ok.gov
Telephone Number:	405-620-7448

Agency-Wide PREA Coordinator Information

Name:	Cathy McLean	Email Address:	cathy.mclean@oja.ok.gov
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Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

0

Number of standards met:

43

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-12-18
2. End date of the onsite portion of the audit:	2023-12-20

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	I contacted the Women's Resource Center to inquire about their victim advocacy services and MOU with OJA's-COJC.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	64
15. Average daily population for the past 12 months:	60
16. Number of inmate/resident/detainee housing units:	7
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	47
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	1
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	1
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>177</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>47</p>

<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>15</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>No text provided.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>14</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input checked="" type="checkbox"/> Other <input type="checkbox"/> None </p>
<p>If "Other," describe:</p>	<p>Based on PREA Auditor's Handbook targeted population.</p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>I requested the master resident roster, which identified demographical information. I also relied on intake demographic tracking spreadsheet to assist me.</p>

56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	4
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I reviewed the master resident roster, which identified demographical information. I also reviewed intake demographic tracking spreadsheet to assist me. Lastly, I informally asked residents during exhaustive tour and the random residents during interviews.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I reviewed the master resident roster, which identified demographical information. I also reviewed intake demographic tracking spreadsheet to assist me. Lastly, I informally asked residents during exhaustive tour and the random residents during interviews.</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>

<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I reviewed the master resident roster, which identified demographical information. I also reviewed intake demographic tracking spreadsheet to assist me. Lastly, I informally asked residents during exhaustive tour and the random residents during interviews.</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I reviewed the master resident roster, which identified demographical information. I also reviewed intake demographic tracking spreadsheet to assist me. Lastly, I informally asked residents during exhaustive tour and the random residents during interviews.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I reviewed the master resident roster, which identified demographical information. I also reviewed intake demographic tracking spreadsheet to assist me. Lastly, I informally asked residents during exhaustive tour and the random residents during interviews.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>1</p>

<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I reviewed the master resident roster, which identified demographical information. I also reviewed intake demographic tracking spreadsheet to assist me. Lastly, I informally asked residents during exhaustive tour and the random residents during interviews.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>I observed and informally asked residents during exhaustive tour. I also confidentially asked the random residents during interviews.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>21</p>

<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>Based on Specialized Staff Interview requirement based on PREA Auditor's Handbook.</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>12</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>a. Explain why it was not possible to interview the Agency Head:</p>	<p>Interviewed the Agency Head designee (Deputy Director of Residential Placement).</p>

77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input checked="" type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

<p>84. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>Was the site review an active, inquiring process that included the following:</p>	
<p>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>Tested the PREA Hotline number in the grievance monitor's office. Contacted Women's Resource Center, as previously stated above.</p>
<p>Documentation Sampling</p>	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	
<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

Requested various samples, even if they shared that they were uploaded in OAS. I wanted to lay my eyes on specific documents.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	1	0	0	1
Staff-on-inmate sexual abuse	0	0	0	0
Total	1	0	0	1

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	3	0	3	0
Staff-on-inmate sexual harassment	1	0	0	1
Total	4	0	3	1

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	1	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	1	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	2	1
Staff-on-inmate sexual harassment	0	0	0	1
Total	0	0	2	2

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	6
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<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>5</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>4</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

Yes

No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

Standards
<p>Auditor Overall Determination Definitions</p> <ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
<p>Auditor Discussion Instructions</p> <p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed Central Oklahoma Juvenile Center (COJC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.311. Central Oklahoma Juvenile Center (COJC) submitted their “State of Oklahoma-Office of Juvenile Affairs (OJA) Policy: P-35-09-10 as evidence of compliance with PREA Standard 115.311. An excerpt from Policy P-35-09-10, states, <i>“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...Institutional Superintendents shall ensure that facility staff discourage and prevent sexual misconduct by providing clear definitions of prohibited conduct, establishing uniform methods for the prompt reporting and investigation of allegations of misconduct, and prescribing sanctions for both substantiated misconduct and false</i></p>

	<p><i>allegations. Sexual misconduct between staff and juveniles, volunteers or contract personnel and juveniles, regardless of consensual status, is prohibited and subject to administrative and criminal disciplinary sanctions.</i>” Policy P-35-09-10 also contain definitions of sexual abuse and sexual harassment. This auditor reviewed COJC’s OJA Policy and has concluded that it has the necessary language to align with PREA Standard 115.311.</p> <p>While onsite, this PREA auditor also observed, interacted with, and interviewed OJA’s PREA Coordinator. OJA’s PREA Coordinator explained that she has the time and support of OJA’s Deputy Division Director to effectively engage in her role and has carved out time within her role as Administrative Programs Officer III. This auditor also interviewed COJC’s Superintendent, who confirmed that COJC has provided OJA’s PREA Coordinator enough time and authority to engage in her PREA Coordination duties.</p> <p>Finally, this auditor further reviewed ’s OJA’ s Policy: P-35-09-10, which stated COJC’s disciplinary process for employees violating code of conduct. This auditor also reviewed OJA’s Residential Placement Support Services (RPSS) Division’s Organizational Chart, which showed OJA’s PREA Coordinator reporting to OJA’s Deputy Division Director for PREA-related duties/efforts. OJA’s Deputy Division Director reports to OJA’s Executive Director</p> <p>This PREA auditor concludes that Central Oklahoma Juvenile Center (COJC) is in compliance with PREA Standard 115.311.</p>
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115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Central Oklahoma Juvenile Center (COJC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.312. Oklahoma Juvenile Affairs (OJA) Deputy Division Director, OJA’s PREA Coordinator, and COJC’s Superintendent shared that OJA do not contract with other facilities for the confinement of youth whom the courts turn over to the supervision/ monitoring of OJA residents. COJC did not submit any contracts to this auditor or uploaded contracts into OAS. Finally, this auditor interviewed 20 randomly selected specialized and security staff. Each confirmed that OJA do not contract for confinement. Finally, this auditor interviewed 14 randomly selected COJC residents. Each resident stated that they were sent to OJA by the courts. This auditor reviewed their records and this auditor confirmed.</p> <p>This PREA auditor concludes that Central Oklahoma Juvenile Center (COJC) is in</p>

	compliance with PREA Standard 115.312.
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115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Central Oklahoma Juvenile Center (COJC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.313. Central Oklahoma Juvenile Center (COJC) submitted their “State of Oklahoma-Office of Juvenile Affairs (OJA) Policy: P-35-09-10” and their “Security and Control Policy P-35-03-01” as evidence of compliance with PREA Standard 115.313. An excerpt from Policy P-35-09-10, states, <i>“Institutional Superintendents shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect juveniles against sexual abuse. (115.313(a)) B. Institutional Superintendents will coordinate the annual review and assessment of staffing levels and video monitoring procedures with the assistance of the PREA Coordinator. During the annual assessment, Institutional Superintendents in consultation with the PREA Coordinator shall review the following to assess, determine, and document whether adjustments are needed...”</i> This auditor concludes that COJC’s OJA Policies have the necessary language to align with PREA Standard 115.313.</p> <p>While onsite, this auditor interviewed OJA’s PREA Coordinator and COJC’s Superintendent, who shared that COJC follows a protocol when call-offs and time-offs occur. According to this interview COJC provides coverage through adjusting/rotating on-shift staffing, voluntary overtime with bonuses, mandatory overtime, and an on-call bonus program for staff who agree to be responsive to calls from supervisory staff to relieve staff. COJC’s Superintendent further shared that the above-mentioned allows COJC’s to keep staffing coverage and eliminate staffing plan deviations.</p> <p>This auditor reviewed COJC’s “Staffing Plan” which documented COJC’s process of ensuring adequate staffing to protect residents from sexual abuse. COJC initial Staffing Plan did not contain all the components which need consideration when identifying staffing needs, however COJC submitted their revised Staffing Plan to this auditor (uploaded to OAS). While onsite, this auditor reviewed COJC’s staffing roster for a random selection of days over the past 6 months. This auditor did not observe any staffing gaps or deviations from their Staffing Plan. COJC’s roster seemed to have adequate staffing coverage to protect residents from sexual abuse.</p> <p>Additionally, while onsite, this auditor interviewed 4 randomly selected RSC-4</p>

	<p>Supervisory Staff and 2 Administrative Program Officers (APO), as well as COJC’s Superintendent. Each affirmed that supervisory unannounced walkthroughs (identified as walkthroughs) are conducted daily and weekly based on the supervisory. They shared that “unannounced walkthrough consists of walking through where residents are present, conducting resident counts, observing staff interactions, checking for locked/unlocked doors, talking to residents, and checking unoccupied facility. This auditor reviewed documentation of completed unannounced walkthroughs uploaded to OAS (9/2021, 5/2022, and 3/2023) by OJA’s PREA Coordinator. While onsite, this auditor also requested documentation of unannounced rounds by supervisory staff for a random selection of 16 different days in 2023. COJC was able to produce documentation for all 16 requested, and unannounced supervisory walkthroughs were observed to be completed by either COJC’s Superintendent, Asst Superintendent, OJA’s Deputy Director, an RS-4 Supervisor, or an Administrative Program Officer.</p> <p>This PREA auditor concludes that Central Oklahoma Juvenile Center (COJC) is in compliance with PREA Standard 115.313.</p>
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115.315	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed Central Oklahoma Juvenile Center (COJC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.315. Central Oklahoma Juvenile Center (COJC) submitted their “<i>State of Oklahoma-Office of Juvenile Affairs (OJA) Policy: P-35-09-10</i>” as evidence of compliance with PREA Standard 115.315. An excerpt from Policy P-35-09-10, states “<i>The agency shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex juveniles, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.</i>” This auditor concludes that COJC’s OJA search policy has the necessary language to align with PREA Standard 115.315.</p> <p>COJC is a male resident juvenile facility. While on-site, this PREA auditor interviewed 14 randomly selected residents. Each resident verified that they are only searched by staff of the same gender. When this auditor interviewed a random selection of 8 COJC security staff and asked, “<i>Which gender staff pat searches a transgender or intersex?</i>” There was inconsistency from 7 out of the 8 staff, who either responded that transgender or intersex residents are pat searched “by male staff only” or “based on the resident’s biological anatomy.” Only 1 of the 8 staff shared that COJC allows the transgender and intersex resident to select the gender of staff they feel</p>

more comfortable pat searching them.

Furthermore, 14 of the 14 randomly selected interviewed residents shared that they are allowed to shower, perform bodily functions, and get dressed without being viewed by non-medical staff of the opposite gender viewing them. They explained that each of them had their own rooms, and they shower individually during shower times. During this auditor's exhaustive tour, this auditor all resident housing units had individual sleeping rooms. Each housing unit had individual shower rooms where residents individually rotate to shower, use the toilet, and change their clothes. The shower rooms also have shower curtains to ensure additional resident privacy. Residents are not allowed to change clothing in their sleeping rooms. They are required to change in the shower rooms. Each resident's room had large unobstructed bay windows for security viewing.

During the exhaustive tour, this auditor observed gender announcing signage prominently posted in at points of entrance into each housing. When this auditor asked each randomly selected interviewed resident if "opposite gender" staff announce their presence when entering resident housing units, 10 of the 14 interviewed residents stated that staff consistently announce their presence when entering the housing units. Three of the 14 interviewed residents who shared that the COJC staff announce do not consistently announce their presence when entering the housing units. During the interviews with residents, 13 out of 13 stated that they felt they had enough privacy overall. When this auditor interviewed a random selection of 20 specialized and security staff, each stated that they consistently announce their presence when entering the residents housing units. When this auditor inquired as to the reason for its importance, each member of staff knew that it was to protect resident privacy and ensure residents are appropriately dressed. When this auditor informed COJC's Superintendent of the interview data, he immediately put out a reminder memo (12/19/2023), titled "Announcing Females on Unit" to the entire facility for review and signature. Signature evidence was submitted to this auditor in 1/2024 (due to this onsite audit being so close to the holidays).

This auditor recommended that COJC retrain staff on COJC's OJA Policy and PREA Standards regarding searching/pat down searching of transgender and intersex residents. Furthermore, this training should also entail transgenders being allowed to shower at opposite times of other residents (115.342), and transgender perception of their own safety being considered in housing and programming decisions (115.342). This PREA auditor concludes that Central Oklahoma Juvenile Center (COJC) was not in compliance with PREA Standard 115.315. Corrective Action was REQUIRED.

During COJC's Corrective Action Period (CAP), this auditor conducted multiple technical assistance meetings with OJA's PREA Coordinator and COJC's Superintendent to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings, OJA's PREA Coordinator (PC) conducted COJC-wide "PREA Refresher Staff Trainings" on the following dates: (3/21/24, 4/1/24, 4/2/24, 4/3/24, 4/4/24, 4/5/24, 4/8/24, 4/9/24, and 4/10/24). OJA's PC

submitted evidence of the COJC-wide “PREA Refresher Training” by submitting the sign-in sheets and signed staff acknowledgement of receiving PREA refresher training. Additionally, OJA’s PC submitted “PREA Cross-Gender Search PPT Training” signed staff acknowledgement of receiving cross-gender search training. Finally, OJA’s PC submitted her “PREA Staff Retraining Talking Points” as evidence of compliance. OJA PREA Coordinator's talking points states,

1. *What is PREA?*
2. *Purpose of PREA - ZERO TOLERANCE*
3. *In accordance with PREA - What is sexual abuse? What is sexual harassment?*
4. *Resident right to be free of sexual abuse and/or sexual harassment while in OJA/COJC custody.*
5. *Resident right to be free from retaliation for reporting a PREA allegation.*
6. *There is NO SUCH THING as consensual sexual contact in any OJA facility. Sexual Abuse between a staff and a juvenile is a FELONY.*
7. *As state employees, we are mandated by state statute to be mandatory reporters, if we have any knowledge, suspicion, or information of any type of sexual abuse or sexual harassment of any juvenile in our custody.*
8. *Know how to detect, prevent, and respond to any form of sexual abuse or sexual harassment with any juvenile.*
9. *L.G.B.T.I. - effective communications with all juveniles.*
10. *Placement of a trans-gender youth will be handled on a case-by-case basis through state office, behavioral health, medical, Leadership Staff.*
11. *Trans-female has a right to request that a trained female staff pat them down.*
12. *Trans-male has a right to request that a trained male staff pat them down.*
13. *Compliance with state and federal laws.*
14. *How can staff and juveniles report a PREA Allegation? Brochures, Posters, Guide Books, PREA Box on PREA Coordinator’s Office Door, Staff retraining records.*
15. *Coordinated Response Plan to PREA Allegations*
16. *All Female staff/volunteers must knock and announce their presence on the housing units.*
17. *Class sign in sheet, PREA Acknowledgement, Cross-Gender Search Training Acknowledgement.*

This PREA auditor concludes that Central Oklahoma Juvenile Center (COJC) is in compliance with PREA Standard 115.315.

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

This PREA Auditor reviewed Central Oklahoma Juvenile Center (COJC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.316. Central Oklahoma Juvenile Center (COJC) submitted their "State of Oklahoma-Office of Juvenile Affairs (OJA) Policy: P-35-09-10 Policy as evidence of compliance with PREA Standard 115.316. An excerpt from Policy P-35-09-10, states, *"Education shall be provided in formats accessible to all juveniles, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as juveniles who have limited reading skills. All juveniles will have an equal opportunity to participate in or benefit from all aspects of OJA's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.*

1. *Institutional Superintendents shall take reasonable steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.*

2. *Institutional Superintendents shall not rely on juvenile interpreters, juvenile readers, or other types of juvenile assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the juvenile's safety, the performance of first-responder duties under 115.364, or the investigation of the juvenile's allegation."*

This auditor concludes that COJC's OJA Policy has the necessary language to align with PREA Standard 115.316. While on site, this auditor interviewed OJA's PREA Coordinator, who shared that COJC provide translation/interpretation to non-English speaking residents through COJC staff who are bi-lingual. However, COJC could not share how they provide access and services to residents with disabilities (deaf, blind, low-vision, physical and intellectual disabilities). OJA's PREA Coordinators also shared that they were not currently contracted with a formal language translation, interpretation for LEP, or a formal entity for deaf and blind residents because that population is consistently low. COJC submitted in OAS, names of 2 COJC staff who are certified as interpreters through OJA.

While onsite, this auditor interviewed a random selection of 20 specialized and security staff. Each staff shared that there are bilingual staff at COJC who would be able to translate Spanish. However, none knew of COJC providing access to formal language services for LEP resident interpretation. Also, at the time of this audit, COJC reported that there were no Limited English Proficient (LEP) residents within the census to randomly select for interviews. This auditor reviewed the facility's roster and randomly selected 14 residents for interviewing. While interviewing, this auditor interviewed 1 resident who was limited in his English vocabulary. When this auditor asked him if he understood PREA and how to report sexual abuse or sexual harassment, he was able to share reporting access points at COJC. This auditor also asked this resident, *"If you are unable to understand some English words, how would you get help at COJC?"* The resident shared that there are staff who can speak Spanish who helps him understand words he doesn't know.

