

# PREA Facility Audit Report: Final

**Name of Facility:** Mabel Bassett Correctional Center

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 04/24/2023

| 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"/>                |
| <b>Auditor Full Name as Signed:</b> Patrick J. Zirpoli  | <b>Date of Signature:</b><br>04/24/2023 |

| AUDITOR INFORMATION                 |                  |
|-------------------------------------|------------------|
| <b>Auditor name:</b>                | Zirpoli, Patrick |
| <b>Email:</b>                       | pzirpoli@ptd.net |
| <b>Start Date of On-Site Audit:</b> | 03/20/2023       |
| <b>End Date of On-Site Audit:</b>   | 03/22/2023       |

| FACILITY INFORMATION              |   |
|-----------------------------------|---|
| <b>Facility name:</b>             | Mabel Bassett Correctional Center               |
| <b>Facility physical address:</b> | 29501 Kickapoo Road , McLoud , Oklahoma - 74851 |
| <b>Facility mailing address:</b>  |   |

| <b>Primary Contact</b>   |                         |
|--------------------------|-------------------------|
| <b>Name:</b>             | Carla Braggs            |
| <b>Email Address:</b>    | carla.braggs@doc.ok.gov |
| <b>Telephone Number:</b> | 405-427-6170            |

| <b>Warden/Jail Administrator/Sheriff/Director</b> |                              |
|---|------------------------------|
| <b>Name:</b>                                      | Aboutanaa Elhabti            |
| <b>Email Address:</b>                             | aboutanaa.elhabti.doc.ok.gov |
| <b>Telephone Number:</b>                          | 405-964-3020                 |

| <b>Facility PREA Compliance Manager</b> |                          |
|---|--------------------------|
| <b>Name:</b>                            | Matt McDonald            |
| <b>Email Address:</b>                   | matt.mcdonald@doc.ok.gov |
| <b>Telephone Number:</b>                | O: 405-964-3020          |

| <b>Facility Health Service Administrator On-site</b> |                         |
|--|-------------------------|
| <b>Name:</b>   | Ronald Davis            |
| <b>Email Address:</b>                                | ronald.davis@doc.ok.gov |
| <b>Telephone Number:</b>                             | 405-964-3020            |

| <b>Facility Characteristics</b>  |                    |
|--|--------------------|
| <b>Designed facility capacity:</b>   | 1313               |
| <b>Current population of facility:</b>   | 1138               |
| <b>Average daily population for the past 12 months:</b>  | 1109               |
| <b>Has the facility been over capacity at any point in the past 12 months?</b>                                     | No                 |
| <b>Which population(s) does the facility hold?</b>   | Females            |
| <b>Age range of population:</b>  | 18-84              |
| <b>Facility security levels/inmate custody levels:</b>   | Medium and Minimum |
| <b>Does the facility hold youthful inmates?</b>  | Yes                |
| <b>Number of staff currently employed at the facility who may have contact with inmates:</b>                       | 140                |
| <b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b> | 10                 |
| <b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>             | 696                |

| <b>AGENCY INFORMATION</b>                                    |  |
|--|--|
| <b>Name of agency:</b>                                       | Oklahoma Department of Corrections                       |
| <b>Governing authority or parent agency (if applicable):</b> |  |
| <b>Physical Address:</b>                                     | 3400 Martin Luther King Ave., Oklahoma, Oklahoma - 73111 |
| <b>Mailing Address:</b>                                      |  |
| <b>Telephone number:</b>                                     |  |

| <b>Agency Chief Executive Officer Information:</b> |  |
|--|--|
| <b>Name:</b>                                       |  |
| <b>Email Address:</b>                              |  |
| <b>Telephone Number:</b>                           |  |

| <b>Agency-Wide PREA Coordinator Information</b> |              |                       |                         |
|---|--------------|-----------------------|-------------------------|
| <b>Name:</b>                                    | Carla Braggs | <b>Email Address:</b> | Carla.Braggs@doc.ok.gov |

## 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:

10

- 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.31 - Employee training
- 115.32 - Volunteer and contractor training
- 115.33 - Inmate education
- 115.34 - Specialized training: Investigations
- 115.35 - Specialized training: Medical and mental health care
- 115.41 - Screening for risk of victimization and abusiveness
- 115.42 - Use of screening information
- 115.51 - Inmate reporting
- 115.88 - Data review for corrective action

### Number of standards met:

35

### 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: | 2023-03-20 |
| 2. End date of the onsite portion of the audit:   | 2023-03-22 |

#### 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<br><input type="radio"/> No  |
| a. Identify the community-based organization(s) or victim advocates with whom you communicated:   | Project Safe was contacted they knew of no issues at the facility. I also contact the Oklahoma Statewide SANE Coordinator, she know of no issues at any OKDOC facilities. |

### AUDITED FACILITY INFORMATION

|  |  |
|--|--|
| 14. Designated facility capacity:  | 1313   |
| 15. Average daily population for the past 12 months:                             | 1109   |
| 16. Number of inmate/resident/detainee housing units:                            | 7  |
| 17. Does the facility ever hold youthful inmates or youthful/juvenile detainees? | <input checked="" type="radio"/> Yes<br><input type="radio"/> No<br><input 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**

|  |      |
|--|------|
| <b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>   | 1170 |
| <b>37. Enter the total number of youthful inmates or youthful/juvenile detainees in the facility as of the first day of the onsite portion of the audit:</b>   | 0    |
| <b>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:</b>  | 1    |
| <b>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:</b> | 1    |
| <b>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:</b>  | 1    |
| <b>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:</b>   | 1    |
| <b>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:</b>  | 2    |

|   |  |
|---|--|
| <p><b>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:</b></p>   | <p>7</p>   |
| <p><b>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:</b></p>   | <p>33</p>  |
| <p><b>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:</b></p>   | <p>2</p>   |
| <p><b>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:</b></p>  | <p>3</p>   |
| <p><b>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:</b></p>                                     | <p>0</p>   |
| <p><b>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):</b></p> | <p>No additional comments regarding the population characteristics of inmates in the facility.</p> |
| <p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>   |  |
| <p><b>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:</b></p>   | <p>140</p>   |



|   |   |
|---|---|
| <p><b>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:</b></p>                         | <p>696</p>  |
| <p><b>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:</b></p>                        | <p>10</p>   |
| <p><b>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:</b></p> | <p>No additional comments regarding the characteristics of staff, volunteers, and contractors who were in the facility.</p> |

## INTERVIEWS

### Inmate/Resident/Detainee Interviews

#### Random Inmate/Resident/Detainee Interviews

|   |   |
|---|---|
| <p><b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>  | <p>23</p>   |
| <p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p> | <p><input checked="" type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Race</p> <p><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input checked="" type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input checked="" type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p> |

|   |   |
|---|---|
| <p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>  | <p>Inmates selected utilizing the above listed characteristics.</p>               |
| <p><b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>  | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>       |
| <p><b>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):</b></p>   | <p>No additional comments regarding selecting or interviewing random inmates.</p> |
| <p><b>Targeted Inmate/Resident/Detainee Interviews</b></p>  |   |
| <p><b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>  | <p>20</p>   |
| <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> |   |
| <p><b>59. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:</b></p>  | <p>0</p>  |

|   |   |
|---|---|
| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/detainees in this category:</b></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/detainees.</p> <p><input type="checkbox"/> The inmates/detainees in this targeted category declined to be interviewed.</p> |
| <p><b>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/detainees).</b></p>                                    | <p>No youthful offenders were being housed at the facility during the audit. The housing unit was toured during the onsite review, the housing unit was closed and empty. This was further confirmed during staff interviews.</p>   |
| <p><b>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:</b></p>  | <p>1</p>  |
| <p><b>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:</b></p> | <p>1</p>  |
| <p><b>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:</b></p>  | <p>1</p>  |
| <p><b>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:</b></p>   | <p>1</p>  |

|  |   |
|--|---|
| <b>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:</b>  | 2 |
| <b>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:</b>  | 7 |
| <b>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:</b>  | 3 |
| <b>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:</b>  | 2 |
| <b>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:</b>   | 3 |
| <b>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:</b> | 0 |

|  |   |
|--|---|
| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>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).</b></p> | <p>The facility does not place inmates in segregated housing for risk of sexual victimization.</p>  |
| <p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>   | <p>No additional comments regarding selecting or interviewing targeted inmates.</p>   |

## Staff, Volunteer, and Contractor Interviews

### Random Staff Interviews

|  |  |
|--|--|
| <p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>   | <p>15</p>  |
| <p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p> | <p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" 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><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>  | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>   |
| <p><b>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):</b></p>  | <p>Staff selected utilizing the above characteristics.</p>  |
| <p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></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><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>   | <p>22</p>   |
| <p><b>76. Were you able to interview the Agency Head?</b></p>  | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>   |
| <p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>  | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>   |
| <p><b>78. Were you able to interview the PREA Coordinator?</b></p>   | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>   |
| <p><b>79. Were you able to interview the PREA Compliance Manager?</b></p>  | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input 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)</p> |

**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

|  |   |
|--|---|
|  | <input checked="" type="checkbox"/> Intake staff<br><input type="checkbox"/> Other  |
| <b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>                          | <input checked="" type="radio"/> Yes<br><input type="radio"/> No  |
| <b>a. Enter the total number of VOLUNTEERS who were interviewed:</b>   | 2   |
| <b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b> | <input type="checkbox"/> Education/programming<br><input type="checkbox"/> Medical/dental<br><input type="checkbox"/> Mental health/counseling<br><input checked="" type="checkbox"/> Religious<br><input type="checkbox"/> Other |
| <b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>                         | <input type="radio"/> Yes<br><input checked="" type="radio"/> No  |
| <b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>  | No additional comments regarding selecting or interviewing specialized staff.   |



# 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.

**84. Did you have access to all areas of the facility?**

Yes

No

**Was the site review an active, inquiring process that included the following:**

**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)?**

Yes

No

**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)?**

Yes

No

**87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?**

Yes

No

|  |   |
|--|---|
| <p><b>88. Informal conversations with staff during the site review (encouraged, not required)?</b></p>   | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p><b>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).</b></p> | <p>No additional comments regarding the site review.</p>                    |

## Documentation Sampling

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><b>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?</b></p>            | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p><b>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p> | <p>All documents were selected by the auditor at the source.</p>            |

# 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 |
|--------------------------------------|-------------------------------|------------------------------|------------------------------------|---|
| <b>Inmate-on-inmate sexual abuse</b> | 1                             | 0                            | 0                                  | 1   |
| <b>Staff-on-inmate sexual abuse</b>  | 5                             | 0                            | 0                                  | 5   |
| <b>Total</b>                         | 6                             | 0                            | 0                                  | 6   |

**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 |
|---|------------------------------------|------------------------------|------------------------------------|---|
| <b>Inmate-on-inmate sexual harassment</b> | 1                                  | 0                            | 0                                  | 1   |
| <b>Staff-on-inmate sexual harassment</b>  | 0                                  | 0                            | 0                                  | 0   |
| <b>Total</b>                              | 1                                  | 0                            | 0                                  | 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 |
|--------------------------------------|---------|--------------------------|----------------------------|------------------------|-----------|
| <b>Inmate-on-inmate sexual abuse</b> | 0       | 1                        | 0                          | 0                      | 0         |
| <b>Staff-on-inmate sexual abuse</b>  | 0       | 1                        | 0                          | 0                      | 0         |
| <b>Total</b>                         | 0       | 2                        | 0                          | 0                      | 0         |

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

|                                      | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|--------------------------------------|---------|-----------|-----------------|---------------|
| <b>Inmate-on-inmate sexual abuse</b> | 0       | 0         | 1               | 0             |
| <b>Staff-on-inmate sexual abuse</b>  | 0       | 2         | 1               | 2             |
| <b>Total</b>                         | 0       | 2         | 2               | 2             |