	<p>Additionally, while on site, this auditor observed PREA reporting postings in English and Spanish. This auditor also reviewed COJC’s PREA Orientation, PREA Brochures, as well as COJC’s Juvenile PREA Guide (resident handbook) in English and Spanish. COJC also submitted evidence of residents admitted to COJC between 2021 and 2023, with sight and hearing impairments, as well as medical challenges who received accommodated PREA-related intakes, PREA Education, and accommodated access to reporting. COJC also has 2 identified ADA rooms on each housing unit which accommodates residents with acute medical needs. However, this auditor did not observe PREA resident orientation and education videos in Spanish or with closed captioned for the hearing impaired.</p> <p>After this onsite audit concluded and prior to this auditor’s PREA Interim Report’s submittal COJC identified “<i>Language Associates</i>,” a COJC’s formal entity which provides translation and interpretation services to communicate with residents. “<i>Language Associates</i>” is a “bill only as needed” translation service company, which works well with COJC’s limited LEP resident population. Additionally, COJC implemented using PREA Resource Center’s (PRC) approved PREA Resident Orientation and PREA Resident Education videos. These free videos come in English, Spanish, and closed-captioned versions. Implementation occurred on 1/31/24.</p> <p>This PREA auditor concludes that Central Oklahoma Juvenile Center (COJC) is in compliance with PREA Standard 115.316.</p>
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115.317	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed Central Oklahoma Juvenile Center (COJC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.317. Central Oklahoma Juvenile Center (COJC) submitted their “State of Oklahoma-Office of Juvenile Affairs (OJA) Policy: P-03-05-106 “Selection Procedures for Classified Service” as evidence of compliance with PREA Standard 115.317. This auditor concludes that COJC’s OJA Policy P-03-05-106 has the necessary language to align with PREA Standard 115.317.</p> <p>While on sight, this PREA auditor interviewed OJA’s Human Resource Manager (HRMS), who shared that OJA conducts background checks on all prospective employees and contractors prior to being hired or providing services with OJA’s residents. OJA’s Human Resources Manager (HRMS) also shared that every prospective employee and contractor goes through an FBI fingerprint check, an Oklahoma State Bureau of Investigations (OSBI) background check and a “Joshua</p>

	<p>List” check of investigations (registered sex offender list checks). OJA’s HRMS checks the Child Abuse and Neglect (CAN) registry and the “Adam Walsh List” for prospective candidates who had residency outside of Oklahoma within the past 10 years. OJA’s HRMS also shared that contractors receive the same background checks as new employee candidates. Prior to promotions, OJA’s HRMS conducts another background checks to see if the promoted employee is a new employee.</p> <p>Furthermore, once hired, OJA’s HRMS shared that all employees have a duty to disclose/notify of any sexual related misconduct. OJA also accepts requests from prospective employers and submits requests from previous employers regarding OJA employment candidates. OJA’s HRMS also shared that when employees receive performance reviews, they are required to complete another acknowledgement of OJA’s zero tolerance questions. Additionally, OSBI’s background check system (called a RAP Report) notifies the OJA within 24-48 hours of any contact an OJA employee has with law enforcement. This is more frequent than OJA’s 5-year background screenings requirements. OJA’s PREA Coordinator uploaded example RAP Reports from 2021, 2022, and 2023 as evidence of compliance.</p> <p>This auditor randomly selected 6 OJA employee files and 1 contractor file. This auditor’s random selection consisted of employees of various years of service. Two of the 6 selected employee files were staff who were promoted. An additional 2 of the 6 employee files were employees who were hired 7+ years ago. The reviewed 6 employee files and 1 contractor file entailed PREA-related pre-employment screenings, FBI (national) and OSBI (state) background check verifications, and affirmative duty to disclose. The 7 files (employee and contractor) had all the checks and screenings, aligning with 115.317. Finally, the 5 of the 6 employee files had performance reviews and completed acknowledgement forms of OJA zero tolerance for sexual abuse/sexual harassment.</p> <p>This PREA auditor concludes that Central Oklahoma Juvenile Center (COJC) is in compliance with PREA Standard 115.317.</p>
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115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Central Oklahoma Juvenile Center (COJC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.318.</p> <p>Central Oklahoma Juvenile Center (COJC) submitted evidence of renderings and floorplans of housing unit upgrades in the OAS. OJA’s PREA Coordinator shared,</p>

	<p>“Central Oklahoma Juvenile Center has had major construction of our facility. All old housing units that had open bay dorms have been demolished and new housing units have been built where each youth has their own room. We also added numerous cameras to monitor all areas of the facility. Furthermore, this auditor interviewed COJC’s Superintendent who shared that COJC’s most recent addition/upgrade was their newly erected kitchen, canteen, and facility supply building. These physical plant upgrades were completed on 9/2023.</p> <p>While onsite, this auditor conducted an exhaustive tour of COJC, observing COJC’s multiple connecting housing units. Within each housing unit, residents have their own rooms. There are multiple cameras inside. There are large unobstructed bay windows for easy visual sight for staff and individual showers rooms. This auditor also viewed COJC’s new kitchen, canteen, and facility supply building. Each area was staff monitored with multiple cameras for video monitoring. Each space had an open view from one side of the room to the other side, with locking capabilities. Finally, COJC’s Superintendent who shared that COJC’s physical plant changes and additional cameras provided improvements in COJC’s video monitoring abilities to enhance their capability to protect residents from sexual abuse.</p> <p>This PREA auditor concludes that Central Oklahoma Juvenile Center (COJC) is in compliance with PREA Standard 115.318.</p>
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115.321	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed Central Oklahoma Juvenile Center (COJC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.321. Central Oklahoma Juvenile Center (COJC) submitted their “State of Oklahoma-Office of Juvenile Affairs (OJA) Policy: P-35-09-10 as evidence of compliance with PREA Standard 115.321. An excerpt from Policy P-35-09-10, states, <i>“OJA shall attempt to make available to the victim, a victim advocate from a rape crisis center. Upon request from the victim, the victim’s advocate will accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. It will be the responsibility of OJA to obtain and maintain a memorandum of understanding with a community resource in the area for this support. (115.321)</i></p> <p><i>1. OJA follows a uniform evidence protocol when responding to allegations of sexual abuse. The evidence protocol must be developmentally appropriate for youth.</i></p>

2. When evidentiary and medically appropriate, the Institutional Superintendent will ensure that a juvenile who has experienced sexual abuse is transported to a hospital, clinic, or emergency room that can provide for medical examination by a Sexual Assault Nurse Examiner (SANE), Sexual Assault Forensic Examiner (SAFE) where possible. If a SAFE or SANE examiner cannot be made available, the examination can be performed by other qualified medical practitioners. The facility shall document efforts to provide SAFE or SANE examiners. All such medical examinations are provided at no financial cost to the juvenile.

3. Institutional Superintendents shall seek to secure victim advocacy services from local rape crisis centers. If a rape crisis center is not available, these services shall be made available through a qualified staff member from a community-based organization or from a qualified OJA staff member who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues.

b) OJA shall maintain or attempt to enter into a memorandum of understanding (MOU) or other agreements with community service providers/victim advocates who are able to provide juveniles with confidential emotional support services related to sexual abuse.

b) If a MOU/agreement is entered into, the facility will provide offenders access to the contact information for the community service provider as outlined in the MOU/ agreement.

c) OJA shall maintain copies of the MOU/agreements or documentation showing attempts to enter into such agreements.

4. If requested by the juvenile who experiences sexual abuse, a victim advocate will accompany and support the juvenile through the forensic medical examination and investigatory interviews. The victim advocate shall provide emotional support, crisis intervention, information, and referrals.”

This auditor concludes that COJC’s OJA Policy has the necessary language to align with PREA Standard 115.321. While on site, this auditor interviewed OJA’s PREA Coordinator, she shared that COJC utilize St. Anthony Hospital in Shawnee Oklahoma for SANE/SAFE services. Additionally, OJA’s PREA Coordinator provided a copy COJC’s Memorandum of Understanding (MOU) with the “Women’s Resource Center” who serves as COJC’s provider for victim advocacy/emotional support for sexual abuse victims. The MOU is current and has been in place since 5/01/2015. This auditor also interviewed 4 COJC specialized staff (psychologist, staff nurse, case manager, and behavioral health clinician) who shared that they were familiar with COJC’s MOU with the “Women’s Resource Center” for victim advocacy services. This auditor observed the posting of the victim advocacy telephone number on signage within the facility. This auditor contacted the “Women’s Resource Center’s (WRC)” hotline to verify MOU. The representative verified the collaboration and the procedures if they receive a call from COJC, requesting a victim advocate. This auditor interviewed a random selection of 14 COJC residents. When asked about their knowledge of outside victim advocacy services provided for sexual abuse

victims at COJC, 6 out of 14 did not know that there were advocacy services available.

According to OJA's PREA Coordinator, OJA's Office of Public Integrity (OPI) Department has 2 certified and specialized trained Peace Officers that work for OJA and conduct all criminal related investigations at COJC. OPI has an MOU from the surrounding counties where OJA's OPI investigators conduct investigations at COJC but will keep the local jurisdictions updated if any charges are made. This auditor interviewed 1 of OJA's OPI's Peace Officer, who conducts PREA criminal investigations. He confirmed that OPI conducts PREA criminal investigations assigned to him by OJA's Advocate General. He also shared that when conducting the PREA criminal investigations, he conducts a parallel PREA Administrative Investigation. This auditor also reviewed 2 MOUs with Tecumseh County Police Department and Cleveland County Sheriff's Office. Both MOUs confirms that all COJC sexual abuse allegations are referred to OJA's OPI investigators who have the legal authority to conduct criminal investigations and are assisted by Tecumseh County Police Department and Cleveland County Sheriff's Office.

Finally, this auditor also interviewed a random selection of 8 COJC security staff. This auditor shared a scenario with each security staff. This auditor shared a scenario of a sexual assault occurring in the shower area, the victim immediately runs out and reports the assault to the security staff. Each knew their responsibilities if they were first to be informed, notified, or observe sexual abuse/sexual harassment of a resident. Seven out of the 8 interviewed security staff shared their duties to preserve the potential crime scene of the scenario this auditor shared. The 1 interviewed security staff who did not respond similarly to the scenario needed a small prompt, then shared acceptable knowledge as first responder in preserving a potential sexual abuse crime scene.

This auditor recommended that COJC conduct an all resident PREA Refresher Education focused on "*Victim Advocacy Services Access*," who provides it for COJC, its purpose, its role, and how it aligns with PREA Standard 115.321 and 115.353. This PREA auditor concluded that Central Oklahoma Juvenile Center (COJC) was not in compliance with PREA Standard 115.321. Corrective Action was required.

During COJC's Corrective Action Period (CAP), this auditor conducted multiple technical assistance meetings with OJA's PREA Coordinator and COJC's Superintendent to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings, OJA's PREA Coordinator (PC) conducted "*Resident PREA Refresher Information*" education at each of their resident cottages (Pine, Cypress, Maple, and Oak) on 3/21/24. OJA's PC then submitted evidence of each COJC resident receiving the "*Resident PREA Refresher Information*" education/informational by submitting "*Resident PREA Refresher Information*" forms with attached signed acknowledgements. The information discussed in the refresher education with the residents was exhaustive of PREA's zero tolerance, resident's rights not to be sexually abused/sexually harassed, rights not to be retaliated against for reporting, the multiple ways for resident to report at COJC (including 3rd party reporting and grievances), and victim advocacy.

	<p>Statement #5 in the informational stated, <i>"I understand that Central Oklahoma Juvenile Center offers outside emotional support for victims of sexual abuse-Rape Crisis 24-hour sexual assault hotline (405 701-5660)."</i> Finally, the instructions for the facilitating staff stated, <i>"Have resident initial after staff read/review each statement with the resident."</i> This auditor did observe that each resident placed their initials after each informational/statement section, acknowledging that they understood the information presented.</p> <p>This PREA auditor concludes that Central Oklahoma Juvenile Center (COJC) is in compliance with PREA Standard 115.321.</p>
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115.322	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed Central Oklahoma Juvenile Center (COJC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.322. Central Oklahoma Juvenile Center (COJC) submitted their “State of Oklahoma-Office of Juvenile Affairs (OJA) Policy: P-35-09-10” as evidence of compliance with PREA Standard 115.322. An excerpt from Policy P-35-09-10, states, <i>“A. All allegations of sexual abuse or sexual harassment are referred for administrative or criminal investigation.</i></p> <p><i>B. The PREA Coordinator shall be notified of the incident through the Advocate General. OPI will forward investigation findings to the PREA Coordinator.</i></p> <p><i>C. Institutional Superintendents will send a referral for investigation anytime a sexual assault is alleged, threatened, or occurs. OPI will ensure that an investigation is conducted and documented whenever a sexual assault is alleged, threatened, or occurs. In addition, OPI will ensure that an investigation is conducted and documented whenever sexual harassment is alleged.</i></p> <p><i>D. All OJA employees, contract staff, volunteers shall provide complete cooperation and full disclosure during an inquiry or investigation into an alleged act of sexual misconduct or related prohibited conduct.</i></p> <p><i>E. Interference with Official Process: Any failure to report or cover-up an incident of sexual misconduct, making an allegation or statement that the party or witness knew could not have been true, or any other form of failure to cooperate with an investigation or inquiry is deemed to constitute interference with official process and the employee may be subject to disciplinary action.</i></p>

F. Pending the conduct and outcome of the investigation, the facility shall ensure that affected staff and juvenile(s) are separated through appropriate placement, transfer, or leave (including suspension) options. This separation will not represent a form of punishment for the juveniles.”

This auditor concludes that COJC’s OJA Policy has the necessary language to align with PREA Standard 115.322. While onsite, this auditor interviewed OJA’s PREA Coordinator. She shared that COJC has specialized trained Administrative Investigators. She also shared that OJA’s Office of Public Integrity (OPI) Department has 2 certified and specialized trained Peace Officers that work for OJA and conduct all criminal related investigations at COJC. This auditor interviewed 1 COJC Administrative PREA Investigator and 1 of OJA’s OPI’s Peace Officer, who conducts PREA criminal investigations. Both individually shared that all allegations of Sexual Abuse or Sexual Harassment at COJC are referred to OJA’s Advocate General for review then assigned either to OJA’s “OPI Criminal Investigator” or to the “Caretaker Conduct Review Team” (COJC’s Administrative PREA Investigators). OJA’s interviewed OPI Criminal Investigator also shared that when conducting the PREA criminal investigations, he conducts a parallel PREA Administrative Investigation.

Furthermore, all OJA OPI investigators are *C.L.E.E.T. Certified* (Certified Law Enforcement Education Training), as well as receive PREA Specialized training. “Caretaker Conduct Review Team” Investigator (COJC’s Administrative PREA Investigators) also receive PREA Specialized training. OJA’s PREA Coordinator submitted certificate verification of PREA Specialized training of 2 OPI Investigators and 3 “Caretaker Conduct Review Team” Investigators (COJC’s Administrative PREA Investigators). She also submitted their 2021, 2022, and 2022 referrals for investigation as evidence of compliance. OJA’s PREA Coordinator shared the OJA’s OPI has MOUs from the surrounding counties where OJA’s OPI investigators conduct criminal investigations at COJC but will keep the local jurisdictions updated if any charges are made. This auditor also reviewed 2 MOUs with Tecumseh County Police Department and Cleveland County Sheriff’s Office. Both MOUs confirm that all COJC sexual abuse allegations are referred to OJA’s OPI investigators who have the legal authority to conduct criminal investigations and are assisted by Tecumseh County Police Department and Cleveland County Sheriff’s Office.

This PREA auditor concludes that Central Oklahoma Juvenile Center (COJC) is in compliance with PREA Standard 115.322.

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Central Oklahoma Juvenile Center (COJC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System

(OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.331. Central Oklahoma Juvenile Center (COJC) submitted their "State of Oklahoma-Office of Juvenile Affairs (OJA) Policy: P-35-09-10" as evidence of compliance with PREA Standard 115.331. An excerpt from Policy P-35-09-10 states, "All staff having juvenile contact with or access to juveniles will receive pre-orientation and annual in-service training in staff/juvenile sexual misconduct. Volunteers will receive training during orientation and annual in-service training. The pamphlet *Staff Guide to Preventing and Reporting Sexual Misconduct, PREA-02-Staff*, will be made available to all staff. The pamphlet *Volunteer's, Contractor's, and Volunteer's Guide to Preventing and Reporting Sexual Misconduct, PREA-02-VCI*, will be made available to all contractors, volunteers, and interns with juvenile contact.

The agency shall train all employees who may have contact with juveniles confined in an OJA operated secure facility or contracted facility 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. Juveniles' right to be free from sexual abuse and sexual harassment;*
- 4. The right of juveniles 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 juveniles;*
- 8. How to avoid inappropriate relationships with juveniles;*
- 9. How to communicate effectively and professionally with juveniles, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming juveniles;*
- 10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and*
- 11. Relevant laws regarding the applicable age of consent.*

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

C. The agency shall provide each employee with refresher training every year to ensure that all employees know the agency's current sexual abuse and sexual

harassment policies and procedures.”

This auditor concludes that COJC’s OJA Policy has the necessary language to align with PREA Standard 115.331. While onsite, this PREA interviewed 21 randomly selected security staff, specialized, support, volunteer, and contractors. Each acknowledged receiving PREA and/or PREA refresher training. Each knew their responsibilities as first responders, coordinated duties, mechanisms of reporting, and investigation process. This auditor also requested, received, and viewed training files of the 21 randomly selected interviewed staff, to verify up-to-date annual PREA training. ’s PREA Coordinator printed off COJC’s 2023 electronic training transcript of all employees, which entailed the staff’s name, name of the training course, the training type, the hours of the training, and the date of training completion. The staff training transcript showed each of the 21 interviewed staff’s training verification of attending. This auditor reviewed COJC’s annual in-person Power Point training curriculum used to train new hires and annual refresher for employees, contractors, and some volunteers. The Power Point training curriculum covers the components identified in PREA Standard 115.331. This auditor also reviewed COJC’s *“Staff Guide to Preventing and Reporting Sexual Misconduct”* pamphlet, which is given to all new hires and contractors. This pamphlet also covers the components identified in PREA Standard 115.331.

This PREA auditor concludes that Central Oklahoma Juvenile Center (COJC) is in compliance with PREA Standard 115.331.