## 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 |
|---|---------|--------------------------|----------------------------|------------------------|-----------|
| <b>Inmate-on-inmate sexual harassment</b> | 0       | 0                        | 0                          | 0                      | 0         |
| <b>Staff-on-inmate sexual harassment</b>  | 0       | 0                        | 0                          | 0                      | 0         |
| <b>Total</b>                              | 0       | 0                        | 0                          | 0                      | 0         |

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

|   | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|---|---------|-----------|-----------------|---------------|
| <b>Inmate-on-inmate sexual harassment</b> | 0       | 0         | 1               | 0             |
| <b>Staff-on-inmate sexual harassment</b>  | 0       | 0         | 0               | 0             |
| <b>Total</b>                              | 0       | 0         | 0               | 0             |

# Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

## Sexual Abuse Investigation Files Selected for Review

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

## Staff-on-inmate sexual abuse investigation files

|  |   |
|--|---|
| <b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>               | 5   |
| <b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>       | <input checked="" type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) |
| <b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b> | <input checked="" type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) |

## Sexual Harassment Investigation Files Selected for Review

|  |  |
|--|--|
| <b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b>  | 1  |
| <b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b> | <input checked="" type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files) |

## Inmate-on-inmate sexual harassment investigation files

|  |   |
|--|---|
| <b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b> | 1 |
|--|---|

|   |  |
|---|--|
| <p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></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> |
| <p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></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> |
| <p><b>Staff-on-inmate sexual harassment investigation files</b></p>   |  |
| <p><b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>                | <p>0</p>   |
| <p><b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b></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 harassment investigation files)</p>  |
| <p><b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></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 harassment investigation files)</p>  |



|  |   |
|--|---|
| <p><b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b></p> | <p>No additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p> |
|--|---|

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

|   |   |
|---|---|
| <p><b>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.</b></p> | <p> <input type="radio"/> Yes<br/> <input checked="" type="radio"/> No         </p> |
|---|---|

### Non-certified Support Staff

|   |   |
|---|---|
| <p><b>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.</b></p> | <p> <input type="radio"/> Yes<br/> <input checked="" type="radio"/> No         </p> |
|---|---|

## AUDITING ARRANGEMENTS AND COMPENSATION

|  |  |
|--|--|
| <p><b>121. Who paid you to conduct this audit?</b></p> | <p> <input checked="" type="radio"/> The audited facility or its parent agency<br/><br/> <input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)<br/><br/> <input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)<br/><br/> <input type="radio"/> Other         </p> |
|--|--|

## **Standards**

### **Auditor Overall Determination Definitions**

- 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)

### **Auditor Discussion Instructions**

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.

|               |   |
|---------------|---|
| <b>115.11</b> | <b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>   |
|               | <b>Auditor Overall Determination:</b> Exceeds Standard  |
|               | <b>Auditor Discussion</b>   |
|               | <ul style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy</li> <li>c. Memorandum of Appointment of PREA Coordinator</li> <li>d. Memorandum of Appointment of PREA Manager PREA Compliance Manager List</li> <li>e. Organizational Chart - Dept. of Corrections</li> <li>f. Organizational Chart - Facility</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>a. PREA Coordinator</li> <li>b. PREA Compliance Manager</li> </ul> <p>Subsection (a) The agency has developed a written policy mandating zero tolerance towards all forms of sexual abuse and sexual harassment, this policy also outlines the agencies approach to preventing, detecting, and responding to such conduct. This policy is the Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy. This policy has been in effect since the implementation of PREA in the agency. The policy addresses all aspects of the Prison Rape Elimination Act Standards for Prisons and Jails. The policy further defines all prohibited acts, the definitions listed in the glossary of terms are consistent with the definitions in the PREA Standards.</p> <p>Subsection (b) The agency has designated an agency wide PREA Coordinator. During the interview she related that she has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards. I found the Agency PREA Coordinator to be well versed in the PREA Standards, and their daily application in the Oklahoma Department of Corrections. Prior to becoming the Agency PREA Coordinator, she was the PREA Manager. The PREA Coordinator works directly with the PREA Manager, the PREA Manager is a second agency level position. This position is also dedicated to the implementation of the PREA Standards throughout the OKDOC. During the second audit cycle audits of the OKDOC facilities, every Warden and PREA Compliance Manager stated that the PREA Coordinator and the PREA Manager are always available to answer questions and provide advice on the</p> |

implementation of the PREA policies.

Subsection (c) The agency has also designated a PREA Compliance Manager at each of their facilities. During the interview, the PREA Compliance Manager related that they have enough time to implement the PREA Standards at the facility. During the onsite audit I found that the PREA Compliance Manager is making routine tours of the facility to ensure overall operational safety, which includes sexual safety.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency exceeds the requirements of this standard, and all provisions.

|               |   |
|---------------|---|
| <b>115.12</b> | <b>Contracting with other entities for the confinement of inmates</b>   |
|               | <b>Auditor Overall Determination:</b> Meets Standard  |
|               | <b>Auditor Discussion</b>   |
|               | <p>Documentation Reviewed:</p> <ul style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. Executed contracts between ODOC and Private Prisons, or Jails with relevant PREA language</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>a. Contract Monitor Verification</li> </ul> <p>Subsection (a)(b)(c) The Oklahoma Department of Corrections contracts with other agencies to house inmates. I reviewed these contracts in their entirety, the contracts specify that the contractor must adhere to specific Oklahoma Department of Corrections policies, one being OP-030601 the Oklahoma Prison Rape Elimination Act Policy.</p> <p>I further confirmed during interviews that the facilities are monitored for compliance through direct assignment of staff at each facility. All contracted facilities were audited during the previous auditing cycle and will be audited during this auditing cycle. The PREA Audit is a requirement of the contract.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.</p> |

**115.13 Supervision and monitoring**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documentation Reviewed:

- a. Pre-Audit Questionnaire
- b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy
- c. Staffing Plan (review February 2023)
- d. Previous staffing plans
- e. Daily Assignment Post Roster Master Roster Facility Brochure
- f. Facility diagrams showing camera locations
- g. Log for all shifts

Interviews

- a. Warden
- b. Intermediate or Higher-Level Facility Staff
- c. Random Staff
- d. Random Inmates

Onsite Review:

During the site review the staffing plan was compared against the following observations to determine whether the staffing plan adequately assesses the staffing and electronic monitoring needs of the facility with sexual safety in mind:

- The number of staff, contractors, and volunteers present and staffing patterns during every shift, including:
  - In the housing units
  - In isolated areas like administrative/disciplinary segregation and protective custody
  - In the programming, work, education, other areas
  - In areas where sexual abuse is known to be more likely to occur according to the staffing plan.

- Line of sight and blind spots.
- Areas where persons confined in the facility are not allowed to determine whether movement in and out of that space is monitored, to ensure that confined persons never enter those areas.
- Level of supervision and frequency of cell checks in all housing areas.
- Indirect supervision practices, including camera placement and monitoring of the cameras.
- Staffing concerns, including understaffing, overcrowding, poor line of sight, etc.

During this site review I found that the number of staff, contractors, and volunteers present and staffing patterns during every shift meet the staffing plan, this was further confirmed during informal conversations during the tour and formal interviews with both random inmates and random staff.

During the site review no blind spots were identified which did not have either a camera or mirror to view the area. No line-of-sight issues were identified. All non-inmate areas were secured and if an inmate needed to enter an area for cleaning etc. they were accompanied by staff and further monitored on camera. The facility has cameras throughout the facility covering all housing units, and common areas such as the corridors, kitchen, etc. All camera monitors were viewed, there were no remote cross gender viewing issues. The camera cells had the view of the toilet area obscured.

During informal conversations during the tour and formal interviews with both random inmates and random staff. I found that they knew of no staffing issues, and staff are making rounds and present on the housing units every day and on every shift. They further indicated that supervisors make regular rounds through the housing areas on every shift. I further confirmed that staffing has no negative impact on safety, accessibility, or limits to out of cell activities such as programming, education, and work.

Subsection (a) Policy addresses supervision and monitoring of the residents at the facilities. The policy directs the facility to develop, document, and make its best efforts to comply on a regular basis with the staffing plan. The policy provides for adequate levels of staffing, and where applicable, video monitoring, to protect residents from sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring the agency takes into consideration the following:

- 1) the physical size and layout of the facility;
- 2) number and type of offenders assigned to the facility;
- 3) video monitoring to protect offenders against sexual abuse;
- 4) the prevalence of substantiated and unsubstantiated incidents of sexual

abuse; and

5) any other factors.

The auditor reviewed the staffing documents and policy and confirmed that these factors are taken into consideration during the development of the staffing plan. This was further confirmed during interviews.

Subsection (b) The staffing plan has not been deviated from during the auditing period. The facility staff confirmed they would document any deviations to the staffing plan.

Subsection (c) The agency conducts an annual review of the staffing patterns at the facility and update the staffing plan if needed. The staffing plan was completed and reviewed by the Acting Warden on February 2, 2023 and the Agency PREA Coordinator on February 17, 2023. This was confirmed through interviews and viewing the signature on the staffing plan. I also reviewed prior staffing plans to ensure the yearly review is consistent.

The administration meets on a regular basis to review incidents that have occurred at the facility, as well as discussing normal facility operation. During these meetings, they discuss any adjustments that may need to be made to the staffing plan, deployment of video monitoring and other technologies, and any resources available. This was confirmed during the staff interviews.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.



**115.14 Youthful inmates**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documentation Reviewed:

- a. Pre-Audit Questionnaire
- b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy
- c. MB-040102-16 Youthful Inmate Post Orders
- d. Facility Specific Criteria (DOC 060204A)
- e. Memo- Youthful Offenders PREA Standards 115.12(a)
- f. Youthful Offender Memo from Director
- g. Mabel Bassett Correctional Center Youthful Inmate Housing Unit Post Order

Interviews:

- a. Staff who supervise youthful inmates
- b. Education staff

Onsite Review:

During the facility tour the auditor observed the housing unit where youthful offenders are housed. This housing unit was self-contained and away from the general population. The housing unit provided sleeping quarters, a private bathroom and shower, and a dayroom area. This housing unit provided sight and sound separation from the adult offenders.

Informal conversations and interviews were conducted with staff, during these interactions I confirmed the housing of youthful offenders. I further confirmed that they would receive daily exercise and education.

Subsection (a)(b)(c) The agency has developed policies and procedures on the housing of youthful inmates, these policies and procedures meet all provisions of this standard.

The facility houses female youthful offenders, these offenders are housed in a separate area of the facility and are separated by sight and sound from all adult offenders while in the housing unit. When outside of this area they are always under

direct supervision, this was confirmed during staff interviews. They are offered education and programming, while at this location they are always under direct supervision.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.

| 115.15 | Limits to cross-gender viewing and searches   |
|--------|---|
|        | <b>Auditor Overall Determination:</b> Meets Standard  |
|        | <b>Auditor Discussion</b>   |
|        | <p>Documentation Reviewed:</p> <ul style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy</li> <li>c. Oklahoma Department of Corrections Policy OP-040110 Search and Seizure</li> <li>d. Pat Search Lesson Plan</li> <li>e. Training rosters</li> <li>f. Transgender Pat Search power point</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>a. Random Staff</li> <li>b. Random Inmates</li> </ul> <p>Site Review</p> <p>During the site review the area in intake being utilized for strip searches was viewed, this was a separate room with no windows and a closable door. During both informal conversations and formal interviews with inmates and staff, I confirmed that this is the area where the strip search is conducted and is always performed by two same sex officers. I also confirmed that once the door is closed you cannot see into the room.</p> <p>During the site review all areas where confined persons may be in a state of undress, such as showering, performing bodily functions, and changing their clothes were toured. These included all areas inside and outside the housing units. During these observations it was confirmed that nonmedical staff of the opposite gender are not able to view confined persons in a state of undress, including from different angles and via mirror placement, this included electronic surveillance monitoring areas. I found that opposite-gender staff are assigned to monitor video surveillance, but the system does not allow for point, tilt, zoom (PTZ) capabilities which position the camera to where they could see a confined person in a state of undress.</p> <p>During the informal conversations with staff, they knew of no cross-gender viewing issues. This was also confirmed with the inmates during the informal conversations.</p> |

Inside housing units, cross-gender announcements were heard. The staff at the facility verbally announce upon entering the housing units. The housing units are small enough that you can hear the announcement in the furthest area from the entryway. The housing unit configuration allows the confined person enough time to cover up before the staff enter the area.

Subsection (a)(b)(c): The facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches unless in exigent circumstances or when performed by a medical practitioner. I confirmed this procedure during staff and inmate interviews, as well as a review of the policy. I also confirmed with the staff that the facility had not conducted a search under these circumstances, but if one was conducted under exigent circumstances the search would be documented in an incident report.

The facility is an all-female facility. It does not conduct any cross gender pat searches, nor does it restrict any inmates from having any out of cell opportunities. The facility is an open yard where the inmates are not restricted from any opportunities, pat searches are conducted but on a random basis. This was confirmed during both the staff and inmate interviews.

Subsection (d): The above policies outline procedures and practices 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 housing unit checks. The policies further dictate that staff of the opposite gender announce their presence when entering a resident housing unit. These practices were confirmed during the staff and resident interviews as well as during the facility tour when I heard the announcements taking place.

Subsection (e): Policy prohibits searches or physical examinations of transgender or intersex inmates for the sole purpose of determining the resident's genital status. I confirmed through interviews if the genital status is unknown, it would be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning the information through a broader medical examination conducted in private by a medical practitioner. It should be noted that all residents are coming into the facility from another correctional setting. The staff confirmed they normally receive notice of the resident's arrival date, and all pertinent information pertaining to the resident. The genital status would be known prior to the resident's arrival. All interviewed staff confirmed they are not allowed to search or physically examine any resident to determine genital status. A search of this nature has not taken place at the facility.

Subsection (f): The agency has trained security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. This was confirmed by reviewing the provided training materials. I further verified this training during staff interviews.

|  |   |
|--|---|
|  | <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.</p> |
|--|---|

|                      |   |
|----------------------|---|
| <p><b>115.16</b></p> | <p><b>Inmates with disabilities and inmates who are limited English proficient</b></p> <hr/> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documentation Reviewed:</p> <ul style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy</li> <li>c. Translated materials (regarding PREA)</li> <li>d. Translated materials (regarding PREA)</li> <li>e. Interpreter’s List (employees)</li> <li>f. Offender Orientation materials</li> <li>g. Video Transcript for Deaf or Hearing Impaired</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>a. Targeted Inmates</li> <li>b. Random Staff</li> <li>c. Agency Head</li> </ul> <p>Site Review:</p> <p>During the site review, the auditor tested the facility’s process for securing interpretation services on-demand. The interpretation is through OKDOC staff. The auditor was able to review the interpreters list and set up on demand translation for Spanish speaking inmates, and a deaf inmate.</p> <p>Subsection (a) The agency has taken appropriate steps to ensure that inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. These steps include, when necessary to ensure effective communication with inmates who are deaf or hard of hearing, providing access to</p> |
|----------------------|---|

interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency ensures that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, including inmates who have intellectual disabilities, limited reading skills, or who are blind or have low vision. The facility outlines the response to inmates in these categories in the above directives as well as the Limited English Proficiency (LEP) Plan. This plan outlines procedures for inmates who are not only non-English speaking, but all who are enumerated in this standard. I confirmed the use of this plan during the staff and inmate interviews.

Subsection (b): Policy outlines the steps the agency takes to ensure meaningful access to all aspects of the agencies efforts to prevent, detect, and respond to sexual abuse and sexual harassment to individuals who are limited English proficient. This includes written materials and interpretation services either through an outside contractor or approved staff. The facility provided copies of the Spanish PREA notices; these were also viewed at the facility during the facility tour. The interviewed residents confirmed that the notices had been posted in both English and Spanish since their arrival at the facility.

The facility would either utilize a staff member who is fluent in the resident's native language or access language service if needed.

Subsection (c) Policy prohibits the use of residents to interpret, read, or provide other types of assistance except in limited circumstances where an extended delay in obtaining an effective interpreter would compromise the inmate's safety, the performance of the first responder duties or the investigation of the resident's allegations. All staff interviewed stated they would not allow a resident to interpret for another resident in reporting sexual abuse or sexual harassment, and they felt that they could not control the information once another resident knew about alleged sexual abuse or sexual harassment. They indicated they would utilize the translation services outlined in the policy or contact a supervisor for further guidance. During the past 12 months, the facility has not relied on residents to provide interpretation services for any PREA related matter.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.

**115.17 Hiring and promotion decisions**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documentation reviewed:

- a. Pre-Audit Questionnaire
- b. OP-110105 Employee Personnel Records
- c. OP-110210 Background Investigations
- d. OP-110215 Individual Conduct of Employees
- e. OP-110235 Hiring and Promotional Procedures
- f. OP-110237 Separation Process State of Oklahoma - Terms and Conditions
- g. Applicant Questionnaire Contractor/Employee Request for Record Contractor/Employee
- h. Documentation of 5 year Criminal Background Record Checks for Staff
- i. Documentation of 5 year Criminal Background Record Checks for Contractors
- j. Personal Data Summary Sheet (4B)
- k. Verification of the Rap Back System through OLETS

Interviews:

- a. Human Resource Staff
- b. PREA Coordinator

Subsection (a)(f) Policy dictates that the agency will not hire or promote anyone 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);
- has been convicted or civilly or administratively adjudicated for 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; and/or

Background investigations are conducted for all candidates for positions in the



agency. All candidates are asked the following questions:

- Have you ever been employed in a prison, jail, lockup, community confinement facility, juvenile facility or other institution (as defined in 42 U.S.C. 1997)?
- Have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?
- Have you had substantiated allegations of sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution, or have you ever resigned during a pending investigation of an allegation of sexual abuse of a confined individual?

Subsection (b) According to policy and procedures, in addition to incidents of sexual abuse, the agency also considers any incidents of sexual harassment in determining whether to hire or promote anyone. I also confirmed that the agency considers any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents.

Subsection (c) Agency policy requires that before it hires any new employees who may have contact with residents, they conduct a criminal background record check, and consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. This is conducted during the background investigation of the prospective employee; the Criminal History Check is through the National Crime Information Center (NCIC). The facility has not hired any new employees in the past 12 months.

Subsection (d) No contractors have been hired at the facility during the past twelve months. According to policy every volunteer, or contractor, who provides recurring on-site services and has individual/group contact with residents at the facility, are not allowed contact with residents until they have completed a background check, which includes a Criminal History Check through the National Crime Information Center (NCIC).

Subsection (e) Criminal History checks are being conducted on the staff every five years at the facility level. The results are maintained in the staff members personnel file. These were reviewed during the onsite audit, and it was confirmed that the criminal history checks are taking place every 5 yrs. The agency further utilizes the Rap Back System through the Oklahoma Law Enforcement Telecommunications System. The Rap Back System notifies the agency if any changes occur in any Staff, Volunteer, or Contractors Criminal History, this system runs constantly and negates the five-year Criminal History Check.

Subsection (g) Applicants for employment are required to affirm and sign the application for employment, indicating the information contained in the application and any attachments contain no misrepresentation or falsification, omission or concealment of material fact and is true and complete to the best of the applicant's

knowledge and belief. The applicant must also acknowledge that any material omission or false information is grounds for non-selection or discipline, or termination of employment.

Subsection (h) Staff interviewed stated that the agency would provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee when the information is requested from an institutional employer for whom the employee has applied to work.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.

| 115.18 | Upgrades to facilities and technologies  |
|--------|--|
|        | <p data-bbox="256 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="256 264 557 300"><b>Auditor Discussion</b></p> <p data-bbox="256 340 632 376">Documentation Reviewed:</p> <ul data-bbox="256 416 1345 631" style="list-style-type: none"><li data-bbox="256 416 683 452">a. Pre-Audit Questionnaire</li><li data-bbox="256 488 1345 564">b. Oklahoma Department of Corrections Policy: OP-150101 Physical Plant Development</li><li data-bbox="256 600 986 631">c. Diagrams of Buildings with Camera Locations</li></ul> <p data-bbox="256 743 416 779">Interviews:</p> <ul data-bbox="256 819 456 922" style="list-style-type: none"><li data-bbox="256 819 456 855">a. Warden</li><li data-bbox="256 891 411 922">b. PCM</li></ul> <p data-bbox="256 1034 1473 1191">Subsection (a)(b) The agency has made no substantial expansion to this facility nor is any planned. During the interviews I confirmed that if any expansion or acquisition of facilities takes place, the overall security and safety is taken into consideration, including the sexual safety of the inmates.</p> <p data-bbox="256 1227 1473 1348">The facility has not installed cameras since the last PREA Audit. During the interviews I confirmed that if any camera installation takes place, the overall security and safety is taken into consideration, including the sexual safety of the inmates.</p> <p data-bbox="256 1384 1465 1541">The Agency utilizes Attachment A and B of OP-150101 for any proposed new construction or new renovation. Both forms direct that the agency’s ability to protect inmates from sexual abuse must be taken into consideration. This new construction or renovations must be approved by the Regional Director and Chief of Operations.</p> <p data-bbox="256 1576 1457 1908">Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.</p> |

**115.21**

**Evidence protocol and forensic medical examinations**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documentation Reviewed:

- a. Pre-Audit Questionnaire
- b. Oklahoma Department of Corrections Policies: OP-030601 Prison Rape Elimination Act with Attachment C OP-040117 Investigations
- c. MOU with Project Safe

Interviews:

- a. PCM
- b. Project Safe Staff

Subsection (a)(f)(g) The agency is responsible for both the administrative and criminal investigations of all sexual abuse and sexual harassment incidents. These investigations are initially responded to at the facility level utilizing a team approach, where the administration, medical and mental health will initially be notified. The investigation is further conducted by the investigators in the Office of Inspector General. These investigators are sworn law enforcement officers and are highly trained in evidence collection and identification. I reviewed the training materials utilized and interviewed investigators from this division. I found that they follow the evidence protocols outlined in the policy and are well versed in evidence identification and collection.

Subsection (b) The protocol was developed from the National Protocol for Sexual Assault Medical Forensic Examinations Second Edition dated April 2013. The alleged victim of sexual abuse would be transported to Project Safe. I verified with the Statewide SANE Coordinator that the protocol utilized meets the National Protocol for Sexual Assault Medical Forensic Examinations Second Edition dated April 2013. Anyone under the age of 18 would be transported to a Oklahoma Child Advocacy Center.

Subsection (c) Policy dictates that an alleged sexual abuse victim is provided access to a forensic medical examination, the policy further describes the procedure to obtain the services of a hospital to provide these examinations. The alleged victim of sexual abuse would be transported to Project Safe. I verified with the Statewide SANE Coordinator that these services are provided at no cost to the victim.

Subsection (d)(e)(h) The facility utilizes a victim advocate from Project Safe. This was

confirmed during the interview with a Project Safe Supervisor. I confirmed the utilization of this program through interviews and review of the MOU. I contacted Project Safe and spoke with a supervisor, they confirmed the services would be provided as outlined in the MOU. The aforementioned victim advocates are available to the victim during the forensic medical examination process, and investigatory interviews, and they provide emotional support, crisis intervention, information, and referrals. Although these services have not been utilized at this facility, I verified their availability through interviews and review of the memorandum of understanding.