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Central Oklahoma Juvenile Center (COJC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.332. Central Oklahoma Juvenile Center (COJC) submitted their “State of Oklahoma-Office of Juvenile Affairs (OJA) Policy: P-35-09-10” as evidence of compliance with PREA Standard 115.332. An excerpt from Policy P-35-09-10 states, <i>“The agency shall ensure that all volunteers and contractors who have contact with juveniles have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures.</i></p> <ol style="list-style-type: none"><li data-bbox="341 1973 1442 2051">1. <i>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</i>

juveniles, but all volunteers and contractors who have contact with juveniles shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

- 2. The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received."*

This auditor concludes that COJC's OJA Policy has the necessary language to align with PREA Standard 115.332. While onsite, this PREA interviewed the 1 randomly selected volunteer who was present to interview. This volunteer shared that he did not recall receiving a background check and PREA training prior to being accepted to provide music development/appreciation volunteer services. Additionally, he was unable to clearly share his responsibilities if informed, observed, or gained knowledge of sexual abuse or sexual harassment. This auditor further explored this volunteer's knowledge of PREA. He shared that he was caught off guard and was nervous. This auditor rephrased his questions by asking, "What steps would you take if you were told by a resident told you in private that they were sexually touched against their will by another resident?" He responded by stating, "I would immediately inform a COJC staff or supervisor." This auditor further asked, "What if the resident who touched the reporting resident was also in your group?" The volunteer responded, "I would find a way to keep the information private by still inform staff." After the interview, this auditor requested to view the PREA training files of the 1 randomly selected interviewed volunteer. This volunteer's file contained an Office of State Bureau of Investigation's (OSBI) statewide and national background check, Department of Corrections (DOC) Sex Offender check, DOC Violent Offender check. This auditor also viewed this volunteer's signed and dated PREA Training Acknowledgement" (7-24-21). This auditor received and reviewed COJC's lesson plan/power point training for contractors and volunteers, as well as COJC's "Volunteer's, Contractor's, and Intern's Guide to Preventing and Reporting Sexual Misconduct" pamphlet, which is given to all new hires, contractors, and volunteers. The lesson plan/power point training covered abbreviated components identified in PREA Standard 115.331 and 115.332.

At the conclusion of the interview, the volunteer shared with COJC's Volunteer Coordinator that he did not interview well with this auditor. OJA's Deputy Director was present when he shared this information. OJA's Deputy Director informed the Volunteer Coordinator that this volunteer program is suspended until he immediately goes through an individualized PREA re-training facilitated by the volunteer coordinator. The following day (12/19/2023), COJC submitted re-training verification and signed acknowledgement by the volunteer.

Finally, this auditor requested to see the files of 3 randomly selected volunteers to ensure that COJC has actual consistency in practice in onboarding contractors and volunteers with PREA. COJC produced the three requested files, as well as the training files of 3 contracted Medical Doctors with COJC. All 6 files had an Office of State Bureau of Investigation's (OSBI) statewide and national background check, Department of Corrections (DOC) Sex Offender check, DOC Violent Offender check present. This auditor also viewed this volunteer's signed and dated PREA Training

	<p>Acknowledgement.” The Medical Doctor’s files had their NIC specialized Training Certificate present as well.</p> <p>This PREA auditor concludes that Central Oklahoma Juvenile Center (COJC) is in compliance with PREA Standard 115.332.</p>
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115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Central Oklahoma Juvenile Center (COJC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.333. Central Oklahoma Juvenile Center (COJC) submitted their “State of Oklahoma-Office of Juvenile Affairs (OJA) Policy: P-35-09-10” as evidence of compliance with PREA Standard 115.333. An excerpt from Policy P-35-09-10 states,</p> <p><i>“A. Institutional Superintendents shall ensure that during the intake process, each juvenile receives information explaining, in an age-appropriate fashion, OJA’s ZERO TOLERANCE policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.</i></p> <p><i>B. Within 10 days of intake, the facilities shall provide comprehensive, age-appropriate education to juveniles 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.</i></p> <p><i>C. The facility shall maintain documentation of juvenile participation in these education sessions.</i></p> <p><i>D. In addition to providing education, key PREA information will be continuously and readily available and visible to juveniles through posters, handbooks, and other written formats.</i></p> <p><i>E. Education shall be provided in formats accessible to all juveniles, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as juveniles who have limited reading skills. All juveniles will have an equal opportunity to participate in or benefit from all aspects of OJA’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment.”</i></p> <p>This auditor concludes that COJC’s OJA Policy has the necessary language to align with PREA Standard 115.333. While onsite, this auditor visited COJC’s intake area and interviewed a randomly selected Juvenile Justice Specialist III (JJS), who provided</p>

PREA Orientation at intake and PREA Comprehensive Education. She shared the entire intake process. The JJS shared that, according to law, they have only 1 hour to complete the juvenile's entire intake process (including PREA). During the PREA section of intake, the JJS briefly goes over the *"Juvenile's Guide to Preventing and Reporting Sexual Misconduct"* handbook (more like give the guide due to time constraints). The resident signs off acknowledging receipt of the information. Within 7-10 days, the JJS returns to the resident as ask if they had any questions from reading the *"Juvenile's Guide to Preventing and Reporting Sexual Misconduct"* handbook. According to the JJS, there's no Comprehensive PREA Education session conducted, or video shown to the resident after the short intake interaction regarding PREA. This was confirmed in this auditor's interview with the JJS Supervisor (Administrative Program Officer).

This auditor also interviewed a random selection of 14 COJC residents. This auditor asked each resident if they recalled receiving PREA information through verbal or video at intake? Thirteen out of 14 responded "Yes." However, 8 out of the 14 shared that they were only given the juvenile guide handbook. Another question this auditor asked was, *"Please shared with me at least 3-4 ways a resident can report sexual abuse/sexual harassment here at COJC?"* Twelve of the 14 residents only provided verbal reporting avenues to different COJC staff members. There were 0 out of 14 residents reported written or other avenues (grievance, 3rd party, note, etc.) without prompting. There were 12/14 who did not know about their access to the confidential hotline COJC has available for the residents to report. This auditor requested to review the PREA Education files of the 14 interviewed COJC residents. OJA's PREA Coordinator submitted all 14 residents PREA Orientation (intake) and PREA Comprehensive Education (7-10 days later) signed acknowledgement forms. This auditor verified that those residents had sign-off/acknowledgement documentation within the appropriate timeframes.

Furthermore, this auditor interviewed COJC's Social Service Inspector (SSI), who manages grievances and whose office is where the resident confidential PREA hotline phone is located. This auditor asked him about his role. He shared that he retrieves grievances daily. If a PREA-related grievance is retrieved, he will immediately generate a case number and pass the grievance on to the OJA's PREA Coordinator, who will notify the Superintendent and the Advocate General for investigation assignment. This auditor also tested the hotline by calling the number. A representative immediately answered and was ready to take down the information. The representative also shared with this auditor the process when reported information is received stating that the report is forwarded to OJA's Advocate General and PREA Coordinator. COJC's SSI also shared that if a resident desires to report a PREA allegation on the confidential hotline, they can request to see him. He would take them to his office, dial the hotline number, wait for an answer, then step outside of his office for the resident to make the confidential report. This auditor asked COJC's SSI, *"How are residents made aware of the hotline being here in your office?"* He responded that he believed that residents are made aware through their PREA Education and handbook.

Finally, while on site, this auditor observed PREA reporting postings in English and

Spanish. This auditor also reviewed COJC's PREA Orientation, PREA Brochures, as well as COJC's Juvenile PREA Guide (resident handbook) in English and Spanish. COJC also has 2 identified ADA rooms on each housing unit which accommodates residents with acute medical needs. However, this auditor did not observe PREA resident orientation and education videos in Spanish or with closed captioned for the hearing impaired.

After this onsite audit concluded and prior to this auditor's PREA Interim Report's submittal COJC implemented new intake procedures/processes related to PREA Orientation. COJC's PREA Coordinator shared that they are now using new PREA Orientation forms which are read to all intake residents, showing the PRC's PREA Orientation video, and giving each resident a newly developed PREA Brochure. Within 7-10 days, residents are shown the PRC PREA Education Video, dialogue and take questions, then each resident is given COJC's *"Juvenile's Guide to Preventing and Reporting Sexual Misconduct"* handbook. According to OJA's PREA Coordinator, implementation commenced on 1/31/24.

This auditor recommended that COJC establish a "period of consistency of practice" before compliance could be concluded with their adjusted process of providing PREA Orientation at intake and Comprehensive PREA Education within 10 days of intake. This would allow time to ensure that residents are not solely going through the motions and not retaining PREA information. Also, this process would accommodate residents with reading/learning challenges. This auditor also recommended COJC conducts refresher PREA Education sessions with all COJC resident, with topics focused on reporting avenues at COJC. Residents should be made aware of verbal avenues, written avenues, grievance avenues and location of grievance boxes, 3rd party reporting avenues, where the confidential reporting hotline for residents is located and how to access it. This PREA auditor concluded that Central Oklahoma Juvenile Center (COJC) was not in compliance with PREA Standard 115.333. Corrective Action was required.

During COJC's Corrective Action Period (CAP), this auditor conducted multiple technical assistance/check-in meetings with OJA's PREA Coordinator and COJC's Superintendent to discuss the recommended corrective actions needed to meet compliance with this standard. OJA's PREA Coordinator provided this auditor feedback on the new PREA Orientation and Comprehensive Education process. OJA's PREA Coordinator (PC) also submitted COJC's revamped *"Resident PREA Initial Orientation"* acknowledgement form which is read and reviewed by intake JJS staff with arriving residents. The information read and reviewed in the *"Resident PREA Initial Orientation"* is PREA's zero tolerance, resident's rights not to be sexually abused/sexually harassed, rights not to be retaliated against for reporting, the multiple ways for resident to report at COJC (including 3rd party reporting and grievances), and victim advocacy. Furthermore, the first acknowledgement on COJC's *"Resident PREA Initial Orientation"* acknowledgement form states, *"I have viewed the Intake PREA Video and understand the information in the video."*

Additionally, OJA's PREA Coordinator submitted a copy of COJC's *"Resident PREA Comprehensive Information"* acknowledgement form used, as well as the *"PREA*

	<p><i>Resource Center’s (PRC) PREA Comprehensive Education” video shown within 10-days of resident’s arrival. The first acknowledgement on COJC’s “Resident PREA Comprehensive Information” acknowledgement form states, “I have viewed the Comprehensive PREA Video and understand the information in the video.”</i></p> <p>This PREA auditor concludes that Central Oklahoma Juvenile Center (COJC) is in compliance with PREA Standard 115.333.</p>
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115.334	Specialized training: Investigations
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	<p>Auditor Overall Determination: Meets Standard</p>
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	<p>Auditor Discussion</p>
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	<p>This PREA Auditor reviewed Central Oklahoma Juvenile Center (C)pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.334. Central Oklahoma Juvenile Center (COJC) submitted their “State of Oklahoma-Office of Juvenile Affairs (OJA) Policy: P-35-09-10” as evidence of compliance with PREA Standard 115.334. An excerpt from Policy P-35-09-10, states, <i>“In addition to the general training provided to all employees, pursuant to PREA standard 115.331, OJA 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.</i></p>
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1. Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity Warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

2. OJA shall maintain documentation, such as copies of individual training certificates or training attendance logs documenting that OJA investigators have completed the required specialized training in conducting sexual abuse investigations.

3. Any State entity or Department of Justice component that investigates sexual abuse in juvenile confinement settings shall provide such training to its agents and investigators who conduct such investigations.”

	<p>This auditor concludes that COJC’s OJA Policy has the necessary language to align with PREA Standard 115.334. While onsite, this auditor interviewed OJA’s PREA Coordinator. She shared that COJC has specialized trained Administrative Investigators, identified on the <i>“Caretaker Conduct Review Team.”</i> She also shared that OJA’s Office of Public Integrity (OPI) Department has 2 certified and specialized trained Peace Officers that work for OJA and conduct all criminal related</p>
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	<p>investigations at COJC. This auditor interviewed 1 COJC Administrative PREA Investigator and 1 of OJA’s OPI’s Peace Officer, who conducts PREA criminal investigations. Both individually shared that all allegations of Sexual Abuse or Sexual Harassment at COJC are referred to OJA’s Advocate General for review then assigned either to OJA’s “OPI Criminal Investigator” or to the “<i>Caretaker Conduct Review Team</i>” (COJC’s Administrative PREA Investigators). OJA’s interviewed OPI Criminal Investigator also shared that when conducting the PREA criminal investigations, he conducts a parallel PREA Administrative Investigation.</p> <p>Furthermore, all OJA OPI investigators are <i>C.L.E.E.T.</i> Certified (Certified Law Enforcement Education Training), as well as receive PREA Specialized training. “<i>Caretaker Conduct Review Team</i>” Investigator (COJC’s Administrative PREA Investigators) also receive PREA Specialized training. OJA’s PREA Coordinator submitted a copy of the National Institute of Correction’s (NIC) specialized investigators training curriculum topics, as evidence of compliance with 115.334. OJA’s PREA Coordinator also submitted certificate verification of PREA Specialized training of 2 OPI Investigators and 3 “<i>Caretaker Conduct Review Team</i>” Investigators (COJC’s Administrative PREA Investigators). She also submitted their 2021, 2022, and 2022 referrals for investigation as evidence of compliance. OJA’s PREA Coordinator shared the OJA’s OPI has MOUs from the surrounding counties where OJA’s OPI investigators conduct criminal investigations at COJC but will keep the local jurisdictions updated if any charges are made. This auditor also reviewed 2 MOUs with Tecumseh County Police Department and Cleveland County Sheriff’s Office. Both MOUs confirm that all COJC sexual abuse allegations are referred to OJA’s OPI investigators who have the legal authority to conduct criminal investigations and are assisted by Tecumseh County Police Department and Cleveland County Sheriff’s Office.</p> <p>This PREA auditor concludes that Central Oklahoma Juvenile Center (COJC) is in compliance with PREA Standard 115.334.</p>
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115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed Central Oklahoma Juvenile Center (COJC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.335. Central Oklahoma Juvenile Center (COJC) submitted their “State of Oklahoma-Office of Juvenile Affairs (OJA) Policy: P-35-09-10” as evidence of compliance with PREA Standard 115.335. An excerpt from Policy P-35-09-10, states, “<i>OJA shall ensure that all full- and part-time medical and mental health care</i></p>

practitioners who work regularly within the 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;*
4. *How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.*
5. *The OJA shall maintain documentation that all medical and mental health staff have received training either from the agency or elsewhere.*
6. *Medical and mental health staff will also complete the training specified in the previous section for their specific status at the facility whether employed by OJA or volunteer.”*

This auditor concludes that COJC’s OJA Policy has the necessary language to align with PREA Standard 115.335. While onsite, this PREA auditor also interviewed COJC’s 4 COJC specialized staff (psychologist, staff nurse, case manager, and behavioral health clinician). Each staff identified the training they received regarding effective and professional responding to sexual abuse victims, evidence preservation, reporting procedures, and forensic examination protocols. They also knew their coordinated response responsibilities if a resident is sexually abused at COJC. This auditor also reviewed a copy of the *National Institute of Correction’s (NIC)* specialized medical/mental health training curriculum topics, submitted by OJA’s PREA Coordinator. This web based NIC training is used to train new medical and mental health staff. This auditor also verified specialized training certificates of 3 COJC contracted Medical Doctors, 7 COJC Behavioral Health Clinicians, and 8 COJC Medical Staff (LPNs and RNs).

This PREA auditor concludes that Central Oklahoma Juvenile Center (COJC) is in compliance with PREA Standard 115.335.

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Central Oklahoma Juvenile Center (C)pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.341. Central Oklahoma Juvenile Center (C)submitted their “State of Oklahoma-Office of Juvenile Affairs (OJA) Policy: P-35-09-10” as evidence of compliance with PREA Standard 115.341. An excerpt from Policy P-35-09-10 states, “ <i>Institutional</i>

Superintendents will ensure that all juveniles are screened within 24 hours of arrival at the facility for potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. Housing assignments are made accordingly. (4-JFC-3D-03)

Within 24 hours after admission and periodically throughout the juveniles' confinement, OJA shall obtain and use information about each juvenile's personal history and behavior to reduce the risk of sexual abuse by or upon a juvenile...

OJA shall implement appropriate controls on the dissemination within the facility of responses to questions asked in order to ensure that sensitive information is not exploited to the juvenile's detriment by staff or other juveniles."

This auditor concludes that COJC's OJA Policy has the necessary language to align with PREA Standard 115.341. While on site, this auditor interviewed a randomly selected COJC Behavioral Health Clinician (BHC), as well as OJA's Psychologist and PREA Coordinator. COJC's BHC and Psychologist discussed the current "Reception Screening for Assaultive Behavior, Sexually Aggressive Behavior, Risk for Sexual Abusiveness Screening" Form. They shared that this screening form is administered at intake. The screening form has approximately 19-20 questions related to assaultive, sexual victimization, sexual aggressive, history of counseling and treatment, and current charges. After all the information is gathered on the form, COJC's BHC makes the risk determination.

Additionally, this auditor reviewed COJC's "Reception Screening for Assaultive Behavior, Sexually Aggressive Behavior, Risk for Sexual Abusiveness Screening" Form. It contains 4 preliminary questions (prior to question #1) which asks the resident's current charges, history of assaultive behaviors, history of sexually aggressive behaviors, and history of sexual victimization. These are important history questions, which help to identify if a referral for a follow-up session with a BHC (within 14 days) is needed (115.381). Question #1 asks about gender identity. COJC's BHC shared that they cannot ask the intake resident about their gender identity (LGBTI) due to licensing constraints and COJC could lose their license. Question #15 has 9 check boxes of risk factors for the screener to "check all that apply."

Many of the screening form's questions have relevance, however the form is not objective in nature and there's no legend/instructions to objectively determine sexual victimization/abusiveness risk. There's also no scoring mechanism with a threshold to determine level or category of risk. Even residents who have history of sexual victimization/abusiveness have no risk score or requirement to be referred to a BHC for follow up within 14-days (115.381). This auditor could not determine objectivity within this screening form, or clearly delineate between questions being asked to screen for PREA risk of victimization/abusiveness or for risk of physical assaultive behaviors.

The "Reception Screening for Assaultive Behavior, Sexually Aggressive Behavior, Risk for Sexual Abusiveness Screening" Form did have a "Conclusion of Risk Assessment" section which identified the resident's risk (based on the BHC who's conducting the screening assessment, not an objective mechanism), housing

recommendation, and follow-up by Psychologist (115.342). It also had a "Periodic Review of Assessment-Conducted every Six Months" section on the screening form as well. Finally, this auditor requested to see the screening form of each of the 14 randomly selected resident interviewees. Zero out of the 14 residents had a "Periodic Reassessment" (every 6 months) completed.