The current MOU is dated for January 2023, it should be noted that the MOU is renewed yearly.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.

| 115.22 | Policies to ensure referrals of allegations for investigations  |
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|        | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documentation Reviewed:</p> <ul style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy with Attachment A</li> <li>c. Oklahoma Department of Corrections Policy : OP-040117 Investigations</li> <li>d. Documentation of completed Agency investigations Section 3 - Policy and Procedures</li> <li>e. Agency Website</li> <li>f. Agency Investigative Reports of Sexual Abuse and Sexual Harassment</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>a. Investigators</li> <li>b. PREA Coordinator</li> <li>c. PCM</li> </ul> <p>Subsection (a)(b)(c)(d) The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. This was confirmed through review of policies which outline the procedures for investigating sexual abuse and sexual harassment. I further verified all allegations are investigated during investigator interviews, staff interviews, and review of the agency investigative reports.</p> <p>The agency investigates all allegations. I verified that the investigative procedure is published on the agency's website.</p> <p>The agency has policies in place that govern the investigative process. This was confirmed during policy review and investigator interviews.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the</p> |

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|  | <p>information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.</p> |
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**115.31 Employee training**

**Auditor Overall Determination:** Exceeds Standard

**Auditor Discussion**

Documentation Reviewed:

- a. Pre-Audit Questionnaire
- b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy
- c. PREA Training PowerPoint 2022 & 2023
- d. PREA Training Rosters 2022 & 2023
- e. Training Records and Acknowledgement Forms for Staff

Interviews:

- a. Random Staff

Subsection (a)(b)(c)(d) Policy outlines the agencies employee training. The policy states that every employee who may have contact with residents shall be trained on his/ her responsibilities related to sexual abuse and sexual harassment prevention, detection, and response as well as all policies and procedures. Training is tailored to the gender of the residents. The employees receive yearly training, the subjects include:

- (1) the zero-tolerance policy against sexual abuse and sexual harassment within the Department;
- (2) how staff are to fulfill their responsibilities under the Department’s sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures as defined in this policy;
- (3) inmates’ right to be free from sexual abuse and sexual harassment;
- (4) the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- (5) the dynamics of sexual abuse and sexual harassment in confinement;
- (6) the common reactions of sexual abuse and sexual harassment victims;
- (7) how to detect and respond to signs of threatened and actual sexual abuse;
- (8) how to avoid inappropriate relationships with inmates;



(9) how to communicate effectively and professionally with inmates, including Lesbian, Gay, Bisexual, Transgender, and Intersex (LGBTI) or gender-nonconforming inmates; and

(10) how to comply with relevant laws of Oklahoma related to mandatory reporting of sexual abuse to outside authorities.

This training is provided on a yearly basis to the employees. The training is tailored to the gender of the residents at the facility. All staff members acknowledge that they have received and understand the training. I confirmed through interviews with the staff at the facility that they have received the training as outlined above, and all staff was able to explain the training and policy. The training materials utilized were reviewed. The agency is providing yearly training which exceeds the provisions of the standard.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency exceeds the requirements of this standard, and all provisions.

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| <b>115.32</b> | <b>Volunteer and contractor training</b>  |
|               | <p><b>Auditor Overall Determination:</b> Exceeds Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documentation Reviewed:</p> <ul style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy</li> <li>c. Oklahoma Department of Corrections Policy: OP-100101 Employee Development</li> <li>d. Course Roster for volunteers/contractors reflecting PREA Lesson Plan for Volunteer Training “Documentation of Volunteer Training” (Attachment C - OP-090211)</li> <li>e. “Volunteer Contractor Training Acknowledgement” (Attachment G - OP-030601)</li> <li>f. Completed Acknowledgement Forms</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>a. Volunteers</li> </ul> <p>Subsection (a)(b)(c) The agency has trained all volunteers and contractors who have contact with inmates on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. At a minimum they are notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. I also confirmed this practice with the facilities Chaplin, who is the volunteer coordinator. The volunteers are trained at the agency level and receive recertification training every two years. This training consists of a one-day training, this training includes the agencies zero tolerance policy and PREA.</p> <p>All contractors are trained at the facility level by the PREA Compliance Manager. This was confirmed with the contractors and volunteers who have been interviewed throughout the agency. They all confirmed they received the training and signed an acknowledgement form.</p> <p>The agency maintains all documentation confirming that volunteers and contractors understand the training they have received. This documentation is maintained at the</p> |

facility level, this was confirmed during review of the volunteer and contractor acknowledgment forms.

The agency is far exceeding the expectations of the standard. They are training the volunteers every two years and ensuring they are aware of the zero-tolerance policy and PREA.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency exceeds the requirements of this standard, and all provisions.

**115.33 Inmate education**

**Auditor Overall Determination:** Exceeds Standard

**Auditor Discussion**

Documentation Reviewed:

- a. Pre-Audit Questionnaire
- b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy
- c. In-Depth Orientation Roster w/ arrival date and move sheet
- d. Zero Tolerance Acknowledgment Signed
- e. Inmate Handbook, relevant pages, (English and Spanish)
- f. Posters Posted on Units (regarding PREA and zero tolerance)
- g. Activity Housing Summary (IHAP) Intake Records for Inmates
- h. Inmate Files and Case Manager Notes
- i. PREA Posters

Interviews

- a. Random Inmates
- b. Intake Staff

Onsite review:

As part of the site review, the auditor observed a mock intake process to ensure the sexual safety information was being provided at the point of intake or transfer.

During the demonstration, the auditor:

Identified the personnel responsible for conducting the intake

Tested how the facility provides the necessary PREA information to all inmates, regardless of ability and language, including whether:

Written information is clear and is provided at an appropriate reading-level and is accessible for all inmates in the facility, including those who are limited English proficient, the facility provides written information in Spanish and English the most commonly languages spoken in the facility, the facility provides on-demand

telephonic translation services for all other languages.

The facility will provide written materials to assist inmates through the intake process, they will also read written information out loud to accommodate inmates who identify as blind, have low vision, or have limited reading skills.

Mental health staff or treatment staff are involved in the intake process for inmates with cognitive or functional disabilities.

During the onsite review the auditor conducted informal and formal conversations with staff and inmates, including inmates who identified as limited English proficient (LEP), non-English speaking, and inmates with limited ability to read, write, speak, or understand English.

During the onsite process the auditor confirmed that the on-demand interpretation services are obtained through an on-demand staff list.

It was confirmed that the inmates do not need to self-identify to access interpretation services. These services are accessed through either treatment or medical staff.

During the onsite review the auditor conducted informal and formal conversations with staff and inmates, including inmates who identified as limited English proficient (LEP), non-English speaking, and inmates with limited ability to read, write, speak, or understand English regarding accessibility of interpretation services when needed.

During the onsite review the auditor observed a mock comprehensive education process and viewed the PREA education session.

During the site review, the auditor:

Confirmed that the comprehensive education is provided via video, with a follow up in person, question, and answer session.

Confirmed the education included the required information as outlined in the Standards.

Determined how the facility makes the comprehensive education accessible to all inmates including inmates who are Deaf or hard-of-hearing, blind or have low vision, cognitively or functionally disabled, limited English proficient, non-English speaking, and/or have limited reading skills.

During the onsite review the auditor conducted informal and formal conversations with staff and inmates regarding comprehensive PREA education.

During the site review, the auditor observed all posted signage throughout the facility. The signage included the PREA audit notices, information on how report sexual abuse and sexual harassment, and access to outside victim emotional support services. The auditor reviewed the information provided on signage and determined it is readable and accessible, consistent, and placed throughout the facility to convey vital sexual safety information specific to the facility.

During the site review, the auditor determined that the:

Signage throughout the facility can be easily read and accessed by persons in the facility, specifically:

The signage language is clear and easy to understand.

The signage specific to emotional support services, and external reporting, included language that clearly details what services are available and for what purposes.

The signage is provided in English and Spanish (the second language most spoken in the facility).

The signage text size, formatting, and physical placement accommodates most readers, including those of average height, low vision/visually impaired, or those physically disabled/in a wheelchair, etc.

The information provided by the signage is not obscured, unreadable by graffiti, or missing due to damage.

The signage is accurate and consistent throughout the facility all information was confirmed to be up to date.

The signage is placed in the facility to where it is accessible to staff, inmates, and other persons who may need the information or services provided.

During the onsite review the auditor conducted informal and formal conversations with staff and inmates regarding signage throughout the facility, to confirm readability and accessibility of information, consistency and accuracy of information, and length of time signage has been posted.

Subsection (a)(b)(c)(d)(e) During the intake process inmates receive information explaining the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment, this information is outlined in the inmate handbook and in the Inmates Guide to Sexual Misconduct Pamphlet. The pamphlet also provides the reporting avenues for inmates. The inmates receive an in-depth orientation at the time of arrival, at this time the facility provides education on the Prison Rape Elimination Act. The education is provided by a staff member who shows a video on PREA, reviews the materials with the inmates, and answers any questions the inmates may have. This was confirmed during the staff and inmate interviews. I further confirmed this by reviewing twenty-five random inmate files and ensuring that the Zero Tolerance Acknowledgment for Offenders Forms were in the files and signed by the inmates. This was confirmed during the inmate and staff interviews.

The facility provides inmate education in formats accessible to all inmates, this includes inmates who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. The facility

provides materials to inmates in Spanish, they also have designated staff who can provide interpretation of other languages. The Case Managers confirmed they would provide education to these individuals if needed.

The facility has all key information on the zero-tolerance policy and reporting avenues provided through signage placed throughout the facility. I viewed this signage during the facility tour. I further confirmed that the signage has been in place during the inmate and staff interviews. The information is further posted in the window of every cell door for the inmates in the segregated housing units.

I conducted several interviews with inmates who have been in custody at several OKDOC facilities. They confirmed that they received training and education at every facility they were transferred to. I further confirmed this by reviewing the inmate files, several inmates had the Zero Tolerance Acknowledgment for Offenders Forms from other facilities in their file.

It should be noted that all signed documentation by inmates is retained at the facility. This information is only available to specific staff at the facility, during the onsite audit the auditor was allowed to review this documentation in the inmate's field files. These documents contain highly sensitive and personally identifiable information. This practice ensures that individuals have the proper clearance, authorization, and need to know before allowing them access to this sensitive PREA information.

The agency is not only providing the information to the residents but also providing an in-person overview and video which far exceeds the requirements of the standard.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency exceeds the requirements of this standard, and all provisions.

**115.34 Specialized training: Investigations**

**Auditor Overall Determination:** Exceeds Standard

**Auditor Discussion**

Documentation Reviewed:

- a. Pre-Audit Questionnaire
- b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy
- c. Oklahoma Department of Corrections Policy: OP-040117 Investigations
- d. Specialized PREA Investigation Training PowerPoint - relevant pages
- e. Letter to PREA Auditors regarding specialized training
- f. Training Records for Investigators

Interviews:

- a. Investigator

Subsection (a)(b)(c) The agency is responsible for both the administrative and criminal investigations of all sexual abuse and sexual harassment incidents. These investigations are conducted by the Office of Inspector General. These investigators are sworn law enforcement officers and are trained in conducting criminal investigations. The training they have received includes the use of Miranda and Garrity warnings, techniques for interviewing sexual abuse victims, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. This was confirmed during the investigator interviews, investigation review, and policy review.

The agency documents all training attended by the investigators. This was confirmed during the interviews with the investigators, as well as review of the training records.

All agency investigators are certified through the Oklahoma Council on Law Enforcement Education and Training and have received extensive training in criminal investigation. The investigators have also attended specific training courses on sexual abuse investigation. The training the investigators have had far exceeds any expectation of the standards. All investigators have been trained in all aspects of criminal investigation, as well as sexual abuse investigation in confinement settings.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This



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|  | <p>assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency exceeds the requirements of this standard, and all provisions.</p> |
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**115.35 Specialized training: Medical and mental health care**

**Auditor Overall Determination:** Exceeds Standard

**Auditor Discussion**

Documentation Reviewed:

- a. Pre-Audit Questionnaire
- b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy
- c. PowerPoint "Medical/Dental/Mental Health PREA Training
- d. Training Rosters

Interviews

- a. Medical Staff

Subsection(a)(c)(d) This facility trains all full and part-time medical and mental health care practitioners on the following:

- How to detect and assess signs of sexual abuse and sexual harassment;
- How to preserve physical evidence of sexual abuse;
- How to respond effectively and professionally to victims of sexual abuse and sexual harassment;
- How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

This was confirmed by reviewing the training materials utilized by the Oklahoma Department of Corrections, and during the review of the PREA Training for Medical & Mental Health Course Rosters. I also confirmed this training with the medical and mental health staff during interviews.

The agency medical staff do not conduct sexual assault examinations.

The medical and mental health care practitioners also receive the training mandated for employees under § 115.31 or for contractors and volunteers under § 115.32, depending upon the practitioner's status at the agency. This was confirmed during the review of training rosters at the facility. I also confirmed this training with the medical and mental health staff during interviews.

The Agency is providing this training on a yearly basis to all medical and mental

health care practitioners. This practice far exceeds the requirement of the standard. They have also created a Medical PREA binder with all training materials, policy, and a flow chart to utilize during incidents. This is utilized by staff as a refresher and as a quick reference during an incident.

Subsection (b): Forensic Examinations are provided at Project Safe. I verified with a Supervisor at Project Safe that they perform examinations and provide victim advocacy.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency exceeds the requirements of this standard, and all provisions.

**115.41**

**Screening for risk of victimization and abusiveness**

**Auditor Overall Determination:** Exceeds Standard

**Auditor Discussion**

Documentation reviewed:

- a. Pre-Audit Questionnaire
- b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy
- c. Inmate Handbook w/relevant language (English and Spanish)
- d. Cell Assessment Form (Attachment A - OP-030102)
- e. Self-Report Form (Attachment B - OP-030102)
- f. Zero Tolerance Acknowledgements (shows ways to report)
- g. Signed Copies Viewed in Inmate Files

Interviews:

- a. Random Inmates
- b. Staff

Onsite Review:

During the site review, the auditor observed a mock intake process which included a screening for risk of being sexually abused or sexually abusive. During the mock intake process, the auditor confirmed that the screenings are conducted by the intake staff, this was later confirmed during their interviews. The screening would take place in an office one on one with the inmate for privacy, and I found that the questions are asked in a manner that fosters comfort and elicits responses.

The method for assessing confined persons for risk of being sexually abused by other persons confined in the facility or sexually abusive toward other persons confined in the facility is conducted utilizing a paper based instrument that calculates a score which helps the staff to decide the risk of abusiveness or vulnerability. During the completion of these the staff affirmatively ask inmates about their sexual orientation and gender identity by directly inquiring if they identify as LGBTI (in addition to making a subjective determination about perceived status). The screening staff utilize any other information available to them to make these determinations.

During the audit informal and formal conversations were conducted with both staff

and inmates, they all confirmed this process.

Subsection (a)(b)(c)(d)(e)(f) All inmates are assessed during the intake process, which is completed upon arrival at the facility. This screening is conducted utilizing the Self Report Form and the Cell Assessment Form. These instruments identify all areas of victimization and abusiveness enumerated in this standard, except for the question related to being detained solely for civil immigration. The facility houses inmates who have been convicted in the State of Oklahoma and sentenced into OKDOC custody.

This was verified through interviews with staff and inmates, as well as review of twenty-five completed instruments. The screening is being conducted by a specific trained staff. I verified through staff interviews that if an inmate is transferred to another facility, they would receive a screening again.

The Initial Intake Screening considers at a minimum:

- whether the inmate has a mental, physical, or developmental disability;
- the age of the inmate;
- the physical build of the inmate;
- whether the inmate has previously been incarcerated;
- whether the inmate's criminal history is exclusively nonviolent;
- whether the inmate has prior convictions for sex offenses against a child or an adult;
- whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- whether the inmate has previously experienced sexual victimization;
- the inmate's own perception of vulnerability; and
- whether the inmate is detained solely for civil immigration purposes.

The screening also considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, to assist assessing inmates. The initial screening at the facility is conducted at intake and in private.

The facility is reassessing all inmates within 30 days of arrival, this reassessment is being conducted by the case managers, and they are taking into considerations all information available to them at the time of reassessment. The case manager makes case notes on the reassessment in the Offender Management System (OMS). The Case Managers meet with every inmate in their caseload every 30 days and notate this meeting in the OMS. This was confirmed by reviewing the reassessment documentation and staff and inmate interviews. Several of the inmates confirmed

they meet with their case manager more than once a month.

Subsection (g) The facility would reassess an inmate's risk level when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that may change the inmate's risk of sexual victimization or abusiveness. This was confirmed during the staff interviews.

Subsection (h) Inmates are informed during the screening process that they will not be disciplined for refusing to answer, or for not disclosing complete information. This was confirmed during review of the screening tools, and during the staff and inmate interviews.

Subsection (i) The agency implements control on the dissemination of screening information at the facility level. The information from the screening tools is only available to case managers, medical if needed, and administration. The screening information is stored in the inmate field files, which are kept in a locked filing cabinet inside the case manager's office.

During the inmate interviews I confirmed they were screened during the intake process, and within 30 days of being at the facility.

The inmates are constantly being reassessed by their assigned Case Managers. The Case Managers are located on the housing units and are accessible to the inmates, or the case managers will tour the housing unit to interact with the inmates. This gives the Case Managers the opportunity to observe the inmates and ensure there is no change in their behavior or status. The Case Managers meet with each inmate on their caseload once a month and make case notes in the Offender Management System. This was confirmed through interviews and watching the interaction between inmates and the Case Managers. This practice far exceeds the requirement of the standard. The facility is reassessing every inmate once a month, not just twice as required by the standard or under any other special circumstances.

It should be noted that all signed documentation by inmates is retained at the facility. This information is only available to specific staff at the facility, during the onsite audit the auditor was allowed to review this documentation in the inmate's field files. These documents contain highly sensitive and personally identifiable information. This practice ensures that individuals have the proper clearance, authorization, and need to know before allowing them access to this sensitive PREA information. After this review of all documentation, and the information received during the facility interviews, I found that the agency exceeds the requirements of this standard, and all provisions.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency exceeds the requirements of this standard, and all provisions.

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| <b>115.42</b> | <b>Use of screening information</b>  |
|               | <p data-bbox="256 188 1015 221"><b>Auditor Overall Determination:</b> Exceeds Standard</p> <hr/> <p data-bbox="256 264 557 297"><b>Auditor Discussion</b></p> <p data-bbox="256 340 632 374">Documentation Reviewed:</p> <ul style="list-style-type: none"> <li data-bbox="256 414 683 448">a. Pre-Audit Questionnaire</li> <li data-bbox="256 488 1315 562">b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy</li> <li data-bbox="256 602 1137 636">c. Oklahoma Department of Corrections Policy: OP-030103</li> <li data-bbox="256 676 879 710">d. inmate Job and Program Assignments</li> <li data-bbox="256 750 644 784">e. Housing Unit Rosters</li> <li data-bbox="256 824 1070 857">f. Cell Assessment Form (Attachment A - OP-030102)</li> <li data-bbox="256 898 995 931">g. Self-Report Form (Attachment B - OP-030102)</li> </ul> <p data-bbox="256 1028 416 1061">Interviews:</p> <ul style="list-style-type: none"> <li data-bbox="256 1102 632 1135">a. Random Inmates</li> <li data-bbox="256 1176 461 1209">b. Staff</li> </ul> <p data-bbox="256 1317 1453 1641">Subsection (a)(b) The agency utilizes the information from the screening and reassessment to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. This was confirmed during review of the policy, and during staff and inmate interviews. The agency makes all these determinations on an individualized basis, this ensures the safety of each inmate. This was confirmed during policy review, and staff and inmate interviews.</p> <p data-bbox="256 1682 1461 2051">Subsections (c)(d)(e)(f) I confirmed during policy review and interviews that when deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the agency considers on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems. I also confirmed that the inmate's own views would be taken into consideration during these decisions. Through policy and interviews I confirmed that a transgender inmate would be given the opportunity to shower separately from other inmates.</p> |

I confirmed during interviews with the Case Manager Supervisor and Case Managers that placement and programming assignments for each transgender or intersex inmate would be reassessed at least twice each year. This is also addressed in policy. I reviewed the field files for the transgender inmates, they are being reassessed as per policy, every 6 months. They are also being seen by their case managers monthly and a case note is made in the OMS.

Neither the agency nor facility place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely based on such identification or status. This was confirmed during agency level interviews.

It should be noted that all signed documentation by inmates is retained at the facility. This information is only available to specific staff at the facility, during the onsite audit the auditor was allowed to review this documentation in the inmate's field files. These documents contain highly sensitive and personally identifiable information. This practice ensures that individuals have the proper clearance, authorization, and need to know before allowing them access to this sensitive PREA information.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency exceeds the requirements of this standard, and all provisions.



**115.43 Protective Custody**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documentation Reviewed:

- a. Pre-Audit Questionnaire
- b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy

Interviews:

- a. PREA Coordinator
- b. PCM

Subsection: (a)(d) The agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If the facility cannot conduct an assessment immediately, the facility will hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment. The facility will document the basis for the facility's concern for the inmate's safety; and the reason why no alternative means of separation can be arranged.

Subsection: (b)(c)(d) It was confirmed during staff interviews that if an inmate was placed in segregated housing for this purpose they will have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document:

- (1) The opportunities that have been limited;
- (2) The duration of the limitation; and
- (3) The reasons for such limitations

It was also confirmed that an assignment of this nature will not ordinarily exceed 30 days.

This facility has had no incident where they have segregated an inmate due to being at high risk of sexual victimization.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the

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|  | <p>Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.</p> |
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**115.51 Inmate reporting**

**Auditor Overall Determination:** Exceeds Standard

**Auditor Discussion**

Documentation Reviewed:

- a. Pre-Audit Questionnaire
- b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy
- c. Inmate Handbook w/relevant language (English and Spanish)
- d. Memorandum of Understanding between Oklahoma Department of Corrections and Oklahoma State Bureau of Investigations (External Reporting Source)
- e. Zero Tolerance Acknowledgements (shows ways to report)
- f. Signed Copies Viewed in Inmate Files
- g. Inmates Guide to Sexual Misconduct Pamphlet

Interviews

- a. Random Staff
- b. Random Inmates

Onsite Review:

During the site review, the auditor observed posted signage throughout the facility, the signage included the audit notices, how to report sexual abuse and sexual harassment, and access to outside victim emotional support service. All signage was readable and accessible, consistent, and placed throughout the facility to convey vital sexual safety information specific to the facility.

During the site review, the auditor:

- Determined the signage throughout the facility is easily read and accessed by inmates in the facility, specifically:
  - The signage language is clear and easy to understand.
  - The signage specific to emotional support services, and external reporting, included language that clearly details what services are available and for what purposes.

- The signage was provided in English and translated into Spanish, the most commonly second language spoken in the facility.
- The signage text size and physical placement accommodates most readers, including those of average height, low vision/visually impaired or those physically disabled such as in a wheelchair, etc.
- The information provided by the signage was not obscured, unreadable by graffiti, or missing due to damage.
- All information on the signage is accurate and consistent throughout the facility.

The signage is accessible to staff and inmates and other persons who may need the information or services provided. The signage indicated how to report sexual abuse and sexual harassment which included external and internal reporting methods. These signs were posted in all areas frequented by inmates, including housing units, programming areas, work areas, education areas, and all common areas. The signage was also located near all inmate phones.

During the facility tour the auditor had informal conversations with staff and inmates in the facility regarding signage they confirmed that the signs have been consistent, are easily read and accessible to inmates with disabilities.