This auditor recommended that COJC reassess their entire current resident population using their new "OJA-Youth PREA Risk Screening (PRS)," as well as the new intakes going forward. COJC should ensure that the screener's housing, programming, supervision recommendations are considered, as well as ensure referrals are made to COJC's BHC's for any intake who has history of sexual victimization and/or sexual abusiveness. This auditor also recommended that COJC establish a process of verifying PREA Reassessment are being conducted every 6 months. Furthermore, this auditor recommended that COJC develop a referral procedure to ensure that referrals for 14-day follow-up sessions are made for residents who have a history of sexual victimization or sexual abusiveness, as well as ensure the session with BHC is occurring and the session is being properly documented by BHC/mental health staff (documenting/notating that the session with the resident was a result of receiving a referral from the screening tool's results). Finally, COJC needed to demonstrate a "period of consistency of practice" of using the new screening tool and with their adjusted PREA Risk Screening process before compliance can be concluded. This PREA auditor concluded that Central Oklahoma Juvenile Center (COJC) was not in compliance with PREA Standard 115.341. Corrective Action was required.

After this onsite audit concluded and prior to this auditor's PREA Interim Report's submittal COJC implemented new procedures/processes related to PREA Risk Screening. COJC's PREA Coordinator shared that at intake have identified a new "PREA Risk Assessment Form" which aligns with 115.341 and have separated their "PREA Risk Assessment Form" and the "OJA-DRS-05 Risk of Assaultive Behavior" forms. She further shared that within the first hour of arrival, the BHC staff will utilize the "PREA Risk Assessment Form" to conduct a PREA Risk Screening and utilize the "OJA-DRS-05" form to conduct a Risk of Assaultive Behavior on all new intakes. According to OJA's PREA Coordinator, implementation commenced on 1/31/24.

Furthermore, during COJC's Corrective Action Period (CAP), OJA's PREA Coordinator (PC) submitted evidence of COJC conducting reassessment on all COJC residents. OJA's PC submitted completed "PREA Risk Assessment Forms" of each COJC resident, according to their dorm (Oak, Pine, Maple, and Cypress Cottages). Additionally, OJA's PC submitted 18 new resident intake "PREA Risk Assessment Forms," between the dates of 1/31/24 and 4/29/24. Each "PREA Risk Assessment Form" was appropriately completed in its entirety, scored according to the instructions, and recommendations section completed. For residents whose score met the scoring threshold of "risk," or history of sexual victimization and/or sexual perpetration, they documented a referral to mental health follow-up with the resident within 14-days.

This PREA auditor concludes that Central Oklahoma Juvenile Center (COJC) is in

	compliance with PREA Standard 115.341.
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115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Central Oklahoma Juvenile Center (COJC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.342. Central Oklahoma Juvenile Center (COJC) submitted their “State of Oklahoma-Office of Juvenile Affairs (OJA) Policy: P-35-09-10” as evidence of compliance with PREA Standard 115.342. An excerpt from Policy P-35-09-10 states, “OJA shall use all information obtained to make housing, bed, program, education, and work assignments for juveniles with the goal of keeping all juveniles safe and free from sexual abuse.”</p> <p>This auditor concludes that COJC’s OJA Policy has the necessary language to align with PREA Standard 115.341. While on site, this auditor interviewed a randomly selected COJC Behavioral Health Clinician (BHC), as well as OJA’s Psychologist and PREA Coordinator. COJC’s BHC and Psychologist discussed the current “<i>Reception Screening for Assaultive Behavior, Sexually Aggressive Behavior, Risk for Sexual Abusiveness Screening</i>” Form. They shared that this screening form is administered at intake. The screening form has approximately 19-20 questions related to assaultive, sexual victimization, sexual aggressive, history of counseling and treatment, and current charges. After all the information is gathered on the form, COJC’s BHC makes the risk determination.</p> <p>Additionally, this auditor reviewed COJC’s “<i>Reception Screening for Assaultive Behavior, Sexually Aggressive Behavior, Risk for Sexual Abusiveness Screening</i>” Form. It contains 4 preliminary questions (prior to question #1) which asks the resident’s current charges, history of assaultive behaviors, history of sexually aggressive behaviors, and history of sexual victimization. These are important history questions, which help to identify if a referral for a follow-up session with a BHC (within 14 days) is needed (115.381). Question #1 asks about gender identity. COJC’s BHC shared that they cannot ask the intake resident about their gender identity (LGBTI) due to licensing constraints and COJC could lose their license. Question #15 has 9 check boxes of risk factors for the screener to “<i>check all that apply.</i>”</p> <p>Many of the screening form’s questions have relevance, however the form is not objective in nature and there’s no legend/instructions to objectively determine sexual victimization/abusiveness risk. There’s also no scoring mechanism with a</p>

threshold to determine level or category of risk. Even residents who have history of sexual victimization/abusiveness have no risk score or requirement to be referred to a BHC for follow up within 14-days (115.381). This auditor could not determine objectivity within this screening form, or clearly delineate between questions being asked to screen for PREA risk of victimization/abusiveness or for risk of physical assaultive behaviors.

The *“Reception Screening for Assaultive Behavior, Sexually Aggressive Behavior, Risk for Sexual Abusiveness Screening”* Form did have a *“Conclusion of Risk Assessment”* section which identified the resident’s risk (based on the BHC who’s conducting the screening assessment, not an objective mechanism), housing recommendation, and follow-up by Psychologist (115.342). It also had a *“Periodic Review of Assessment-Conducted every Six Months”* section on the screening form as well. Finally, this auditor requested to see the screening form of each of the 14 randomly selected resident interviewees. Zero out of the 14 residents had a *“Periodic Reassessment”* (every 6 months) completed. However, even though COJC’s *“Conclusion of Risk Assessment”* section is evident, present, and have the correct language, the lack of objectivity in COJC’s current screening tool renders the *“Conclusion of Risk Assessment”* section inaccurate, subjective, and could unintentionally inappropriately house, program, monitor residents who are at-risk for perpetration and residents who are at risk of victimization. Finally, according to COJC’s Superintendent and OJA’s PREA Coordinator, OJA do not use solitary confinement/segregation for residents who are screened as high-risk of victimization or abusiveness. They shared that COJC uses solitary confinement for youth whose behavior is out of control, or a safety risk to themselves or others. This auditor reviewed COJC’s Solitary Confinement Policy (#4-JCF-3C-03, #4-JCF-3C-04). An excerpt states, *“Solitary confinement is a serious and extreme measure to be imposed only in emergency situations and not to be used for punishment. Staff will impose solitary confinement only when a resident:*

1. Is out of control;
2. Is a serious and immediate physical danger to himself or others;
3. Has failed to respond to less restrictive methods of control. (P-35-11-04).”

This auditor recommended that COJC reassess their entire current resident population using their new *“OJA-Youth PREA Risk Screening (PRS),”* as well as the new intakes going forward. COJC should ensure that the screener’s housing, programming, supervision recommendations are considered, as well as ensure referrals are made to COJC’s BHC’s for any intake who has history of sexual victimization and/or sexual abusiveness. This auditor also recommended that COJC establish a process of verifying PREA Reassessment are being conducted every 6 months. Furthermore, this auditor recommended that COJC develop a referral procedure to ensure that referrals for 14-day follow-up sessions are made for residents who have a history of sexual victimization or sexual abusiveness, as well as ensure the session with BHC is occurring and the session is being properly documented by BHC/mental health staff (documenting/notating that the session with the resident was a result of receiving a referral from the screening tool’s

	<p>results). Finally, COJC needed to demonstrate a “period of consistency of practice” of using the new screening tool and with their adjusted PREA Risk Screening process before compliance can be concluded. This PREA auditor concluded that Central Oklahoma Juvenile Center (COJC) was not in compliance with PREA Standard 115.342. Corrective Action was required.</p> <p>After this onsite audit concluded and prior to this auditor’s PREA Interim Report’s submittal COJC implemented new procedures/processes related to PREA Risk Screening. COJC’s PREA Coordinator shared that at intake have identified a new “<i>PREA Risk Assessment Form</i>” which aligns with 115.341 and have separated their “<i>PREA Risk Assessment Form</i>” and the “<i>OJA-DRS-05 Risk of Assaultive Behavior</i>” forms. She further shared that within the first hour of arrival, the BHC staff will utilize the “<i>PREA Risk Assessment Form</i>” to conduct a PREA Risk Screening and utilize the “<i>OJA-DRS-05</i>” form to conduct a Risk of Assaultive Behavior on all new intakes. According to OJA’s PREA Coordinator, implementation commenced on 1/31/24.</p> <p>Furthermore, during COJC’s Corrective Action Period (CAP), OJA’s PREA Coordinator (PC) submitted evidence of COJC conducting reassessment on all COJC residents. OJA’s PC submitted completed “<i>PREA Risk Assessment Forms</i>” of each COJC resident, according to their dorm (Oak, Pine, Maple, and Cypress Cottages). Additionally, OJA’s PC submitted 18 new resident intake “<i>PREA Risk Assessment Forms</i>,” between the dates of 1/31/24 and 4/29/24. Each “<i>PREA Risk Assessment Form</i>” was appropriately completed in its entirety, scored according to the instructions, and recommendations section completed. For residents whose score met the scoring threshold of “risk,” or history of sexual victimization and/or sexual perpetration, they documented a referral to mental health follow-up with the resident within 14-days.</p> <p>This PREA auditor concludes that Central Oklahoma Juvenile Center (COJC) is in compliance with PREA Standard 115.342.</p>
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115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Central Oklahoma Juvenile Center (COJC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.351. Central Oklahoma Juvenile Center (COJC) submitted their “State of Oklahoma-Office of Juvenile Affairs (OJA) Policy: P-35-09-10” as evidence of compliance with PREA Standard 115.351. An excerpt from Policy P-35-09-10 states,</p>

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

Institutional Superintendents shall ensure that juveniles have access to the following methods of reporting sexual abuse or sexual harassment with access to the tools necessary to make a report in accordance with OAC 377:3-1-28 and 377:3-1-30.”

While onsite, this auditor interviewed a random selection of 14 COJC residents. This auditor asked each resident if they recalled receiving PREA information at intake? Thirteen out of 14 responded “Yes.” However, 8 out of the 14 shared that they were only given the juvenile guide handbook. Another question this auditor asked was, *“Please share with me at least 3-4 ways a resident can report sexual abuse/sexual harassment here at COJC?”* Twelve of the 14 residents only provided verbal reporting avenues to different COJC staff members. There were 0 out of 14 residents who reported written or other avenues (grievance, 3rd party, PREA complaint form, etc.) without prompting. When asked about their knowledge of outside victim advocacy services provided for sexual abuse victims at COJC, 6 out of 14 did not know that there were advocacy services available. There were 12/14 who did not know about their access to the confidential hotline COJC has available for the residents to report. Finally, this auditor requested to review the PREA Education files of the 14 interviewed COJC residents. OJA’s PREA Coordinator submitted all 14 residents PREA Orientation (intake) and PREA Comprehensive Education (7-10 days later) signed acknowledgement forms. This auditor verified that those residents had sign-off/acknowledgement documentation within the appropriate timeframes.

Furthermore, this auditor interviewed COJC’s Social Service Inspector (SSI), who manages grievances and whose office is where the resident confidential PREA hotline phone is located. This auditor asked him about his role. He shared that he retrieves grievances daily. If a PREA-related grievance is retrieved, he will immediately generate a case number and pass the grievance on to the OJA’s PREA Coordinator, who will notify the Superintendent and the Advocate General for investigation assignment. This auditor also tested the hotline by calling the number. A representative immediately answered and was ready to take down the information. The representative also shared with this auditor the process when reported information is received stating that the report is forwarded to OJA’s Advocate General and PREA Coordinator. COJC’s SSI also shared that if a resident desires to report a PREA allegation on the confidential hotline, they can request to see him. He would take them to his office, dial the hotline number, wait for an answer, then step outside of his office for the resident to make the confidential report. This auditor asked COJC’s SSI, *“How are residents made aware of the hotline being here in your office?”* He responded that he believed that residents are made aware through their PREA Education and handbook.

Finally, while on site, this auditor observed big colorful PREA posters posted throughout the resident housing units, as well as location within COJC where

	<p>residents frequent. The big colorful postings identified reporting avenues for resident postings in English and Spanish. This auditor also reviewed COJC’s PREA Orientation, PREA Brochures, as well as COJC’s Juvenile PREA Guide (resident handbook) in English and Spanish.</p> <p>This auditor recommended that COJC conducts refresher Comprehensive PREA Education sessions with all COJC residents, with topics focused on submitting a PREA Grievance as a reporting avenue. Additional topics of this resident education should include Grievance avenues and procedures, grievance forms, who retrieve grievances, grievance confidentiality, and location of grievance boxes. This PREA auditor concluded that Central Oklahoma Juvenile Center (COJC) was not in compliance with PREA Standard 115.351. Corrective Action was required.</p> <p>During COJC’s Corrective Action Period (CAP), this auditor conducted multiple technical assistance meetings with OJA’s PREA Coordinator and COJC’s Superintendent to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings, OJA’s PREA Coordinator (PC) conducted <i>“Resident PREA Refresher Information”</i> education at each of their resident cottages (Pine, Cypress, Maple, and Oak) on 3/21/24. OJA’s PC then submitted evidence of each COJC resident receiving the <i>“Resident PREA Refresher Information”</i> education/informational by submitting <i>“Resident PREA Refresher Information”</i> forms with attached signed acknowledgements. The information discussed in the refresher education with the residents was exhaustive of PREA’s zero tolerance, resident’s rights not to be sexually abused/sexually harassed, rights not to be retaliated against for reporting, the multiple ways for resident to report at COJC (including 3rd party reporting and grievances), and victim advocacy. Statement #4 provided residents with multiple written, verbal, and confidential ways to report at COJC in the informational. Finally, the instructions for the facilitating staff stated, <i>“Have resident initial after staff read/review each statement with the resident.”</i> This auditor did observe that each resident placed their initials after each informational/statement section, acknowledging that they understood the information presented.</p> <p>This PREA auditor concludes that Central Oklahoma Juvenile Center (COJC) is in compliance with PREA Standard 115.351.</p>
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115.352	Exhaustion of administrative remedies
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed Central Oklahoma Juvenile Center (COJC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site</p>

documents/files reviewed and observations to determine compliance for Standard 115.352. This auditor also interviewed a random selection of 14 COJC residents and asked the following question, *“Please share with me at least 3-4 ways a resident can report sexual abuse/sexual harassment here at COJC?”* Twelve of the 14 residents only provided verbal reporting avenues to different COJC staff members. There were 0 out of 14 residents who reported written or other avenues (grievance, 3rd party, PREA complaint form, etc.) without prompting. There were 12/14 who did not know about their access to the confidential hotline COJC has available for the residents to report. Finally, this auditor requested to review the PREA Education files of the 14 interviewed COJC residents. OJA’s PREA Coordinator submitted all 14 residents PREA Orientation (intake) and PREA Comprehensive Education (7-10 days later) signed acknowledgement forms. This auditor verified that those residents had sign-off/ acknowledgement documentation within the appropriate timeframes.

Additionally, this auditor interviewed COJC’s Social Service Inspector (SSI), who manages grievances and whose office is where the resident confidential PREA hotline phone is located. This auditor asked him about his role. He shared that he retrieves grievances daily. If a PREA-related grievance is retrieved, he will immediately generate a case number and pass the grievance on to the OJA’s PREA Coordinator, who will notify the Superintendent and the Advocate General for investigation assignment. This auditor also tested the hotline by calling the number. A representative immediately answered and was ready to take down the information. The representative also shared with this auditor the process when reported information is received stating that the report is forwarded to OJA’s Advocate General and PREA Coordinator. COJC’s SSI also shared that if a resident desires to report a PREA allegation on the confidential hotline, they can request to see him. He would take them to his office, dial the hotline number, wait for an answer, then step outside of his office for the resident to make the confidential report. This auditor asked COJC’s SSI, *“How are residents made aware of the hotline being here in your office?”* He responded that he believed that residents are made aware through their PREA Education and handbook.

Finally, while on site, this auditor observed big colorful PREA posters posted throughout the resident housing units, as well as location within COJC where residents frequent. The big colorful postings identified reporting avenues for residents in English and Spanish. Grievance reporting was a reporting avenue identified on the posters. This auditor also reviewed COJC’s PREA Orientation, PREA Brochures, as well as COJC’s Juvenile PREA Guide (resident handbook) in English and Spanish.

This auditor recommended that COJC conducts refresher Comprehensive PREA Education sessions with all COJC residents, with topics focused on submitting a PREA Grievance as a reporting avenue. Additional topics of this resident education should include Grievance avenues and procedures, grievance forms, who retrieve grievances, grievance confidentiality, and location of grievance boxes. This PREA auditor concluded that Central Oklahoma Juvenile Center (COJC) was not in compliance with PREA Standard 115.352. Corrective Action was required.

During COJC’s Corrective Action Period (CAP), this auditor conducted multiple

	<p>technical assistance meetings with OJA’s PREA Coordinator and COJC’s Superintendent to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings, OJA’s PREA Coordinator (PC) conducted <i>“Resident PREA Refresher Information”</i> education at each of their resident cottages (Pine, Cypress, Maple, and Oak) on 3/21/24. OJA’s PC then submitted evidence of each COJC resident receiving the <i>“Resident PREA Refresher Information”</i> education/informational by submitting <i>“Resident PREA Refresher Information”</i> forms with attached signed acknowledgements. The information discussed in the refresher education with the residents was exhaustive of PREA’s zero tolerance, resident’s rights not to be sexually abused/sexually harassed, rights not to be retaliated against for reporting, the multiple ways for resident to report at COJC (including 3rd party reporting and grievances), and victim advocacy. Statement #4 provided residents with multiple written, verbal, and confidential ways to report at COJC in the informational. It also stated 3rd party reporting options stating, <i>“I understand that at Central Oklahoma Juvenile Center I can report sexual abuse or sexual harassment through these avenues...Grievance- (place grievances in box on the unit) -Advocate Defender will pick the grievances up.”</i> Finally, the instructions for the facilitating staff stated, <i>“Have resident initial after staff read/ review each statement with the resident.”</i> This auditor did observe that each resident placed their initials after each informational/statement section, acknowledging that they understood the information presented.</p> <p>This PREA auditor concludes that Central Oklahoma Juvenile Center (COJC) is in compliance with PREA Standard 115.352.</p>
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115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Central Oklahoma Juvenile Center (COJC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.353. Central Oklahoma Juvenile Center (COJC) submitted their <i>“State of Oklahoma-Office of Juvenile Affairs (OJA) Policy: P-35-09-10”</i> as evidence of compliance with PREA Standard 115.353. An excerpt from Policy P-35-09-10 states, <i>“OJA shall maintain or attempt to enter into a memorandum of understanding (MOU) or other agreements with community service providers/victim advocates who are able to provide juveniles with confidential emotional support services related to sexual abuse.</i></p> <p><i>b. If a MOU/agreement is entered into, the facility will provide offenders access to</i></p>

the contact information for the community service provider as outlined in the MOU/ agreement.

c. OJA shall maintain copies of the MOU/agreements or documentation showing attempts to enter into such agreements."