The facility provides multiple internal methods for inmates to privately report sexual abuse or sexual harassment, retaliation by other persons confined in the facility or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. During the site review the auditor tested the methods provided for the purpose of assessing whether inmates have regular and timely access to reporting methods and how the facility receives these reports.

The facility internal reporting avenues consist of submitting a written report into a drop box. The auditor ensured the inmates had access to writing materials and the drop box. I confirmed that all materials were accessible to all inmates and did not have to be requested from staff.

During the onsite review the auditor had informal conversations with staff and inmates regarding internal reporting methods, all were familiar with the method. The auditor also confirmed with the inmates that they are aware that they are allowed to report verbally and that they can report not only to an officer in their housing unit, but to other staff in the facility. I further confirmed with staff that they are aware of the process for receiving and documenting verbal reports.

During the site review, the auditor confirmed that the main external reporting avenue for the inmates was through mail to the Oklahoma State Bureau of Investigations. All letters are collected on the units and mailed through the USPS.

Subsection (a) and (b) The facility provides the inmates the information on reporting in the inmate handbook, and Inmates Guide to Sexual Misconduct, which are provided at intake. Signage is also located throughout the facility. The inmates can report

directly to any staff, through the PREA reporting hotline at 073 on the phone, or to the Oklahoma State Bureau of Investigations, which is the agencies external reporting avenue. The instructions for the usage of these reporting avenues are extremely comprehensive and the step-by-step usage of the reporting avenues is provided in written materials both posted and given to the inmates. The agencies website further instructs third parties on how to report. This was confirmed by viewing the agencies website. During the staff and resident interviews, I confirmed that they are familiar with the reporting avenues and understood how to report. They further understood that the reports could be made anonymously and through a third party.

Subsection (c): Policy requires all staff to accept and document reports made verbally, in writing, anonymously, and from uninvolved parties. The procedure further requires staff to promptly forward the information to the supervisor and designated investigators. All reports are immediately documented and retained. The staff understood the requirements under the policy, and all stated that they would notify the Shift Supervisor.

Subsection (d): Staff are trained during the PREA Training and the update training, that they have the option to privately report an allegation of sexual abuse, sexual harassment, or retaliation. The policy allows the staff to report directly to the Inspector Generals through a telephone number or email. All interviewed staff was aware of these reporting avenues. All staff indicated that they would report to the Facility PREA Compliance Manager.

I found during the inmate interviews that the inmates who were interviewed felt that if something were happening, they would feel comfortable telling a staff member at the facility. This confidence in utilizing this reporting avenue shows the overall culture at the facility. Although this statement may not be true for all inmates, the agency has provided so many different reporting avenues that an inmate should feel comfortable with one of them. It should be noted that after reviewing hundreds of agency investigations I found that most of the incidents were initially reported to a staff member.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency exceeds the requirements of this standard, and all provisions.

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| <b>115.52</b> | <b>Exhaustion of administrative remedies</b>   |
|               | <b>Auditor Overall Determination:</b> Meets Standard   |
|               | <b>Auditor Discussion</b>  |
|               | <p>Documentation Reviewed:</p> <ul style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy</li> <li>c. Oklahoma Department of Corrections Policy: OP-090124 Inmate/Offender Grievance Process</li> </ul> <p>The agency does not have a grievance process to deal with sexual abuse or sexual harassment. I verified with the Agency PREA Coordinator that if a grievance was filed it would immediately be assigned for investigation. It should be noted that reports of sexual abuse would be considered a criminal act under Oklahoma Law, and legally cannot be handled within a grievance system.</p> <p>The audited facility did not have any grievances filed within the last 12 months relating to sexual abuse.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.</p> |

**115.53**

**Inmate access to outside confidential support services**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documentation reviewed:

- a. Pre-Audit Questionnaire
- b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy
- c. Mandatory Report Maps/Laws State of Oklahoma
- d. SANE Coordinator Website and Information on examination and victim Advocacy
- e. Memorandum of Understanding with Project Safe

Interviews:

- a. Random Inmates
- b. Staff

Site Review:

During the site review, the auditor observed posted signage throughout the facility, the signage included the audit notices, how to report sexual abuse and sexual harassment, and access to outside victim emotional support service. All signage was readable and accessible, consistent, and placed throughout the facility to convey vital sexual safety information specific to the facility.

During the site review, the auditor:

- Determined the signage throughout the facility is easily read and accessed by inmates in the facility, specifically:
  - The signage language is clear and easy to understand.
  - The signage specific to emotional support services, and external reporting, included language that clearly details what services are available and for what purposes.
  - The signage was provided in English and translated into Spanish, the most commonly second language spoken in the facility.
  - The signage text size and physical placement accommodates most readers, including those of average height, low vision/visually

- impaired, or those physically disabled such as in a wheelchair, etc.
- The information provided by the signage was not obscured, unreadable by graffiti, or missing due to damage.
- All information on the signage is accurate and consistent throughout the facility.

The signage is accessible to staff and inmates and other persons who may need the information or services provided. The signage indicated how to report sexual abuse and sexual harassment which included external and internal reporting methods. These signs were posted in all areas frequented by inmates, including housing units, programming areas, work areas, education areas, and all common areas. The signage was also located near all inmate phones.

During the facility tour the auditor had informal conversations with staff and inmates in the facility regarding signage they confirmed that the signs have been consistent, are easily read and accessible to inmates with disabilities.

Subsection (a)(b)(c) Access to outside confidential support services is outlined in the agencies policies and procedures. The inmate would have the ability to utilize the services provided through Project Safe, or the National Sexual Assault Hotline. The services that the inmates would receive are the same as the level received in the community and are free of charge. This was confirmed with the supervisor at Project Safe. Through interviews I further established that follow up mental health care would be provided by the facility for any inmate victim or abuser who was involved in an incident. The PREA Compliance Manager would inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The inmates are provided with an address and phone number for Project Safe, or the National Sexual Assault Hotline. The inmates have the ability to write letters to these organizations, the housing units have mailboxes, and the facility has a mailroom where all mail is processed and sent through the USPS. The inmates also have access to the telephones on the housing units. This was confirmed during interviews.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.



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| <b>115.54</b> | <b>Third-party reporting</b>  |
|               | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documentation Reviewed:</p> <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy</li> <li>c. Memorandum of Understanding between Oklahoma Department of Corrections and Oklahoma State Bureau of Investigations (External Reporting Source)</li> <li>d. Zero Tolerance Acknowledgement Signed Copies</li> <li>e. Posted Reporting Instructions ODOC Website – PREA Resources</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>a. Inmates</li> <li>b. Staff</li> <li>c. PCM</li> <li>d. PREA Coordinator</li> </ol> <p>Onsite Review:</p> <p>During the site review, the auditor observed posted signage throughout the facility, the signage included the audit notices, how to report sexual abuse and sexual harassment, and access to outside victim emotional support service. All signage was readable and accessible, consistent, and placed throughout the facility to convey vital sexual safety information specific to the facility.</p> <p>During the site review, the auditor:</p> <ul style="list-style-type: none"> <li>• Determined the signage throughout the facility is easily read and accessed by inmates in the facility, specifically: <ul style="list-style-type: none"> <li>• The signage language is clear and easy to understand.</li> <li>• The signage specific to emotional support services, and external reporting, included language that clearly details what services are available and for what purposes.</li> <li>• The signage was provided in English and translated into Spanish, the most commonly second language spoken in the facility.</li> <li>• The signage text size and physical placement accommodates most readers, including those of average height, low vision/visually impaired, or those</li> </ul> </li> </ul> |

physically disabled such as in a wheelchair, etc.

- The information provided by the signage was not obscured, unreadable by graffiti, or missing due to damage.
- All information on the signage is accurate and consistent throughout the facility.

The signage is accessible to staff and inmates and other people who may need the information or services provided. The signage indicated how to report sexual abuse and sexual harassment which included external and internal reporting methods.

These signs were posted in all areas frequented by inmates, including housing units, programming areas, work areas, education areas, and all common areas. The signage was also located near all inmate phones.

During the facility tour the auditor had informal conversations with staff and inmates in the facility regarding signage they confirmed that the signs have been consistent, are easily read and accessible to inmates with disabilities.

During the facility tour the auditor confirmed the third-party reporting signage was posted in public areas of the facility that can be accessed by family members, friends, advocates, and attorneys. These included visitation areas, the main entrance to the facility and public-facing websites.

The auditor tested these reporting avenues by calling the

PREA Reporting line at 1(855) 871-4139

ODOC Fugitive Apprehension and Investigations at (405) 425-2571

All calls were completed with no issues, and I confirmed that they would accept my third-party report and forward it to the facility for investigation. I confirmed with the PREA Coordinator that she would receive reports from these avenues.

Subsection (a) The agency has established third party reporting methods in policy, these methods allow inmates to report for other inmates and outside individuals to report. The agencies website outlines the third-party reporting avenues, this was confirmed through review of the agency website. The website has the following posted:

ODOC accepts and investigates reports regarding allegations or knowledge of sexual abuse of offenders from third parties (family, friends, clergy, vendors, contractors, or any other person having knowledge of an incident).

1. Send an email to [preareport@doc.ok.gov](mailto:preareport@doc.ok.gov)
2. Call the PREA Reporting line at 1(855) 871-4139
3. Call the ODOC Fugitive Apprehension and Investigations at (405) 425-2571

4. Verbally report to a DOC facility administrator or staff member ODOC Facility Information

The facility has third party reporting avenues posted in areas in the facility where they can be viewed by visitors.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.

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| <b>115.61</b> | <b>Staff and agency reporting duties</b>   |
|               | <p data-bbox="256 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="256 264 557 300"><b>Auditor Discussion</b></p> <p data-bbox="256 340 632 376">Documentation Reviewed:</p> <ul style="list-style-type: none"> <li data-bbox="256 416 683 452">a. Pre-Audit Questionnaire</li> <li data-bbox="256 488 1315 564">b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy</li> <li data-bbox="256 600 922 636">c. Mandatory Reporting Laws for Oklahoma</li> <li data-bbox="256 672 1206 707">d. PREA Report with mental health and third-party involvement</li> <li data-bbox="256 743 759 779">e. Agency Investigative Reports</li> <li data-bbox="256 815 807 851">f. Mandatory Reporting Law States</li> <li data-bbox="256 887 1423 922">g. Oklahoma State Statutes Regarding Mandatory Reporting O.S. § 43A-10-104</li> <li data-bbox="256 958 1053 994">h. Sexual Assault Report (OP-030601, Attachment C)</li> <li data-bbox="256 1030 1110 1066">i. PREA Response Checklist (OP-030601, Attachment H)</li> <li data-bbox="256 1102 1244 1137">j. Notification of Investigation Status (OP-030601, Attachment D)</li> </ul> <p data-bbox="256 1245 414 1281">Interviews:</p> <ul style="list-style-type: none"> <li data-bbox="256 1317 414 1352">a. Staff</li> <li data-bbox="256 1388 600 1424">b. PREA Coordinator</li> <li data-bbox="256 1460 408 1496">c. PCM</li> <li data-bbox="256 1532 593 1568">d. Targeted inmates</li> <li data-bbox="256 1603 517 1639">e. Investigator</li> <li data-bbox="256 1675 453 1711">f. Medical</li> </ul> <p data-bbox="256 1818 1455 1895">Subsection (a)(b) The agency policy states that any staff, volunteer, and contractors shall immediately report to their supervisors or higher authority:</p> <ul style="list-style-type: none"> <li data-bbox="256 1930 1410 2051">1. Any knowledge, suspicion, or other information regarding an incident of sexual abuse, assault, or harassment that occurred in a facility/unit or other location, whether or not it is part of the agency;</li> </ul> |

2. Retaliation against inmates or staff who reported such incidents; and
3. Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

The staff interviewed understood their responsibilities under this policy.

The policy further states that staff is prohibited from revealing any information related to sexual abuse to anyone other than the extent necessary. All staff interviewed understood this requirement.