This auditor concludes that COJC's OJA Policy has the necessary language to align with PREA Standard 115.353. While on site, this auditor interviewed OJA's PREA Coordinator. She provided a copy COJC's Memorandum of Understanding (MOU) with the "Women's Resource Center" who serves as COJC's provider for victim advocacy/ emotional support for sexual abuse victims. The MOU is current and has been in place since 5/01/2015. This auditor also interviewed 4 COJC specialized staff (psychologist, staff nurse, case manager, and behavioral health clinician) who shared that they were familiar with COJC's MOU with the "Women's Resource Center" for victim advocacy services. This auditor observed the posting of the victim advocacy telephone number on signage within the facility. This auditor contacted the "Women's Resource Center's" hotline to verify MOU. The representative verified the collaboration and the procedures if they receive a call from COJC, requesting a victim advocate. However, when this auditor interviewed a random selection of 14 COJC residents and asked about their knowledge of outside victim advocacy services provided for sexual abuse victims at COJC, 6 out of 14 did not know that there were advocacy services available.

This auditor recommended that COJC conduct an all resident PREA Refresher Education focused on "Victim Advocacy Services Access," who provides it for COJC, its purpose, its role, and how it aligns with PREA Standard 115.321 and 115.353. This PREA auditor concluded that Central Oklahoma Juvenile Center (COJC) was not in compliance with PREA Standard 115.353. Corrective Action was required.

During COJC's Corrective Action Period (CAP), this auditor conducted multiple technical assistance meetings with OJA's PREA Coordinator and COJC's Superintendent to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings, OJA's PREA Coordinator (PC) conducted "Resident PREA Refresher Information" education at each of their resident cottages (Pine, Cypress, Maple, and Oak) on 3/21/24. OJA's PC then submitted evidence of each COJC resident receiving the "Resident PREA Refresher Information" education/informational by submitting "Resident PREA Refresher Information" forms with attached signed acknowledgements. The information discussed in the refresher education with the residents was exhaustive of PREA's zero tolerance, resident's rights not to be sexually abused/sexually harassed, rights not to be retaliated against for reporting, the multiple ways for resident to report at COJC (including 3rd party reporting and grievances), and victim advocacy. Statement #5 in the informational stated, "I understand that Central Oklahoma Juvenile Center offers outside emotional support for victims of sexual abuse-Rape Crisis 24-hour sexual assault hotline (405 701-5660)." Finally, the instructions for the facilitating staff stated, "Have resident initial after staff read/review each statement with the resident." This auditor did observe that each resident placed their initials after each informational/statement section, acknowledging that they

	<p>understood the information presented.</p> <p>This PREA auditor concludes that Central Oklahoma Juvenile Center (COJC) is in compliance with PREA Standard 115.353.</p>
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115.354	Third-party reporting
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed Central Oklahoma Juvenile Center (COJC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.354. Central Oklahoma Juvenile Center (COJC) submitted their “State of Oklahoma-Office of Juvenile Affairs (OJA) Policy: P-35-09-10.” An excerpt from Policy P-35-09-10 states, <i>“Third-party reporting of sexual abuse and sexual harassment can be made by a friend, family member or legal guardian through any of the following:</i></p> <ul style="list-style-type: none"> <i>a. Call the OKDHS, Child Protective Services Child Abuse Hotline at 1-800-522-3511,</i> <i>b. Send a confidential email to prea.complaint@oja.ok.gov that is also listed as public information on the OJA website for PREA, and/or</i> <i>c. Send a letter to: The Office of Public Integrity 2501 North Lincoln Boulevard, Suite 500 Oklahoma City, OK 73105.”</i> <p>This auditor concludes that COJC’s OJA Policy has the necessary language to align with PREA Standard 115.354. This auditor also reviewed OJA’s Website as evidence of compliance with PREA Standard 115.354. When this staff reviewed the Website, it shared multiple ways submit a 3rd party report of sexual abuse or sexual harassment on the behalf of a resident. This auditor also reviewed COJC’s “Juvenile’s Guide to Preventing and Reporting Sexual Misconduct” handbook and “PREA Brochure,” which provided information on ways to report sexual abuse/harassment through a third-party (legal, family, friend, trusting resident). This auditor also reviewed the third-party reporting posted on COJC’s website.</p> <p>While on site, this auditor interviewed a random selection of 14 COJC residents. This auditor asked each resident, <i>“Please share with me at least 3-4 ways a resident can report sexual abuse/sexual harassment here at COJC?”</i> Twelve of the 14 residents only provided verbal reporting avenues to different COJC staff members. There were 0 out of 14 residents who reported written or other avenues (grievance, 3rd party, PREA complaint form, etc.) without prompting.</p>

	<p>This auditor also recommended that COJC conducts refresher PREA Education sessions with all COJC resident with topics focused on reporting avenues at COJC. Specifically, residents should be made aware of 3rd Party reporting avenues, their purpose, who are 3rd party, and how to confidentially report to 3rd party. This PREA auditor concluded that Central Oklahoma Juvenile Center (COJC) was not in compliance with PREA Standard 115.354. Corrective Action was required.</p> <p>During COJC’s Corrective Action Period (CAP), this auditor conducted multiple technical assistance meetings with OJA’s PREA Coordinator and COJC’s Superintendent to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings, OJA’s PREA Coordinator (PC) conducted <i>“Resident PREA Refresher Information”</i> education at each of their resident cottages (Pine, Cypress, Maple, and Oak) on 3/21/24. OJA’s PC then submitted evidence of each COJC resident receiving the <i>“Resident PREA Refresher Information”</i> education/informational by submitting <i>“Resident PREA Refresher Information”</i> forms with attached signed acknowledgements. The information discussed in the refresher education with the residents was exhaustive of PREA’s zero tolerance, resident’s rights not to be sexually abused/sexually harassed, rights not to be retaliated against for reporting, the multiple ways for resident to report at COJC (including 3rd party reporting and grievances), and victim advocacy. Statement #4 provided residents with multiple written, verbal, and confidential ways to report at COJC in the informational. It also stated 3rd party reporting options stating, <i>“I understand that at Central Oklahoma Juvenile Center I can report sexual abuse or sexual harassment through these avenues...have someone make a 3rd party report to the DHS hotline at 1 800 522-3511 (this could be a chaplain, another resident, attorney, family, priest, pastor, friend, etc). 3rd Party reports through confidential email at prea.complaint@oja.ok.gov.”</i> Finally, the instructions for the facilitating staff stated, <i>“Have resident initial after staff read/review each statement with the resident.”</i> This auditor did observe that each resident placed their initials after each informational/statement section, acknowledging that they understood the information presented.</p> <p>This PREA auditor concludes that Central Oklahoma Juvenile Center (COJC) is in compliance with PREA Standard 115.354.</p>
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115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed Central Oklahoma Juvenile Center (COJC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard</p>

115.361. Central Oklahoma Juvenile Center (COJC) submitted their “State of Oklahoma-Office of Juvenile Affairs (OJA) Policy: P-35-09-10” as evidence of compliance with PREA Standard 115.361. An excerpt from Policy P-35-09-10 states, “*Staff Reporting Duties Shall Include:*

1. *All instances of child abuse and/or neglect are reported consistent with appropriate state law and local laws in accordance with OAC 377:3-1-25. listed above.*
2. *All OJA staff shall report immediately 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 juveniles or staff who reported such an incident; and any staff neglect or violations of responsibilities that may have contributed to an incident or retaliation.*
3. *In accordance with OAC 377:3-1-25, the person who has first-hand knowledge of an incident of child abuse and/or neglect shall make a report to the Department of Human Services (DHS), Child Protective Services Child Abuse Hotline (1-800-522-3511) and will obtain a DHS referral number or may send an email report to sto.hotline.referral@okdhs.org and will obtain a DHS referral number.*
4. *Upon receiving an allegation of sexual abuse or sexual harassment, including third party and anonymous reports, the Institutional Superintendent or designee shall promptly report the allegations.”*

This auditor concludes that COJC’s OJA Policy has the necessary language to align with PREA Standard 115.361. This auditor also reviewed COJC’s “*Juvenile’s Guide to Preventing and Reporting Sexual Misconduct,*” which provided information to residents on ways to report sexual abuse/harassment through informing staff, third-party (legal, family member, friend), written reporting, and confidential hotline. This auditor also reviewed COJC’s “*Staff Guide to Preventing and Reporting Sexual Misconduct*” booklet which required staff to immediately report, any observation, reports, information received, or any suspicions regarding sexual abuse and sexual harassment. Additionally, this auditor interviewed 21 randomly selected COJC specialized staff and security staff. Each knew their coordinated responsibilities if informed, suspects, receive information, or become aware of sexual abuse at COJC. Finally, this auditor interviewed 14 randomly selected residents. Each interviewed resident shared that staff immediately respond to reports of sexual abuse or sexual harassment. Additionally, this auditor asked each resident, “*Do you feel safe here at COJC?*” and 14 out of 14 responded that they felt safe.

This PREA auditor concludes that Central Oklahoma Juvenile Center (COJC) is in compliance with PREA Standard 115.361.

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed Central Oklahoma Juvenile Center (COJC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.362. Central Oklahoma Juvenile Center (COJC) submitted their “State of Oklahoma-Office of Juvenile Affairs (OJA) Policy: P-35-09-10” as evidence of compliance with PREA Standard 115.362. An excerpt from Policy P-35-09-10 states, <i>“When any OJA staff learns that a juvenile is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the juvenile.”</i> This auditor concludes that COJC’s OJA Policy has the necessary language to align with PREA Standard 115.362.”</p> <p>While on site, this auditor also reviewed COJC’s <i>“Juvenile’s Guide to Preventing and Reporting Sexual Misconduct,”</i> which provided information to residents on ways to report sexual abuse/harassment through informing staff, third-party (legal, family member, friend), written reporting, and confidential hotline. This auditor also reviewed COJC’s <i>“Staff Guide to Preventing and Reporting Sexual Misconduct”</i> booklet which required staff to immediately report, any observation, reports, information received, or any suspicions regarding sexual abuse and sexual harassment. This auditor also interviewed 21 randomly selected COJC specialized staff, security staff, and contractors, asking the question, <i>“If you learn that a resident may be at imminent risk of sexual abuse, what steps you would take to protect?”</i> There was a consensus amongst the interviewed staff that they would immediately attempt to mitigate the risk by informing supervisory staff and recommending alternative housing or programming. Finally, this auditor interviewed 14 randomly selected residents. Each interviewed resident shared that there is an immediate response if a resident seems to be vulnerable or at-risk of sexual abuse or sexual harassment.</p> <p>This PREA auditor concludes that Central Oklahoma Juvenile Center (COJC) is in compliance with PREA Standard 115.362.</p>
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115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed Central Oklahoma Juvenile Center (COJC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard</p>

- 115.363. Central Oklahoma Juvenile Center (COJC) submitted their “State of Oklahoma-Office of Juvenile Affairs (OJA) Policy: P-35-09-10” as evidence of compliance with PREA Standard 115.363. An excerpt from Policy P-35-09-10 states,
- “1. Upon receiving an allegation that a juvenile 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 also notify the appropriate investigative agency.*
 - 2. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.*
 - 3. The agency shall document that it has provided such notification.*
 - 4. The facility head or agency office that receives such notification shall ensure that the allegation is investigated.”*

This auditor concludes that COJC’s OJA Policy has the necessary language to align with PREA Standard 115.363. While on site, this auditor individually interviewed OJA’s PREA Coordinator and COJC’s Superintendent. COJC’s Superintendent was able to clearly share the steps he takes if a youth at COJC reports a sexual abuse incident which has occurred at a previous facility. He knew that he/OJA Deputy Director had up to 72 hours to report to the agency/facility head where the reported sexual abuse stemmed. Furthermore, OJA’s PREA Coordinator stated the following in her OAS submittal *“COJC has not had an occurrence of COJC receiving allegations from other agencies or facilities. If allegations are received from other agencies or facilities, they would be immediately reported to the Advocate General and an investigation would be started.”* This auditor requested to see an example of a reporting memo template or a reporting letter template, in which the COJC’s Superintendent sends to the other confinement facility’s head. COJC’s Superintendent shared that he and/or OJA’s Deputy Director would send an email to the other facility. This auditor concluded that COJC’s Superintendent was knowledgeable of his responsibilities. This auditor emailed OJA’s PREA Coordinator and COJC’s Superintendent an example *“Reporting to Other Confinement Facility”* template to utilized if allegations of abuse from another facility were received. Finally, this auditor interviewed 14 randomly selected residents who all reported that they had not reported sexual abuse from a previous facility and confirmed that they had not also been sexually abused while at COJC.

After this onsite audit concluded and prior to this auditor’s PREA Interim Report’s submittal COJC developed a new template for OJA’s Deputy Director and COJC’s Superintendent to use when *“Reporting to Other Confinement Facility”* if allegations of abuse from another facility were received.

This PREA auditor concludes that Central Oklahoma Juvenile Center (COJC) is in compliance with PREA Standard 115.363.

Auditor Overall Determination: Meets Standard

Auditor Discussion

This PREA Auditor reviewed Central Oklahoma Juvenile Center (COJC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.364. Central Oklahoma Juvenile Center (COJC) submitted their "State of Oklahoma-Office of Juvenile Affairs (OJA) Policy: P-35-09-10" as evidence of compliance with PREA Standard 115.364. An excerpt from Policy P-35-09-10 states, "A. Upon learning of an allegation that a juvenile was sexually abused, the first staff member to respond 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 72 hours and physical evidence can be collected, request the alleged victim not to 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 72 hours and physical evidence can be collected, 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.*

B. If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

C. The first staff responder will complete the Facility PREA First Responders Checklist form, OJA-ISD-18-FR, and provide it to the Residential Care Specialist-Supervisor (RCS-S) upon completion."

This auditor concludes that COJC's OJA Policy has the necessary language to align with PREA Standard 115.364. While on site, this auditor interviewed 14 randomly selected residents. Each interviewed resident shared that staff immediately respond to reports of sexual abuse or sexual harassment. Additionally, this auditor asked each resident, "Do you feel safe here at COJC?" All 14 residents responded that they felt safe. This auditor interviewed a random selection of 21 specialized staff, contractors, and security staff. This auditor shared a scenario of a sexual assault occurring in a resident's room and the victim immediately runs out and reports the assault to the interviewed staff. All 21 interviewed staff and contractors knew their first responder duties, as well as their coordinated response procedures. No staff needed prompting after their initial response of separating the individuals in

	<p>question, preserving the scene of the incident, and calling for assistance.</p> <p>This auditor also requested, received, and viewed training files of the 21 randomly selected interviewed staff, to verify up-to-date annual PREA training. OJA’s PREA Coordinator printed off COJC’s 2023 electronic training transcript of all employees, which entailed the staff’s name, name of the training course, the training type, the hours of the training, and the date of training completion. The staff training transcript showed each of the 21 interviewed staff’s training verification of attending. This auditor reviewed COJC’s annual in-person Power Point training curriculum used to train new hires and annual refresher for employees, contractors, and some volunteers. The Power Point training curriculum covers the components identified in PREA Standard 115.331.</p> <p>Finally, this auditor also reviewed COJC’s <i>“Staff Guide to Preventing and Reporting Sexual Misconduct”</i> pamphlet, which is given to all new hires and contractors. This pamphlet also covers the components identified in PREA Standard 115.331. This auditor reviewed COJC’s <i>“PREA First Responder Checklist,”</i> which was used as a guide for the first responder staff to complete to ensure all the necessary procedural steps are executed. OJA’s PREA Coordinator shared in her OAS submittal stating, <i>“There has been no occurrence of an allegation of sexual abuse where forensic evidence was collected or a crime scene that was preserved for the investigator.”</i></p> <p>This PREA auditor concludes that Central Oklahoma Juvenile Center (COJC) is in compliance with PREA Standard 115.364.</p>
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115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Central Oklahoma Juvenile Center (COJC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.364. Central Oklahoma Juvenile Center (COJC) submitted their “State of Oklahoma-Office of Juvenile Affairs (OJA) Policy: P-35-09-10” as evidence of compliance with PREA Standard 115.364. An excerpt from Policy P-35-09-10 states, <i>“The Institutional Superintendent shall develop a written plan that is approved by the Deputy Director of Residential Placement Support that coordinates the actions taken among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse.”</i></p> <p>This auditor concludes that COJC’s OJA Policy has the necessary language to align with PREA Standard 115.365. While on site, this auditor interviewed a random selection of 21 specialized staff, contractors, and security staff. This auditor shared</p>

a scenario of a sexual assault occurring in a resident's room and the victim immediately runs out and reports the assault to the interviewed staff. All 21 interviewed staff and contractors knew their first responder duties, as well as their coordinated response procedures. No staff needed prompting after their initial response of separating the individuals in question, preserving the scene of the incident, and calling for assistance. This auditor interviewed 14 randomly selected residents. Each interviewed resident shared that staff immediately respond to reports of sexual abuse or sexual harassment. OJA's PREA Coordinator shared in her OAS submittal stating, *"There has been no occurrence of an allegation of sexual abuse where forensic evidence was collected or a crime scene that was preserved for the investigator."*

Finally, OJA's PREA Coordinator submitted their *"Staffing Plan"* as evidence of their *"Coordinated Response Plan."* This auditor saw that some of the content in their submitted *"Staffing Plan"* has procedural instructions for various levels of staff, however, it had many other components very similar to those which belong in PREA Standard 115.313's *"Staffing Plan."*

This auditor recommended that COJC develop a written *"Coordinated Response Plan and/or Flowchart"* which contents contains step-by-step responsibilities of each level of staff from the time a sexual abuse allegation reported, received, or observed in response to incidents of sexual abuse (*staff first responders, supervisory, medical, mental health practitioners, PREA Coordinator, facility leadership, advocate general, OPI Investigator, Caretaker Conduct Review Investigator, etc.*). This PREA auditor concluded that Central Oklahoma Juvenile Center (COJC) was not in compliance with PREA Standard 115.365. Corrective Action was required.

During COJC's Corrective Action Period (CAP), this auditor conducted multiple technical assistance meetings with OJA's PREA Coordinator and COJC's Superintendent to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings, OJA's PREA Coordinator (PC) and COJC's leadership team redeveloped their *"PREA Coordinated Response Plan"* entailed step-by-step responsibilities of each level of staff from the time a sexual abuse allegation reported, received, or observed in response to incidents of sexual abuse (*staff first responders, supervisory, medical, mental health practitioners, PREA Coordinator, facility leadership, advocate general, OPI Investigator, Caretaker Conduct Review Investigator, etc.*). This redeveloped *"PREA Coordinated Response Plan"* was completed on 3/13/24 and approved by COJC's Superintendent on 3/19/24. Finally, OJA's PREA Coordinator submitted COJC's *"PREA Coordinated Response Matrix,"* which provides a visual diagram of each respective staff/specialized staff's role when an incident of sexual abuse occurs at COJC.

This PREA auditor concludes that Central Oklahoma Juvenile Center (COJC) is in compliance with PREA Standard 115.365.

115.366

Preservation of ability to protect residents from contact with abusers

	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>This PREA Auditor reviewed Central Oklahoma Juvenile Center (COJC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.366. Central Oklahoma Juvenile Center (COJC).</p> <p>This PREA Auditor did not receive any pre-audit documents to be reviewed from Central Oklahoma Juvenile Center (COJC). OJA's PREA Coordinator reported in their OAS Pre-Audit Questionnaire, <i>“This standard is Not Applicable. At OJA facilities, there has been NO collective bargaining agreement entered into or renewed. Neither the OJA nor its facilities are a union organization.”</i> Furthermore, during informal and formal interviews with OJA’s Deputy Director, PREA Coordinator, and COJC’s Superintendent, they have not engaged in collective bargaining on their agency’s behalf or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit.</p> <p>This PREA auditor concludes that Central Oklahoma Juvenile Center (COJC) is in compliance with PREA Standard 115.366.</p>

<p>115.367</p>	<p>Agency protection against retaliation</p>
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>This PREA Auditor reviewed Central Oklahoma Juvenile Center (COJC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.367. Central Oklahoma Juvenile Center submitted their “State of Oklahoma-Office of Juvenile Affairs (OJA) Policy: P-35-09-10” as evidence of compliance with PREA Standard 115.367. An excerpt from Policy P-35-09-10 states, <i>“A. To ensure the protection of juveniles and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other juveniles or staff, the Institutional Superintendent will designate a staff member or department charged with monitoring for retaliation.</i></p> <p><i>B. Institutional Superintendents shall employ multiple protection measures, such as housing changes or transfers for juvenile victims or abusers, removal of alleged staff or juvenile abusers from contact with victims, and emotional support services for juveniles or staff who fear retaliation for reporting sexual abuse or sexual</i></p>

harassment or for cooperating with investigations.

C. For at least 90 days following a report of sexual abuse, using the PREA Retaliation Monitoring form, OJA-ISD-19-RM, the designated institutional staff or department if applicable, shall monitor and document the conduct or treatment of juveniles or staff who reported the sexual abuse and of juveniles who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by juveniles or staff, and shall report immediately to the Institutional Superintendent any signs of retaliation to remedy any such retaliation. Monitoring for retaliation shall continue beyond 90 days if the initial monitoring indicates a continuing need.

D. The institutional designee or PREA Compliance Manager, if applicable, will monitor for any juvenile disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff and document such changes. Such monitoring shall include periodic status checks.

E. If any other individual who cooperates with an investigation expresses a fear of retaliation, Institutional Superintendents shall ensure appropriate measures to protect that individual against retaliation.

F. The obligation to monitor shall terminate if it is determined that the allegation is unfounded.”

This auditor concludes that COJC’s OJA Policy has the necessary language to align with PREA Standard 115.367. While on site, this auditor interviewed OJA’s PREA Coordinator who shared, “The facility’s Juvenile Justice Specialist (JJS) (case managers) and the Behavior Health Clinicians (BHC) are responsible for monitoring for possible retaliation. The JJS and BHC will monitor for retaliation for a minimum of 90 days, more if needed. If the investigation is completed prior to the 90 days and the finding is unfounded, the monitoring can be stopped.” This auditor also interviewed 1 randomly selected JJS and 1 randomly selected BHC who confirmed that they conduct the retaliation monitoring during COJC’s sexual abuse and sexual harassment investigations.

OJA’s PREA Coordinator submitted completed an investigation file for 2021, 2022, and 2023, in OAS, as evidence of compliance. Each submitted file had a retaliation monitoring documentation, what was being reviewed, interview notes with resident, and date retaliation monitoring concluded. While onsite, this auditor reviewed 6 randomly selected completed PREA Administrative Investigations within the last 12 months (5 Administrative and 1 Criminal). While reviewing each selected completed investigation packet, this auditor identified the retaliation monitoring form, containing evidence of face-to-face check-ins, documentation of program reviews, and disciplinary report reviews.

This PREA auditor concludes that Central Oklahoma Juvenile Center (COJC) is in compliance with PREA Standard 115.367.

115.368	Post-allegation protective custody
	<p data-bbox="280 188 983 221">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 564 297">Auditor Discussion</p> <p data-bbox="280 340 1465 582">This PREA Auditor reviewed Central Oklahoma Juvenile Center (COJC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.368.</p> <p data-bbox="280 622 1473 987">According to this auditor’s interview with COJC’s Superintendent and OJA’s PREA Coordinator, OJA do not use solitary confinement/segregation for residents who report being sexually abuse or sexually harassed. They continued by sharing that COJC uses solitary confinement for youth whose behavior is out of control, or a safety risk to themselves or others. This auditor reviewed COJC’s Solitary Confinement Policy (#4-JCF-3C-03, #4-JCF-3C-04). An excerpt states, <i>“Solitary confinement is a serious and extreme measure to be imposed only in emergency situations and not to be used for punishment. Staff will impose solitary confinement only when a resident:</i></p> <ol data-bbox="341 1059 1437 1176" style="list-style-type: none"> <li data-bbox="341 1059 619 1093">1. <i>Is out of control;</i> <li data-bbox="341 1099 1299 1133">2. <i>Is a serious and immediate physical danger to himself or others;</i> <li data-bbox="341 1140 1437 1176">3. <i>Has failed to respond to less restrictive methods of control. (P-35-11-04).”</i> <p data-bbox="280 1216 1477 1498">While on site, this auditor also interviewed 21 COJC specialized and security staff. Each was consistent that COJC does not use solitary confinement for the purpose of those residents reporting sexual abuse. During this auditor’s exhaustive tour, it was observed that all residents have their own single rooms. Each of the above-mentioned interviewed staff also reported that reporting residents are separated by housing reassignments, as well as programming separation/adjustments to ensure the resident’s safety.</p> <p data-bbox="280 1538 1465 1821">Due to 0 residents at COJC at the time of this audit reported sexual abuse at COJC, this auditor asked the 14 randomly selected residents if residents are placed in solitary confinement for reporting sexual abuse or sexual harassment? Each resident shared that COJC do not placed residents in solitary confinement for reporting sexual abuse or sexual harassment. There was also a consensus amongst the same residents that solitary confinement is not used for the residents who report sexual abuse.</p> <p data-bbox="280 1861 1404 1935">This PREA auditor concludes that Central Oklahoma Juvenile Center (COJC) is in compliance with PREA Standard 115.368.</p>

115.371	Criminal and administrative agency investigations
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Auditor Overall Determination: Meets Standard

Auditor Discussion

This PREA Auditor reviewed Central Oklahoma Juvenile Center (COJC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.371. Central Oklahoma Juvenile Center (COJC) submitted their "State of Oklahoma-Office of Juvenile Affairs (OJA) Policy: P-35-09-10" as evidence of compliance with PREA Standard 115.371. An excerpt from Policy P-35-09-10 states, "A. *Investigations into allegations of sexual abuse and sexual harassment shall be done promptly, thoroughly, and objectively for all allegations, including third party and anonymous reports.*

B. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. Investigators shall interview alleged victims, suspected perpetrators, and any witnesses. Investigators shall also review any prior complaints and reports of sexual abuse involving the suspected perpetrator.

C. Investigations shall not be terminated solely because the source of the allegation recants the allegation.

D. When the quality of evidence appears to support criminal prosecution, investigators shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent prosecution.

E. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as juvenile or staff. OJA shall not require a juvenile who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

F. Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse and shall document in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

G. Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

H. The Institutional Superintendent will ensure that mental health support staff is made available for Investigators to consult with and have available during an interview. If the allegations include intercourse, sodomy, or physical force medical staff will be available for consultation.

I. The investigative report will indicate whether the evidence supports a finding that misconduct has occurred or is substantiated, the allegations are false or unfounded, or the evidence is inconclusive or unsubstantiated. J. In the event there is a finding of misconduct, which violates state statute, a copy of the report and supporting documentation/ evidence will be forwarded for criminal prosecution.

K. Institutional Superintendents will ensure that all substantiated allegations of prohibited conduct and all allegations that are substantiated as false are referred appropriately for disciplinary action.

L. All written reports referenced in F-K above shall be retained in accordance with the approved records disposition schedule.

M. The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

N. When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.”

This auditor concludes that COJC’s OJA Policy has the necessary language to align with PREA Standard 115.371. This PREA auditor also interviewed OJA’s PREA Coordinator, who shared that all allegations of Sexual Abuse or Sexual Harassment at COJC are referred to OJA’s Advocate General for review. OJA’s Advocate General then assigns the investigation to either OJA’s “OPI Criminal Investigator” or to COJC’s “Caretaker Conduct Review Team” (COJC’s Administrative PREA Investigators). Additionally, this auditor interviewed OJA’s OPI Criminal Investigator and COJC’s Caretaker Conduct Review Team” member. Both shared that when the investigation is assigned to OJA’s OPI Criminal Investigator, the PREA Criminal Investigations and PREA Administrative Investigation are also conducted parallel by the OPI Investigator.

Furthermore, all OJA "OPI Investigators" are C.L.E.E.T. Certified (Certified Law Enforcement Education Training), as well as receive PREA Specialized training. COJC's "Caretaker Conduct Review Team" Investigator (Administrative PREA Investigators) also receive PREA Specialized training. OJA’s PREA Coordinator submitted certificate verification of PREA Specialized training of 2 "OPI Investigators" and 3 "Caretaker Conduct Review Team" Investigators (COJC’s Administrative PREA Investigators). OJA’s PREA Coordinator stated in OAS, “During this audit cycle, there have been no PREA Allegation that were referred to the courts for charges to be filed.” Additionally, she submitted COJC’s 2021, 2022, and 2023 PREA Investigation Referrals Spreadsheet (PIRS). There were 0 incidents of sexual abuse on each PIRS.

While onsite, this auditor reviewed 6 randomly selected completed PREA Administrative Investigations within the last 12 months (5 Sexual Harassment and 1 Sexual Harassment pending elevation to Advocate General for review for Sexual Abuse Investigation by OPI Investigators). The 6 reviewed investigation files submitted were neatly organized, had detailed and robust content from initial

	<p>incident and interviews to evidence identification. Furthermore, the investigation reports had a detailed summary of the investigation, conclusions, and recommendations.</p> <p>This PREA auditor concludes that Central Oklahoma Juvenile Center (COJC) is in compliance with PREA Standard 115.371.</p>
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115.372	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed Central Oklahoma Juvenile Center (COJC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.372. Central Oklahoma Juvenile Center (COJC) submitted their “State of Oklahoma-Office of Juvenile Affairs (OJA) Policy: P-35-09-10” as evidence of compliance with PREA Standard 115.372. An excerpt from Policy P-35-09-10 states, <i>“OJA shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated in an administrative investigation.”</i></p> <p>This auditor concludes that COJC’s OJA Policy has the necessary language to align with PREA Standard 115.372. While on site, this auditor interviewed OJA’s PREA Coordinator, who discussed that all allegations of Sexual Abuse or Sexual Harassment at COJC are referred to OJA’s Advocate General for review. OJA’s Advocate General then assigns the investigation to either OJA’s <i>“OPI Criminal Investigator”</i> or to COJC’s <i>“Caretaker Conduct Review Team”</i> (COJC’s Administrative PREA Investigators). Additionally, this auditor interviewed OJA’s OPI Criminal Investigator and COJC’s Caretaker Conduct Review Team” member. Both shared that when the investigation is assigned to OJA’s OPI Criminal Investigator, the PREA Criminal Investigations and PREA Administrative Investigation are also conducted parallel by the OPI Investigator.</p> <p>Additionally, while onsite, this auditor reviewed 6 randomly selected completed PREA Administrative Investigations within the last 12 months (5 Sexual Harassment and 1 Sexual Harassment pending elevation to Advocate General for review for Sexual Abuse Investigation by OPI Investigator). The 6 reviewed investigation files submitted were neatly organized, had detailed and robust content from initial incident and interviews to evidence identification. Furthermore, the investigation reports had a detailed summary of the investigation, conclusions, and recommendations. However, when this auditor reviewed each investigation report’s conclusion there was no <i>“preponderance of evidence”</i> documented (substantiated,</p>

unsubstantiated, or unfounded). Instead, each report's conclusion either stated "confirmed," "not confirmed," or "unfounded" instead of the "preponderance of the evidence" identified in PREA Standard 115.372. Finally, OJA's PREA Coordinator submitted in OAS, COJC's 2021, 2022, and 2023 PREA Investigation Referrals Spreadsheet (PIRS). All investigation outcomes on the PIRS stated, "confirmed," "not confirmed," or unfounded instead of the PREA's "preponderance of the evidence."

While this auditor was still onsite conducting this audit, OJA's Deputy Director sent out a memo directive to *All COJC Staff* regarding PREA investigations findings stating, "Findings on all PREA investigations are to be Substantiated, Unsubstantiated, or Unfounded. Confirmed or Not Confirmed findings are not permitted per PREA Standards." After this memo directive circulated throughout COJC, OJA's previously interviewed OJA's OPI Investigator and Caretaker Conduct Review Team Investigator shared that going forward "preponderance of the evidence" will be used for PREA investigations.

This PREA Auditor reviewed Central Oklahoma Juvenile Center (COJC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.372. Central Oklahoma Juvenile Center (COJC) submitted their "State of Oklahoma-Office of Juvenile Affairs (OJA) Policy: P-35-09-10" as evidence of compliance with PREA Standard 115.372. An excerpt from Policy P-35-09-10 states, "OJA shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated in an administrative investigation."

This auditor concludes that COJC's OJA Policy has the necessary language to align with PREA Standard 115.372. While on site, this auditor interviewed OJA's PREA Coordinator, who discussed that all allegations of Sexual Abuse or Sexual Harassment at COJC are referred to OJA's Advocate General for review. OJA's Advocate General then assigns the investigation to either OJA's "OPI Criminal Investigator" or to COJC's "Caretaker Conduct Review Team" (COJC's Administrative PREA Investigators). Additionally, this auditor interviewed OJA's OPI Criminal Investigator and COJC's Caretaker Conduct Review Team" member. Both shared that when the investigation is assigned to OJA's OPI Criminal Investigator, the PREA Criminal Investigations and PREA Administrative Investigation are also conducted parallel by the OPI Investigator.

Additionally, while onsite, this auditor reviewed 6 randomly selected completed PREA Administrative Investigations within the last 12 months (5 Sexual Harassment and 1 Sexual Harassment pending elevation to Advocate General for review for Sexual Abuse Investigation by OPI Investigator). The 6 reviewed investigation files submitted were neatly organized, had detailed and robust content from initial

incident and interviews to evidence identification. Furthermore, the investigation reports had a detailed summary of the investigation, conclusions, and recommendations. However, when this auditor reviewed each investigation report's conclusion there was no preponderance of evidence documented (substantiated, unsubstantiated, or unfounded). Instead, each report's conclusion either stated "confirmed," "not confirmed," or unfounded instead of the "preponderance of the evidence" identified in PREA Standard 115.372. Finally, OJA's PREA Coordinator submitted in OAS, COJC's 2021, 2022, and 2023 PREA Investigation Referrals Spreadsheet (PIRS). All investigation outcomes on the PIRS stated, "confirmed," "not confirmed," or "unfounded" instead of the PREA's "preponderance of the evidence."

While this auditor was still onsite conducting this audit, OJA's Deputy Director sent out a memo directive to "ALL COJC Staff regarding PREA investigations findings stating, "Findings on all PREA investigations are to be Substantiated, Unsubstantiated, or Unfounded. Confirmed of Not Confirmed findings are not permitted per PREA Standards." After this memo directive circulated throughout COJC, OJA's previously interviewed OJA's OPI Investigator and Caretaker Conduct Review Team Investigator shared that going forward "preponderance of the evidence" will be used for all PREA investigations.

This auditor recommended that OJA's OPI Investigations and COJC's Caretaker Conduct Review Team Investigators demonstrate a "period of consistency of practice" of using "*preponderance of the evidence*" in investigations before compliance can be concluded. This PREA auditor concluded that Central Oklahoma Juvenile Center (COJC) was not in compliance with PREA Standard 115.372. Corrective Action was required.