Subsection (c) During medical and mental health staff interviews I confirmed that they would report sexual abuse pursuant to paragraph (a) of this section and to inform inmates of their duty to report, and the limitations of confidentiality, at the initiation of services.

Subsection (d) If the alleged victim is under the age of 18 or considered a vulnerable adult the agency would report to the Oklahoma Department of Human Services. This was confirmed with the PREA Coordinator and medical staff.

Subsection (e) I confirmed through interviews that when learning of an allegation of sexual abuse, sexual harassment, including third party and anonymous reports, the facility staff would report the incident to a supervisor. The administration at the facility confirmed that all allegations are immediately reported to agency investigators. During investigator interviews I confirmed that all allegations of sexual abuse and sexual harassment are forwarded for investigation.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.

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| <b>115.62</b> | <p data-bbox="240 91 1503 1648"><b>Agency protection duties</b></p> <p data-bbox="240 1648 1503 1809"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 1809 1503 1883"><b>Auditor Discussion</b></p> <p data-bbox="240 1883 1503 1921">Documentation Reviewed:</p> <ul data-bbox="240 1921 1503 2107" style="list-style-type: none"> <li data-bbox="240 1921 1503 1982">a. Pre-Audit Questionnaire</li> <li data-bbox="240 1982 1503 2042">b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy</li> <li data-bbox="240 2042 1503 2107">c. Agency Investigations</li> </ul> <p data-bbox="240 2107 1503 2145">Interviews:</p> <ul data-bbox="240 2145 1503 2240" style="list-style-type: none"> <li data-bbox="240 2145 1503 2206">a. Warden</li> <li data-bbox="240 2206 1503 2240">b. Staff</li> </ul> <p data-bbox="240 2240 1503 2240">Subsection (a) The agencies policies dictate that when staff learns that an inmate is subject to a substantial risk of imminent sexual abuse, they shall take immediate action to protect the inmate. The staff interviewed understood their responsibility and all responded that they would immediately take appropriate steps to protect the inmate and ensure they are moved to a safe place. This was further confirmed during the review of agency and facility investigations.</p> <p data-bbox="240 2464 1503 2240">Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.</p> |
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| <b>115.63</b> | <b>Reporting to other confinement facilities</b>  |
|               | <b>Auditor Overall Determination:</b> Meets Standard  |
|               | <b>Auditor Discussion</b>   |
|               | <p>Documentation Reviewed:</p> <ul style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>a. Warden</li> <li>b. PCM</li> <li>c. PREA Coordinator</li> <li>d. Investigator</li> </ul> <p>Subsection (a)(b)(c)(d) Through policy the agency has established procedures and practices that meet all the requirements of the standard and provision. These include notification by the facility head to the head of the facility where the allegation allegedly took place within 72 hours, as well as documentation of the information received and notification. The policy further states that if an allegation is received in such a manner the facility needs to notify the Office of Inspector General for investigation. I confirmed these policies and practices through documentation review of forwarded investigations throughout the agency, as well as through staff interviews.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.</p> |

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| <b>115.64</b> | <b>Staff first responder duties</b>   |
|               | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documentation Reviewed:</p> <ul style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy</li> <li>c. Oklahoma Department of Corrections Policy: OP-040117 Investigations</li> <li>d. Incident Notification Checklist (Attachment H - OP-050108) PREA</li> <li>e. Response Checklist (OP-030601, Attachment H)</li> <li>f. Sexual Assault Report (OP-030601, Attachment C)</li> <li>g. Agency Investigations of Sexual Abuse and Sexual Harassment</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>a. Staff</li> <li>b. PCM</li> <li>c. Investigator</li> </ul> <p>Subsection (a)(b) The agency policies outline the initial response by staff. This response includes stopping the alleged incident, safeguarding the victim, arrange for medical services, detaining the alleged perpetrator, and preserving evidence. The staff interviewed understood their responsibilities if they were the first responder to an allegation.</p> <p>I verified compliance during the interview process, as well as policy and agency investigation review. During the interviews, all staff indicated that they would make the residents safety their priority and follow the policy. The volunteers interviewed related that if they were a first responder, they would request that the victim not take any actions that could destroy physical evidence, and then notify security staff.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the</p> |



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|  | <p>information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.</p> |
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| <b>115.65</b> | <b>Coordinated response</b>  |
|               | <p data-bbox="256 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="256 264 557 300"><b>Auditor Discussion</b></p> <p data-bbox="256 340 632 376">Documentation Reviewed:</p> <ul style="list-style-type: none"> <li data-bbox="256 416 683 452">a. Pre-Audit Questionnaire</li> <li data-bbox="256 488 1315 564">b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy</li> <li data-bbox="256 600 1342 636">c. Oklahoma Department of Corrections Policy: OP-040117 Investigations</li> <li data-bbox="256 672 1182 707">d. Incident Notification Checklist (Attachment H - OP-050108)</li> <li data-bbox="256 743 1257 779">e. Request for Investigation Comprehensive Report (Attachment A)</li> <li data-bbox="256 815 608 851">f. Medical Flow Chart</li> <li data-bbox="256 887 1257 922">g. Agency Investigations of Sexual Abuse and Sexual Harassment</li> </ul> <p data-bbox="256 1025 416 1061">Interviews:</p> <ul style="list-style-type: none"> <li data-bbox="256 1102 456 1137">a. Warden</li> <li data-bbox="256 1173 600 1209">b. PREA Coordinator</li> <li data-bbox="256 1245 408 1281">c. PCM</li> </ul> <p data-bbox="256 1388 1469 1715">Subsection (a) The facility has adopted the Oklahoma Prison Rape Elimination Act Policy OP-030601 and the MBCC PREA Institutional Plan as the overall institutional plan to respond to sexual abuse incidents. This plan dictates the actions and coordination between first responders, supervisors, administration, medical, mental health and the Office of Inspector General. I confirmed the institutional plan through review of the plan, as well as during staff interviews. During the review of the agency investigations, I found that the policy was followed, and all parties responded appropriately.</p> <p data-bbox="256 1751 1453 2078">Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.</p> |

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| <b>115.66</b> | <b>Preservation of ability to protect inmates from contact with abusers</b>  |
|               | <b>Auditor Overall Determination:</b> Meets Standard   |
|               | <b>Auditor Discussion</b>  |
|               | <p>Oklahoma is a right to work state and does not enter into any collective bargaining agreement. This is established under state statute in the Oklahoma Personnel Act.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.</p> |

**115.67 Agency protection against retaliation**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documentation Reviewed:

- a. Pre-Audit Questionnaire
- b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy Agency Investigations of Sexual Abuse and Sexual Harassment
- c. Monitoring form

Interviews:

- a. PCM

Subsection (a)(b)(c)(d)(e)(f) The policy dictates that the facility shall ensure any inmate or staff reporting allegations of sexual abuse or sexual harassment or cooperate in an investigation involving such allegations are protected from retaliation by other inmates or staff. The facility/unit head shall designate staff to monitor retaliation and take appropriate action(s) to include:

1. Employing protective measures, such as housing changes or transfers for inmate victims or abusers;
2. Removal of alleged staff or inmate abusers from contact with victims;
3. Engaging emotional support services such as mental health services for inmates and the Employee Assistance Program for staff who fear retaliation for reporting sexual abuse or harassment or for cooperating with investigations; and
4. For at least 90 days following a report of sexual abuse or sexual harassment, a facility designated monitor(s) shall assess the conduct and treatment of the inmates or staff who reported the abuse and of inmates who were reported to have suffered sexual abuse for changes that may suggest possible retaliation by inmates or staff. Findings shall be reported to the facility/unit head who shall act promptly to remedy any such retaliation. The facility monitoring will include:
  - a. Inmate discipline or misconducts;
  - b. Housing, program or classification changes;

c. Negative job/performance reviews;

d. Reassignment of staff;

e. If the inmate or staff is transferred during this 90-day period, the facility head of the current facility shall notify the receiving facility head of the continued need for monitoring;

f. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need: and

g. In the case of inmates, such monitoring shall also include periodic status checks.

5. Monitoring of staff and inmates shall be documented utilizing the "Inmate Protection Against Retaliation" form or the "Staff Protection Against Retaliation" form.

The agency has established through past incidents that they utilize housing transfers, as well as facility transfers of perpetrators to protect the victim in an incident. This was confirmed during review of investigations and through staff interviews.

The Case Managers interact with the inmates daily, they would be assigned to help monitor the inmate to ensure that no issues were occurring.

I reviewed completed Protection Against Retaliation forms that show the agencies monitoring of the inmates.

The PREA Compliance Manager understood their obligation under this policy.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.

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| <b>115.68</b> | <p data-bbox="240 91 1503 1722"><b>Post-allegation protective custody</b></p> <p data-bbox="240 170 1503 241"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 241 1503 315"><b>Auditor Discussion</b></p> <p data-bbox="240 315 1503 387">Documentation Reviewed:</p> <ul data-bbox="240 387 1503 560" style="list-style-type: none"> <li data-bbox="240 387 1503 459">a. Pre-Audit Questionnaire</li> <li data-bbox="240 459 1503 560">b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy</li> </ul> <p data-bbox="240 649 1503 694">Interviews</p> <ul data-bbox="240 694 1503 851" style="list-style-type: none"> <li data-bbox="240 694 1503 761">a. Warden</li> <li data-bbox="240 761 1503 851">b. Random Staff</li> </ul> <p data-bbox="240 940 1503 1075">(a) During the interview with staff I found that they understand the restrictions of utilizing protective custody post-allegation. They related that the facility could move inmates to a separate housing unit without having to utilize segregation.</p> <p data-bbox="240 1097 1503 1232">It should be noted that if a victim was moved to a protective custody housing unit, no privileges would be lost. They would still have access to all programming, education, recreation, and so forth.</p> <p data-bbox="240 1254 1503 1344">During the staff interviews I confirmed that the policy is followed in these situations. At the time of the audit no inmates were being held under these conditions.</p> <p data-bbox="240 1366 1503 1722">Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.</p> |
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| <b>115.71</b> | <b>Criminal and administrative agency investigations</b>   |
|               | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documentation Reviewed:</p> <ul style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy</li> <li>c. Oklahoma Department of Corrections Policy: OP-040117 Investigations</li> <li>d. Incident Notification Checklist (Attachment H - OP-050108) Request for Investigation Comprehensive Report (Attachment A)</li> <li>e. Agency and Facility Investigations of Sexual Abuse and Sexual Harassment</li> <li>f. Specialized Training Power Point</li> <li>g. Specialized Training Rosters</li> <li>h. List of PREA-Trained Investigators</li> <li>i. Documentation of Evidence Gathered</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>a. Investigators</li> <li>b. Staff</li> </ul> <p>Subsection (a) Policy dictates that every report, complaint, or allegation of sexual abuse and sexual harassment, including uninvolved parties and anonymous reports, shall be investigated promptly, thoroughly, and objectively. During the staff interviews, I confirmed that all allegations are reported and investigated. The allegations are reported to the Office of Inspector General. These investigators are highly trained in evidence collection and identification. During the staff interviews, I confirmed that anonymous and third-party reports are investigated in the same thorough manner.</p> <p>Subsection (b)(c) The agency uses investigators who have received specialized training in sexual abuse investigations where an incident of sexual abuse is alleged. The interviewed investigators confirmed they had received the PREA training, as well as the investigator's training as outlined in standard 115.34. They further confirmed that as per policy they would gather and preserve direct and circumstantial evidence</p> |

such as DNA and electronic monitoring data, interview alleged victims, suspected abusers, and witnesses, and review prior complaints of sexual harassment and report of sexual abuse involving the suspected abuser.

Subsection (d) Policy states that if the evidence appears to support a criminal prosecution, compelled interviews will be conducted. These interviews would be conducted by the agency investigators.