During COJC's Corrective Action Period (CAP), this auditor conducted multiple technical assistance meetings with OJA's PREA Coordinator and COJC's Superintendent to discuss the recommended corrective actions needed to meet compliance with this standard. During the meetings, OJA's PREA Coordinator (PC) confirmed that all specialized trained PREA Investigators understand that the only final determinations of PREA investigations are solely *Substantiated, Unsubstantiated, or Unfounded*.

This PREA auditor concludes that Central Oklahoma Juvenile Center (COJC) is in compliance with PREA Standard 115.372.

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Central Oklahoma Juvenile Center (COJC) pre-audit

evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.373. Central Oklahoma Juvenile Center (COJC) submitted their "State of Oklahoma-Office of Juvenile Affairs (OJA) Policy: P-35-09-10" as evidence of compliance with PREA Standard 115.373. An excerpt from Policy P-35-09-10 states, "P. Following an investigation into a juvenile's allegation of sexual abuse suffered in an OJA facility, the Institutional Superintendent will ensure that the juvenile is informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

Q. Following a juvenile's allegation that a staff member has committed sexual abuse against the juvenile, the Institutional Superintendent will ensure that the juvenile is subsequently informed (unless OJA has determined that the allegation is unfounded) whenever:

- 1. The staff member is no longer posted within the juvenile's unit,*
- 2. The staff member is no longer employed at the facility,*
- 3. The staff member has been indicted on a charge related to sexual abuse within the facility, or*
- 4. The staff member has been convicted on a charge related to sexual abuse within the facility.*

R. Following a juvenile's allegation that he or she has been sexually abused by another juvenile, the facility Superintendent shall ensure that the alleged victim is subsequently informed whenever:

- 1. The alleged abuser has been indicted on a charge related to sexual abuse within the facility, or*
- 2. The alleged abuser has been convicted on a charge related to sexual abuse within the facility.*

S. All such notification shall be documented by utilizing the PREA Sexual Abuse Victim Notification form, OJA-ISD-19-VN."

- 1. The alleged victim will sign and date the form to show that they have been informed of the outcome of the investigation or have been informed of information regarding the alleged abuser.*
- 2. A copy of the signed PREA Sexual Abuse Victim Notification, form OJA[1]ISD-19-VN will be maintained in the juvenile's master file at the facility with a copy sent to the PREA Compliance Manager at the facility.*

T. OJA's obligation to report under this standard shall terminate if the juvenile is released from OJA's custody."

This auditor concludes that COJC's OJA Policy has the necessary language to align

	<p>with PREA Standard 115.373. While on site, this auditor interviewed OJA’s PREA Coordinator, who discussed that all allegations of Sexual Abuse or Sexual Harassment at COJC are referred to OJA’s Advocate General for review. OJA’s Advocate General then assigns the investigation to either OJA’s “OPI Criminal Investigator” or to COJC’s “Caretaker Conduct Review Team” (COJC’s Administrative PREA Investigators). Additionally, this auditor interviewed OJA’s OPI Criminal Investigator and COJC’s “Caretaker Conduct Review Team” member. Both shared that when the investigation is assigned to OJA’s OPI Criminal Investigator, the PREA Criminal Investigations and PREA Administrative Investigation are also conducted parallel by the OPI Investigator.</p> <p>Additionally, while onsite, this auditor reviewed 6 randomly selected completed PREA Administrative Investigations within the last 12 months (5 Sexual Harassment and 1 Sexual Harassment pending elevation to Advocate General for review for Sexual Abuse Investigation by OPI Investigator). The 6 reviewed investigation files submitted were neatly organized, had detailed and robust content from initial incident and interviews to evidence identification. Due to there being 0 sexual abuse investigations, there were no “Resident Notifications” present in the 6 reviewed investigation files. OJA’s PREA Coordinator also stated in OAS, “There have been 0 sexual abuse referrals during this audit period where a resident notification would be required.” Additionally, she submitted in OAS, COJC’s 2021, 2022, and 2023 PREA Investigation Referrals Spreadsheet (PIRS). There were 0 incidents of sexual abuse on each of PIRS.</p> <p>This PREA auditor concludes that Central Oklahoma Juvenile Center (COJC) is in compliance with PREA Standard 115.373.</p>
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115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Central Oklahoma Juvenile Center (COJC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.376. Central Oklahoma Juvenile Center (COJC) submitted their “State of Oklahoma-Office of Juvenile Affairs (OJA) Administrative Services Policies P-03-05-800, P-03-05-801, P-03-05-805, and P-03-05-806,” which contained OJA’s Disciplinary Procedures, Progressive Discipline, Removal from Duty, and Discharge Procedures. This PREA auditor also reviewed the policies and concluded that COJC’s OJA Policies submitted aligns with PREA Standard 115.376, specific to disciplinary sanctions for staff.</p>

	<p>This auditor also individually interviewed OJA’s Human Resources Manager (HRMS), who shared components of OJA’s Progressive Disciplinary Actions/Procedures, which can progress from reassignment or suspension pending outcome of investigation, and up to removal from duty and criminal charges. OJA’s PREA Coordinator and COJC’s Superintendent further confirmed that COJC responses for substantiated outcomes of sexual abuse and sexual harassment investigations can range in various forms of disciplinary actions, up to termination and criminal referral. Finally, OJA’s PREA Coordinator stated in OAS that in 2021, 1 staff had 2 confirmed allegations of misconduct and was terminated. In 2022, 3 staff had confirmed allegations of misconduct. One staff was terminated, 2 staff received a corrective action plan and were retrained.</p> <p>This PREA auditor concludes that Central Oklahoma Juvenile Center (COJC) is in compliance with PREA Standard 115.376.</p>
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115.377	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed Central Oklahoma Juvenile Center (COJC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.377. Central Oklahoma Juvenile Center (COJC) submitted their “State of Oklahoma-Office of Juvenile Affairs (OJA) Sexual Activities Policy: P-35-01-04” as evidence of compliance with PREA Standard 115.377. An excerpt from Policy P-35-01-04 states, <i>“No staff member shall engage in any sexual activity with a juvenile regardless of consensual status. Violation of this rule may result in termination and/or criminal prosecution...For the purposes of this policy, staff members shall include staff, contract personnel, and volunteers.”</i></p> <p>This auditor concludes that COJC’s OJA Policy has the necessary language to align with PREA Standard 115.377. While on site, this auditor also interviewed COJC’s Superintendent, OJA’s PREA Coordinator and OJA’s Human Resources Manager (HRMS). Each universally shared that the extent of COJC’s disciplinary actions for contractors and volunteers are based on the incident and review of actions that have historically been taken with similar infractions. COJC’s Superintendent further shared that COJC responses for substantiated outcomes of sexual abuse and sexual harassment investigations can range in various forms of disciplinary measures, up to notifying licensing bodies and criminal prosecution. Finally, OJA’s PREA Coordinator stated the following in OAS: <i>“COJC facility has had no occurrence of a volunteer or contractor engaging in sexual abuse with a resident during this audit period. COJC has had no occurrence of a volunteer or contractor being removed</i></p>

from contact with the residents due to violations of PREA during this audit period.”

This PREA auditor concludes that Central Oklahoma Juvenile Center (COJC) is in compliance with PREA Standard 115.377.

115.378 Interventions and disciplinary sanctions for residents

Auditor Overall Determination: Meets Standard

Auditor Discussion

This PREA Auditor reviewed Central Oklahoma Juvenile Center (COJC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.378.

This auditor interviewed 14 randomly selected residents and asked about COJC’s rules and sanctions for resident-on resident sexual abuse or sexual harassment. All 14 residents were clear that sexual abuse and sexual harassment is not tolerated at COJC. Residents also confirmed that they are told at intake that COJC have a zero-tolerance policy for sexual abuse, sexual harassment, and all allegations are taken seriously and investigated. Finally, there was a consensus amongst the 14 interviewed residents that if residents are found to be substantiated for sexual abuse or sexual harassment, they could receive loss of privileges, program extension up to additional criminal charges. Finally, OJA’s PREA Coordinator stated in OAS, *“There has been no occurrence of a juvenile receiving disciplinary action for committing sexual abuse.”*

This PREA auditor interviewed COJC’s Superintendent and OJA’s PREA Coordinator. Both shared COJC’s protocol on substantiated resident-on-resident sexual abuse investigations and were aligned with COJC’s *“Juvenile Program Manual”* which identifies *“rape and sexual assault”* as Major Rule Violations. Such Major Rule Violation may require a disciplinary hearing. Sanctions are 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. COJC’s Superintendent also shared that COJC’s disciplinary and treatment team do take into consideration any diagnosed/documented mental health history. Finally, this auditor interviewed one of COJC’s Behavior Health Clinician who shared that COJC clinical team could make treatment program adjustments to provides more focused treatment services, such as COJC’s *“Problematic Sexual Behavior Treatment Program”* for residents whose needs may fit the scope of its services.

This PREA auditor concludes that Central Oklahoma Juvenile Center (COJC) is in compliance with PREA Standard 115.378.

115.381	Medical and mental health screenings; history of sexual abuse
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1474 1003"> This PREA Auditor reviewed Central Oklahoma Juvenile Center (C)pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.381. Central Oklahoma Juvenile Center (C)submitted their “State of Oklahoma-Office of Juvenile Affairs (OJA) Policy: P-35-09-10” as evidence of compliance with PREA Standard 115.381. An excerpt from Policy P-35-09-10 states, <i>“At intake or at any point during a juvenile’s time at an institution, reports of sexual victimization or sexual abusiveness shall be followed up by appropriate staff immediately. Follow-up will include offering a meeting with medical and/or mental health practitioners within 14 days of a report of sexual victimization. Additionally, juveniles who report perpetrating sexual victimization, either in the institutional setting or in the community, shall be followed-up within 14 days of the initial screening by appropriate staff. Follow- up will include a meeting with medical and/or mental health practitioners within 14 days of a report of perpetrating sexual victimization.”</i> </p> <p data-bbox="280 1043 1474 1451"> This auditor concludes that COJC’s OJA Policy has the necessary language to align with PREA Standard 115.381. While on site, this auditor interviewed a randomly selected COJC Behavioral Health Clinician (BHC), as well as OJA’s Psychologist and PREA Coordinator. COJC’s BHC and Psychologist discussed the current <i>“Reception Screening for Assaultive Behavior, Sexually Aggressive Behavior, Risk for Sexual Abusiveness Screening”</i> Form. They shared that this screening form is administered at intake. The screening form has approximately 19-20 questions related to assaultive, sexual victimization, sexual aggressive, history of counseling and treatment, and current charges. After all the information is gathered on the form, COJC’s BHC makes the risk determination. </p> <p data-bbox="280 1491 1474 1944"> This auditor reviewed COJC’s <i>“Reception Screening for Assaultive Behavior, Sexually Aggressive Behavior, Risk for Sexual Abusiveness Screening”</i> Form. It contains 4 preliminary questions (prior to question #1) which asks the resident’s current charges, history of assaultive behaviors, history of sexually aggressive behaviors, and history of sexual victimization. These are important history questions, which help to identify if a referral for a follow-up session with a BHC (within 14 days) is needed (115.381). Residents who have history of sexual victimization/abusiveness have no risk score identifies or a requirement to be referred to a BHC for follow up within 14-days (115.381). This auditor could not determine objectivity within this screening form, or clearly delineate between questions being asked to screen for PREA risk of victimization/abusiveness or for risk of physical assaultive behaviors. </p> <p data-bbox="280 1984 1474 2056"> Finally, this auditor requested to see the screening form of each of the 14 randomly selected resident interviewees. Zero out of the 14 residents had a <i>“Periodic</i> </p>

Reassessment" (every 6 months) completed. Additionally, this auditor did not see any verification/evidence of follow-up sessions with a BHC which is directly linked to the PREA screening at intake.

This auditor recommended that COJC reassess their entire current resident population using their new *"OJA-Youth PREA Risk Screening (PRS),"* as well as the new intakes going forward. COJC should ensure that the screener's housing, programming, supervision recommendations are considered, as well as ensure referrals are made to COJC's BHC's for any intake who has history of sexual victimization and/or sexual abusiveness. This auditor also recommended that COJC establish a process of verifying PREA Reassessment are being conducted every 6 months. Furthermore, this auditor recommended that COJC develop a referral procedure to ensure that referrals for 14-day follow-up sessions are made for residents who have a history of sexual victimization or sexual abusiveness, as well as ensure the session with BHC is occurring and the session is being properly documented by BHC/mental health staff (documenting/notating that the session with the resident was a result of receiving a referral from the screening tool's results). Finally, COJC needed to demonstrate a "period of consistency of practice" of using the new screening tool and with their adjusted PREA Risk Screening process before compliance can be concluded. This PREA auditor concluded that Central Oklahoma Juvenile Center (COJC) was not in compliance with PREA Standard 115.342. Corrective Action was required.

After this onsite audit concluded and prior to this auditor's PREA Interim Report's submittal COJC implemented new procedures/processes related to PREA Risk Screening. COJC's PREA Coordinator shared that at intake have identified a new PREA risk screening form which aligns with 115.341 and have separated their *"PREA Risk Assessment Form"* and the *"OJA-DRS-05 Risk of Assaultive Behavior"* forms. She further shared that within the first hour of arrival, the BHC staff will utilize the *"PREA Risk Assessment Form"* to conduct a PREA Risk Screening and utilize the *"OJA-DRS-05"* form to conduct a Risk of Assaultive Behavior on all new intakes. According to OJA's PREA Coordinator, implementation commenced on 1/31/24.

Furthermore, during COJC's Corrective Action Period (CAP), OJA's PREA Coordinator (PC) submitted evidence of COJC conducting reassessment on all COJC residents. OJA's PC submitted completed *"PREA Risk Assessment Forms"* of each COJC resident, according to their dorm (Oak, Pine, Maple, and Cypress Cottages). Additionally, OJA's PC submitted 18 new resident intake *"PREA Risk Assessment Forms,"* between the dates of 1/31/24 and 4/29/24. Each *"PREA Risk Assessment Form"* was appropriately completed in its entirety, scored according to the instructions, and recommendations section completed. For residents whose score met the scoring threshold of *"risk,"* or history of sexual victimization and/or sexual perpetration, they have a documented referral to mental health follow-up with the resident within 14 days. There were 4 of the 18 completed *"PREA Risk Assessment Forms"* whose score met the scoring threshold of *"risk,"* or history of sexual victimization and/or sexual perpetration. This auditor confirmed that those residents were seen by a mental health practitioner within 14 days of the assessment.

This PREA auditor concludes that Central Oklahoma Juvenile Center (COJC) is in

	compliance with PREA Standard 115.381.
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115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p data-bbox="280 439 564 472">Auditor Discussion</p> <p data-bbox="280 510 1465 965">This PREA Auditor reviewed Central Oklahoma Juvenile Center (COJC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.382. Central Oklahoma Juvenile Center (COJC) submitted their “State of Oklahoma-Office of Juvenile Affairs (OJA) Policy: P-35-09-10” as evidence of compliance with PREA Standard 115.382. An excerpt from Policy P-35-09-10 states, <i>“Juveniles who report sexual abuse that occurs while a juvenile resides in an institution are referred, under appropriate security provisions, to a community facility for treatment and gathering of evidence.</i></p> <p data-bbox="280 1003 1481 1160"><i>Juvenile 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.</i></p> <p data-bbox="280 1198 1469 1355"><i>If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners.”</i></p> <p data-bbox="280 1393 1465 1848">This auditor concludes that COJC’s OJA Policy has the necessary language to align with PREA Standard 115.382. While on site, this auditor conducted an exhaustive tour of COJC medical clinic and medical triage area. This area was equipped with medical personnel and space of varying degrees to assist residents with minor medical needs in house. This this auditor interviewed COJC’s Medical Nursing (RN) staff, who shared that the medical team pick up resident “<i>sick call forms</i>” each day when the specific day’s nurse arrives on shift. Furthermore, the Medical Nurse staff also shared that victims of sexual abuse have immediate unimpeded access to medical services and decisions are made based on she and her team’s professional judgements. She further stated that victims are informed about emergency contraception, provided with follow-up medical services.</p> <p data-bbox="280 1886 1477 2087">Furthermore, this auditor interviewed COJC’s Medical Nurse, COJC’s Behavior Health Clinician, and OJA’s staff Psychologist. Each shared that medical and mental health teams with St Anthonys Hospital, or other surrounding medical clinics to ensure that resident victims receive the appropriate medical, mental health, psychiatric, and emotional support provisions. Finally, COJC’s Superintendent, Medical Nurse, and</p>

	<p>OJA's PREA Coordinator shared that medical, mental health, and crisis intervention services are provided to the victims of sexual abuse without financial cost. Finally, OJA's PREA Coordinators stated in her OAS submission, <i>"There has been no occurrence of incidents of sexual abuse that would require a SANE Exam for the collection of forensic evidence."</i></p> <p>This PREA auditor concludes that Central Oklahoma Juvenile Center (COJC) is in compliance with PREA Standard 115.382.</p>
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115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed Central Oklahoma Juvenile Center (COJC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.383. Central Oklahoma Juvenile Center (COJC) submitted their "State of Oklahoma-Office of Juvenile Affairs (OJA) Policy: P-35-09-10" as evidence of compliance with PREA Standard 115.383. An excerpt from Policy P-35-09-10 states, <i>"Pregnancy tests will be offered to all female victims.</i></p> <p><i>5. Following the physical examination, an evaluation by a qualified healthcare or mental health-care professional is available to assess the need for crisis intervention counseling and long-term follow-up.</i></p> <p><i>6. A report is made to the facility or program administrator or designee to assure separation of the victim from his or her assailant(s). Institutions will offer medical and mental health evaluation and, as appropriate, treatment to all juveniles who have been victimized by sexual abuse in any institution, juvenile facility, or community...</i></p> <p><i>2. The evaluation and treatment of such victims shall 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.</i></p> <p><i>3. The facility shall provide such victims with medical and mental health services consistent with the community level of care.</i></p> <p><i>4. If pregnancy results from sexual victimization, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services, with the consent of the youth's parent or legal guardians if</i></p>

the youth is under the age of 18.

5. 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.

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

This auditor concludes that COJC’s OJA Policy has the necessary language to align with PREA Standard 115.383. This auditor concludes that COJC’s OJA Policy has the necessary language to align with PREA Standard 115.382. While on site, this auditor conducted an exhaustive tour of COJC medical clinic and medical triage area. This area was equipped with medical personnel and space of varying degrees to assist residents with minor medical needs in house.

This this auditor interviewed a randomly selected COJC Medical Nurse (RN), who shared that the medical team pick up resident “sick call forms” each day when the specific day’s nurse arrives on shift. Furthermore, the Medical Nursing staff shared that victims of sexual abuse have immediate unimpeded access to medical services. Decisions are made based on she and her team’s professional judgements. She further stated that victims are informed about emergency contraception, provided with follow-up medical services. COJC’s Medical Nurse also shared that all residents entering COJC receive a class facilitated by a nurse, which educates residents on contraception, STI, chronic medical conditions, etc.

COJC’s Medical Nurse and interviewed Behavior Health Clinician shared that medical and mental health teams with St Anthonys Hospital, or other surrounding medical clinics to ensure that resident victims receive the appropriate medical, mental health, psychiatric, and emotional support provisions. They also reported that medical and mental health services are better than community level of care. Resident medical needs are either addressed on the housing units or in the medical area. Medical also provides immediate crisis response. Finally, COJC Medical Nurse shared that even residents in solitary confinement are seen by medical daily. All residents get daily temperature checks to ensure non-exposure. Finally, COJC’s Superintendent, Medical Nurse, and OJA’s PREA Coordinator shared that medical, mental health, and crisis intervention services are provided to the victims of sexual abuse without financial cost. Finally, OJA’s PREA Coordinators stated in her OAS submission, *“There has been no occurrence of incidents of sexual abuse that would require a SANE Exam for the collection of forensic evidence.”*

This PREA auditor concludes that Central Oklahoma Juvenile Center (COJC) is in compliance with PREA Standard 115.383.

Auditor Overall Determination: Meets Standard

Auditor Discussion

This PREA Auditor reviewed Central Oklahoma Juvenile Center (COJC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.386. Central Oklahoma Juvenile Center (COJC) submitted their "State of Oklahoma-Office of Juvenile Affairs (OJA) Policy: P-35-09-10" as evidence of compliance with PREA Standard 115.386. An excerpt from Policy P-35-09-10 states, "1. A Sexual Abuse Incident Review shall be conducted within 30 days of the conclusion of every sexual abuse investigation, including incidents where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.

2. The review team shall include upper-level management officials as designated by the OJA Director, the Deputy Director, the Institutional Superintendent, and the PREA Coordinator, with input from line supervisors, investigators, and medical or mental health practitioners. (115.386(c))

3. The issues to be discussed at the review/debriefing will include but are not limited to:

a. Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.

b. Whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification (LGBTI), status, or perceived status; gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility.

c. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.

d. Assess the adequacy of staffing levels in that area during different shifts.

e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

f. A report of the review findings will be prepared using the PREA Sexual Abuse Incident Review form, OJA-ISD-19-SA form. The report will include determinations made pursuant to items a - e of this section, and any recommendations for improvement. The review findings report will be submitted to the Institutional Superintendent, PREA Coordinator, and the PREA Compliance Manager.

4. The Institutional Superintendent shall ensure that the facility implements the recommendations for improvement or shall document its reasons for not doing so."

	<p>This auditor concludes that COJC’s OJA Policy has the necessary language to align with PREA Standard 115.386.</p> <p>This auditor was able to verify, through interviews with OJA ’s PREA Coordinator, COJC’s Superintendent, and COJC’s Facility Director, that “<i>Sexual Abuse Incident Review Form (SAIR)</i>” meetings occur within 30 days after the conclusion of a PREA Investigation of sexual abuse. OJA’s PREA coordinator shared that there have been no referrals of sexual abuse during this audit cycle where an incident review would be required. Additionally, OJA’s PREA Coordinator submitted COJC’s 2021, 2022, and 2023 PREA Investigation Referrals Spreadsheet (PIRS). There were 0 incidents of sexual abuse on each PIRS.</p> <p>Additionally, while onsite, this auditor reviewed 6 randomly selected completed PREA Administrative Investigations within the last 12 months (5 Sexual Harassment and 1 Sexual Harassment pending elevation to Advocate General for review for Sexual Abuse Investigation by OPI Investigator). The 6 reviewed investigation files submitted were neatly organized, had detailed and robust content from initial incident and interviews to evidence identification. Furthermore, the investigation reports had a detailed summary of the investigation, conclusions, and recommendations. Finally, OJA’s PREA Coordinator submitted a blank example of their “<i>Administrative Sexual Abuse Incident Review Report,</i>” which has all the required components to align with PREA Standard 115.386.</p> <p>This PREA auditor concludes that Central Oklahoma Juvenile Center (COJC) is in compliance with PREA Standard 115.386.</p>
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115.387	Data collection
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed Central Oklahoma Juvenile Center (COJC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.387. Central Oklahoma Juvenile Center (COJC) submitted their “State of Oklahoma-Office of Juvenile Affairs (OJA) Policy: P-35-09-10” as evidence of compliance with PREA Standard 115.387. An excerpt from Policy P-35-09-10 states, “<i>B. The OJA PREA Coordinator in conjunction with the Residential Placement Support Services Division (RPS) shall collect accurate, uniform data for every allegation of sexual abuse at each juvenile facility under its direct control using a standardized instrument and set of definitions.</i></p> <p><i>C. The OJA PREA Coordinator in conjunction with RPS shall aggregate the incident-based sexual abuse data at least annually.</i></p>

D. 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.

E. The OJA PREA Coordinator in conjunction with RPS shall maintain, review, and collect data as needed from all available incident-based documents including:

- 1. Reports*
- 2. Investigation files, and*
- 3. Sexual abuse incident reviews.*

F. The OJA PREA Coordinator shall also obtain incident-based and aggregated data from every applicable contracted facility with which it contracts for the confinement of its juvenile offenders.

G. Upon request, the OJA PREA Coordinator shall provide all such data from the previous calendar year to the Department of Justice no later than June 30."

This auditor concludes that COJC's OJA Policy has the necessary language to align with PREA Standard 115.387. OJA's PREA Coordinator submitted in OAS, their 2021 and 2022 annual report of sexual abuse and sexual harassment aggregated data. This PREA auditor reviewed 's website: <https://oklahoma.gov/oja/youth-placement/prea.html> and was able to view Central Oklahoma Juvenile Center's 2021 and 2022 Annual Reports, Previous PREA Audit, and OJA's PREA Policy. This auditor was able to verify that uniformed data is collected and disseminated to the public. These annual reports also consisted of OJA's incident-based sexual abuse data collected annually. Finally, OJA's PREA Coordinator was able to show how their data is collected and stored for audit, review, and corrective action purposes.

This PREA auditor concludes that Central Oklahoma Juvenile Center (COJC) is in compliance with PREA Standard 115.387.

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Central Oklahoma Juvenile Center (COJC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.388. Central Oklahoma Juvenile Center (COJC) submitted their "State of Oklahoma-Office of Juvenile Affairs (OJA) Policy: P-35-09-10" as evidence of compliance with PREA Standard 115.388. An excerpt from Policy P-35-09-10 states,

“The OJA PREA Coordinator and the facility PREA Compliance Manager shall review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices and training including:

- 1. Identifying the problem areas;*
- 2. Taking corrective action on an ongoing basis; and*
- 3. Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.*

B. The annual report shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of the agency’s progress in addressing sexual abuse.

C. The agency report shall be approved by the Director and made readily available to the public through the agency’s website.”

This auditor concludes that COJC’s OJA Policy has the necessary language to align with PREA Standard 115.388. This auditor concludes that COJC’s OJA Policy has the necessary language to align with PREA Standard 115.387. OJA’s PREA Coordinator submitted in OAS, their 2021 and 2022 annual report of sexual abuse and sexual harassment aggregated data. This PREA auditor reviewed ’s website:

<https://oklahoma.gov/oja/youth-placement/prea.html> and was able to view Central Oklahoma Juvenile Center’s *2021 and 2022 Annual Reports, Previous PREA Audit, and OJA’s PREA Policy*. This auditor was able to verify that uniformed data is collected and disseminated to the public. These annual reports also consisted of OJA’s incident-based sexual abuse data collected annually. OJA’s PREA Coordinator was able to show how their data is collected and stored for audit, review, and corrective action purposes. Finally, this auditor observed that OJA annual reports comparison their current year’s data and corrective actions made from prior years.

This PREA auditor concludes that Central Oklahoma Juvenile Center (COJC) is in compliance with PREA Standard 115.388.

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Central Oklahoma Juvenile Center (COJC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.389. Central Oklahoma Juvenile Center (COJC) submitted their “State of

Oklahoma-Office of Juvenile Affairs (OJA) Policy: P-35-09-10” as evidence of compliance with PREA Standard 115.389. An excerpt from Policy P-35-09-10 states, *“F. All data collected pertaining to sexual abuse shall be securely retained.*

G. All sexual abuse data collected shall be retained for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.

H. All case records associated with claims of sexual abuse, including incident reports, investigative reports, juvenile information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling are retained in accordance with an established schedule.”

This auditor concludes that COJC’s OJA Policy has the necessary language to align with PREA Standard 115.388. This auditor concludes that COJC’s OJA Policy has the necessary language to align with PREA Standard 115.387. OJA’s PREA Coordinator submitted in OAS, their 2021 and 2022 annual report of sexual abuse and sexual harassment aggregated data. This PREA auditor reviewed ’s website:

<https://oklahoma.gov/oja/youth-placement/prea.html> and was able to view OJA's *Annual Reports from 2014 through 2022, Previous PREA Audit, and OJA's PREA Policy.* This auditor was able to verify that uniformed data is collected and disseminated to the public. These annual reports also consisted of OJA’s incident-based sexual abuse data collected annually. OJA’s PREA Coordinator was able to show how their data is collected and stored for audit, review, and corrective action purposes. This auditor observed that OJA annual reports comparison their current year’s data and corrective actions made from prior years. Finally, OJA’s PREA Coordinator OJA’s *“Archives and Records Commission Records Disposition Schedule”* of PREA-related sexual abuse data is stored and maintained pursuant to 115.387.

This PREA auditor concludes that Central Oklahoma Juvenile Center (COJC) is in compliance with PREA Standard 115.389.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	COJC understands PREA Standard 115.401, which states, <i>“During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once.”</i> COJC plans to continue to have a PREA audit conducted every three years. This is COJC’s fourth PREA Facility Audit and the second year of the current audit cycle. The auditor had access to, and the ability to observe, all areas of the audited facility. The auditor was permitted to request and receive copies of any relevant documents. The auditor was permitted to conduct private interviews with residents. The COJC residents were permitted to send confidential information or correspondence to the auditor in the

	<p>same manner as if they were communicating with legal counsel.</p> <p>This PREA auditor concludes that Central Oklahoma Juvenile Center (COJC) is in compliance with PREA Standard 115.401.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The State of Oklahoma Office of Juvenile Affairs Policy submitted website: https://oklahoma.gov/oja/youth-placement/prea.html. This auditor was able to view Oklahoma Juvenile Office-Central Oklahoma Juvenile Center's <i>Cycle 1, Cycle 2, and Cycle 3 PREA Audit Final Reports</i>. This auditor was also able to see Oklahoma Juvenile Office's <i>Facilities 2014 through 2022 Annual Reports</i>. OJA's website is available for public viewing.</p>

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	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.)	na
115.312 (a)	Contracting with other entities for the confinement of residents	
	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.)	na
115.312 (b)	Contracting with other entities for the confinement of residents	

	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".)	na
115.313 (a)	Supervision and monitoring	
	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
	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
	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
	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
	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
	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
	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
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	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
	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
	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
	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
	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
	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
115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.313 (c)	Supervision and monitoring	
	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

	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
	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
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	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
	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
	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
	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
115.313 (e)	Supervision and monitoring	
	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
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	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	yes

	functions of the facility? (N/A for non-secure facilities)	
115.315 (a)	Limits to cross-gender viewing and searches	
	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
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	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
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	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
115.315 (e)	Limits to cross-gender viewing and searches	
	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
	If a resident's genital status is unknown, does the facility	yes

	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?	
115.315 (f)	Limits to cross-gender viewing and searches	
	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
	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
115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	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
	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
	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
	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
	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:	yes

	Residents who have speech disabilities?	
	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
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	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
	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
	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
	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: Who are blind or have low vision?	yes
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	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	yes

	safety, the performance of first-response duties under §115.364, or the investigation of the resident’s allegations?	
115.317 (a)	Hiring and promotion decisions	
	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
	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
	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 bullet immediately above?	yes
	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
	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
	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 two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	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
115.317	Hiring and promotion decisions	

(c)		
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	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
	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
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (e)	Hiring and promotion decisions	
	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
115.317 (f)	Hiring and promotion decisions	
	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
	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	yes

	employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	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
115.318 (a)	Upgrades to facilities and technologies	
	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
115.318 (b)	Upgrades to facilities and technologies	
	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
115.321 (a)	Evidence protocol and forensic medical examinations	

	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
115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	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
115.321 (c)	Evidence protocol and forensic medical examinations	
	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
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

	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
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	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 is responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	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
115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy 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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	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
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	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
	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
	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

	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
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	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
	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
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	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
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	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
	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

115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	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
115.332 (b)	Volunteer and contractor training	
	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
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	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
	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
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	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
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	

	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
115.334 (a)	Specialized training: Investigations	
	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
115.334 (b)	Specialized training: Investigations	
	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
	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
	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
	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
115.334 (c)	Specialized training: Investigations	
	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

115.335 (a)	Specialized training: Medical and mental health care	
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	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 or the agency does not employ medical staff.)	yes
115.335 (c)	Specialized training: Medical and mental health care	
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341 (a)	Obtaining information from residents	
	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
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	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
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does	yes

	the agency attempt to ascertain information about: Age?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	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
115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
115.342 (a)	Placement of residents	
	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
	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
	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
	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
	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
115.342 (b)	Placement of residents	
	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
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	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
	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
	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
	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
115.342 (d)	Placement of residents	
	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
	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
115.342 (e)	Placement of residents	
	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
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when	yes

	making facility and housing placement decisions and programming assignments?	
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	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
	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
115.342 (i)	Placement of residents	
	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
115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	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
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private	yes

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	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
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	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
115.352 (b)	Exhaustion of administrative remedies	

	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
	Does the agency always refrain from requiring an 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
115.352 (c)	Exhaustion of administrative remedies	
	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
	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
115.352 (d)	Exhaustion of administrative remedies	
	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
	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
	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
115.352 (e)	Exhaustion of administrative remedies	

	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
	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
	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
	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
	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
115.352 (f)	Exhaustion of administrative remedies	
	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
	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
	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

	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
	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
	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
	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
115.352 (g)	Exhaustion of administrative remedies	
	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
115.353 (a)	Resident access to outside confidential support services and legal representation	
	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 accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	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
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	no

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
115.353 (c)	Resident access to outside confidential support services and legal representation	
	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
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency 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?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	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
115.361 (d)	Staff and agency reporting duties	
	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
	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
115.361 (e)	Staff and agency reporting duties	
	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
	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
	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	yes

	the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	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
115.361 (f)	Staff and agency reporting duties	
	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
115.362 (a)	Agency protection duties	
	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
115.363 (a)	Reporting to other confinement facilities	
	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
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in	yes

	accordance with these standards?	
115.364 (a)	Staff first responder duties	
	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
	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
	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
	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
115.364 (b)	Staff first responder duties	
	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
115.365 (a)	Coordinated response	
	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
115.366 (a)	Preservation of ability to protect residents from contact with abusers	

	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
115.367 (a)	Agency protection against retaliation	
	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
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	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
115.367 (c)	Agency protection against retaliation	
	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
	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
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	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
	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
	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
	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
	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
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	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
115.368 (a)	Post-allegation protective custody	
	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

115.371 (a)	Criminal and administrative agency investigations	
	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 does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
115.371 (b)	Criminal and administrative agency investigations	
	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
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	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
115.371	Criminal and administrative agency investigations	

(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
	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
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	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
115.371 (h)	Criminal and administrative agency investigations	
	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
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	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
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency	yes

	does not provide a basis for terminating an investigation?	
115.371 (m)	Criminal and administrative agency investigations	
	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
115.372 (a)	Evidentiary standard for administrative investigations	
	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
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	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.)	na
115.373 (c)	Reporting to residents	
	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
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency	yes

	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?	
	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
	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
115.373 (d)	Reporting to residents	
	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
	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
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	Disciplinary sanctions for staff	
	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
115.376 (d)	Disciplinary sanctions for staff	
	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
	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
115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	Corrective action for contractors and volunteers	
	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

115.378 (a)	Interventions and disciplinary sanctions for residents	
	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
115.378 (b)	Interventions and disciplinary sanctions for residents	
	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
	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
	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
	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
	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
115.378 (c)	Interventions and disciplinary sanctions for residents	
	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
115.378 (d)	Interventions and disciplinary sanctions for residents	
	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

	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
115.378 (e)	Interventions and disciplinary sanctions for residents	
	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
115.378 (f)	Interventions and disciplinary sanctions for residents	
	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
115.378 (g)	Interventions and disciplinary sanctions for residents	
	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
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	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
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	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
115.381 (c)	Medical and mental health screenings; history of sexual abuse	

	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
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	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
115.382 (a)	Access to emergency medical and mental health services	
	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
115.382 (b)	Access to emergency medical and mental health services	
	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
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	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
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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.)	na
115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or	yes

	cooperates with any investigation arising out of the incident?	
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.386 (a)	Sexual abuse incident reviews	
	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
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	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
	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
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes

	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	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
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	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
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.387 (c)	Data collection	
	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
115.387 (d)	Data collection	
	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
115.387 (e)	Data collection	
	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	yes

	the confinement of its residents.)	
115.387 (f)	Data collection	
	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
115.388 (a)	Data review for corrective action	
	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
	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
	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
115.388 (b)	Data review for corrective action	
	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
115.388 (c)	Data review for corrective action	
	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
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	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
115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	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
115.401 (a)	Frequency and scope of audits	
	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
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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

	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.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. 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, there has never been a Final Audit Report issued.)	yes