Subsection (e) The policy confirms that the credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as a resident or staff. The policy further stated that the agency does not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition of proceeding with the investigation. This was further confirmed during staff interviews.

Subsection (f) Policy requires investigators to make an effort to determine whether staff actions or failures to act contributed to the abuse. At the conclusion of the investigation, a report is completed and includes a description of the allegation, a detailed description of the reviewed video or other electronic monitoring data which articulates how the allegation was supported or not supported, and a conclusion that articulates how the victim's allegation was determined to be credible or not credible and how the evidence supports this determination. This includes descriptions of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings are included. The report includes statements of the victim, witnesses, and abuser, video evidence, and police reports, if available, and how the evidence supports the findings.

Subsection (g) The Criminal Investigations are documented in a report which includes a thorough description of the physical, testimonial, legal documents, and copies of all documentary evidence where feasible. These reports are created by the agency investigators.

Subsection (h) Allegations of sexual abuse are referred for prosecution by the agency investigators. No investigation from this facility have been referred for prosecution during the auditing period.

Subsection (i) Policy indicates that the agency will securely maintain PREA investigation files, including criminal and administrative agency investigative reports for as long as the alleged abuser is incarcerated or employed plus five additional years. This was further verified through interviews.

Subsection (j) Policy states that if the alleged abuser or victim departs from employment or control of the facility or agency, the investigation will not be terminated. Interviews confirmed if an alleged abuser submits resignation from employment, the investigation will continue. If the victim leaves the facility, the investigator will make every effort to interview the alleged victim prior to departure or will make efforts to contact the alleged victim wherever the victim is.

Subsection (l) The agency conducts all investigations.



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|  | <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.</p> |
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| <b>115.72</b> | <b>Evidentiary standard for administrative investigations</b>   |
|               | <b>Auditor Overall Determination:</b> Meets Standard  |
|               | <b>Auditor Discussion</b>   |
|               | <p>Documentation Reviewed:</p> <ul style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy</li> <li>c. Agency Investigations of Sexual Abuse and Sexual Harassment</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>a. Investigator</li> </ul> <p>Subsection (a) Policy states that no standard higher than a preponderance of the evidence shall be imposed in determining whether allegations of sexual abuse or sexual harassment are substantiated. This is outlined in the training that all investigators receive. This was confirmed during the review of the policies, investigator interviews, and investigative report review.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.</p> |

**115.73 Reporting to inmates**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documentation Reviewed:

- a. Pre-Audit Questionnaire
- b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy
- c. Oklahoma Department of Corrections Policy: OP-040117 Investigations
- d. Notification of Investigation Status (Attachment D - OP-030601)
- e. Notification of Investigation Status DOC OP-030601 Attachment D.

Interviews

- a. PCM
- b. Investigator

Subsection (a)(b)(c)(d)(e)(f) Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy dictates that the:

- a. Following the investigation, the Facility Head shall inform the inmate as to whether the allegation was determined to be substantiated, unsubstantiated, or unfounded.
- b. Following an inmate's allegation of staff-on-offender sexual abuse, the Facility Head shall subsequently inform the inmate (unless the investigation determined that the allegation was unfounded) whenever: the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at the facility; the staff member was indicted or convicted on a charge related to the sexual abuse.
- c. Following an inmate's allegation of offender-on-offender sexual abuse, the Facility Head shall subsequently inform the alleged victim if the abuser is indicted or convicted of the sexual abuse
- d. The Facility Head will ensure that the notification is documented on the Notification of Investigation Status DOC OP-030601 Attachment D.
- e. The reporting to inmates requirements terminates if the inmate is released from OKDOC custody and supervision.

During the review of the investigations and investigator interviews, I found that the above procedures are being followed. I confirmed with the PCM that it their responsibility to notify the inmate of the outcome of the investigation. This is being completed by utilizing the Notification of Investigation Status. The completed forms were viewed in the facility investigative file.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.

**115.76 Disciplinary sanctions for staff**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documentation Reviewed:

- a. Pre-Audit Questionnaire
- b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy
- c. Oklahoma Department of Corrections Policy: OP-110215 Individual Conduct of Employees
- d. Agency Investigation reports

Interviews

- a. Warden
- b. PREA Coordinator
- c. PCM

Subsection (a)(b)(c)(d) The agency has policy in place that address staff discipline for a violation of any provision of their Prison Rape Elimination Act policy, as well as any other policy that governs staff conduct. I confirmed the utilization of the discipline through review of the agency investigations, and staff interviews.

Through policy the staff are subject to disciplinary sanctions up to and including termination, which is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. During the review of investigations throughout the agency I have determined the disciplinary sanctions for violations of policy 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.

Through investigation review and interviews I confirmed that 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, were investigated criminally and referred for a prosecutorial determination and if applicable were reported to licensing bodies.

The audited facility has not disciplined staff within the last 12 months for a violation of these policies.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic

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| <p>evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.</p> |
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**115.77 Corrective action for contractors and volunteers**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documentation Reviewed:

- a. Pre-Audit Questionnaire
- b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy
- c. Oklahoma Department of Corrections Policy: OP-090211 Volunteer Services
- d. Volunteer Alert form (Attachment F - OP-090211)
- e. Volunteer Code of Conduct (Attachment K - OP-090211), relevant pages

Interviews

- a. Warden
- b. PREA Coordinator
- c. PCM

Subsection (a)(b) The agency has policy in place that addresses corrective action for volunteers and contractors who violate of any provision of their Prison Rape Elimination Act policy, as well as any other policy that governs conduct. I confirmed the utilization of the discipline through review of the agency investigations and staff interviews.

Through investigation review and interviews I confirmed that any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and reported for a criminal investigation as well as a prosecutorial decision. If the contractor or volunteer is licensed in anyway, the licensing body will be notified. I confirmed with the PREA Coordinator that any contractor or volunteer who violated the policies would have their security clearance immediately revoked.

The audited facility has not disciplined any volunteers and contractors within the last 12 months for a violation of these policies.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the

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|  | <p>information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.</p> |
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| <b>115.78</b> | <b>Disciplinary sanctions for inmates</b>  |
|               | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documentation Reviewed:</p> <ul style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. Oklahoma Department of Corrections Policy: OP-060125 Disciplinary Procedures Acts Constituting Rule Violations (Attachment A – OP- 060125)</li> <li>c. Acts Constituting Rule Violations (OP-060125, Attachment A) Mental Health Recommendations (DOC-060125-R)</li> <li>d. Zero Tolerance Acknowledgment</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>a. Warden</li> <li>b. PREA Coordinator</li> <li>c. PCM</li> </ul> <p>Subsection (a)(b)(c)(d)(e)(f)(g) Policy dictates that:</p> <ol style="list-style-type: none"> <li>1. Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative and/or criminal finding that the inmate engaged in inmate-on-inmate sexual abuse or inmate-on-inmate sexual harassment.</li> <li>2. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate’s disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.</li> <li>3. The disciplinary process shall consider whether a inmate’s mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed.</li> <li>4. The agency may refer the inmate to various levels of counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse and shall consider whether to require the offending inmate to participate in such interventions as a condition of continued access to programming, residence, or other benefits.</li> <li>5. The agency would discipline a inmate for sexual contact with staff only upon</li> </ol> |

a finding that the staff member did not consent to such contact.

6. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

7. The agency prohibits all consensual sexual activity between inmates and will discipline inmates for such activity. However, according to policy, the agency may not deem such activity to constitute sexual abuse if it determines that the activity was not coerced.

The facility has disciplined one inmate for sexual abuse within the past 12 months. The discipline process was confirmed through staff interviews.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.

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| <b>115.81</b> | <b>Medical and mental health screenings; history of sexual abuse</b>   |
|               | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Onsite review:</p> <p>Documentation Reviewed:</p> <ul style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy</li> <li>c. Intra-Facility Health Screening Form (DOC 140113B)</li> <li>d. Medical/Mental Health Screening Intake Form Consent Form Inmate Records</li> <li>e. Authorization for Release of Protected Health Information (DOC 140108A)</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>a. Medical Staff</li> <li>b. Targeted inmates</li> </ul> <p>Onsite Review:</p> <p>During the site review, the auditor observed the physical storage area of all information/documentation collected and maintained in hard copy pursuant to the PREA Standards these included risk screening information, medical records, and sexual abuse allegations. It was determined that they were kept secure and not accessible to general staff. All paper copies were secured in locked filing cabinets within locked offices. All digital information was secured in limited access areas of the programs, or password protected. This was confirmed during informal conversations with staff regarding access to secure information.</p> <p>(a)(b)(c)(d)(e) The facility screens inmates during the initial intake, this screening is conducted by the medical department. The screening asks questions relative to prior sexual victimization, whether it occurred in an institutional setting or in the community. The medical staff stated that the mental health provider would be tasked to follow up with the inmate within 14 days. They informed me that the initial follow up occurs much faster than 14 days, this is completed as soon as possible. The medical, and administration confirmed that any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited</p> |

to medical and mental health practitioners and other treatment staff and is used to make treatment plans and security management decisions, including housing, bed, work, education, and program assignments.

The medical practitioners confirmed they would obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting unless the inmate is under the age of 18.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.

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| <b>115.82</b> | <b>Access to emergency medical and mental health services</b>   |
|               | <b>Auditor Overall Determination:</b> Meets Standard  |
|               | <b>Auditor Discussion</b>   |
|               | <p>Documentation Reviewed:</p> <ul style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy</li> <li>c. Intra-Facility Health Screening Form (DOC 140113B)</li> <li>d. Medical/Mental Health Screening Intake Form Consent Form Inmate Records</li> <li>e. Authorization for Release of Protected Health Information (DOC 140108A)</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>a. Medical Staff</li> <li>b. Targeted inmates</li> </ul> <p>Subsection (a) Policy dictates that alleged 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. The policy further requires staff to ensure the alleged sexual abuse victim is provided access to a forensic medical examination and mental health evaluation. The alleged victim of sexual abuse would be transported to Project Safe. I verified with Project Safe that a SANE nurse would be notified and meet the victim at Project Safe.</p> <p>Subsection (b) Policy directs staff first responders to take preliminary steps to protect the alleged victim. The facility utilizes Project Safe for forensic examinations; the Supervisor indicated that a Sexual Assault Nurse Examiner would be notified. They further confirmed that they provide onsite victim advocacy.</p> <p>Subsection (c) Policy dictates that all alleged victims of sexual abuse are offered timely information and access to emergency contraception and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care. The supervisors at Project Safe confirmed that this is provided to all victims of sexual assault.</p> <p>Subsection (d) The State also does not require a victim of sexual assault to cooperate with law enforcement or prosecution for the examination to be paid for. The supervisor at Project Safe confirmed that victims of sexual assault receive services</p> |

without cost to the victim. They also confirmed that victims are not required to cooperate with an investigation to receive an examination and treatment.

During staff interviews I confirmed that the services would be offered as per the policy.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.

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| <b>115.83</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>   |
|               | <b>Auditor Overall Determination:</b> Meets Standard   |
|               | <b>Auditor Discussion</b>  |
|               | <p>Documentation Reviewed:</p> <ul style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy</li> <li>c. Intra-Facility Health Screening Form (DOC 140113B)</li> <li>d. Medical/Mental Health Screening Intake Form Consent Form Inmate Records</li> <li>e. Authorization for Release of Protected Health Information (DOC 140108A)</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>a. Medical Staff</li> <li>b. Targeted inmates</li> </ul> <p>Subsection (a) Policy requires the facility to offer medical and mental health evaluation and if appropriate, treatment to all inmates who have allegedly been victimized by sexual abuse at the facility. I confirmed during staff interviews that these services are offered through agency medical and mental health providers.</p> <p>Subsection (b) Ongoing medical and mental health treatment is available for inmates who have been allegedly victimized by sexual abuse. This includes appropriate follow-up services, treatment plans, and as necessary referrals for continued care following the inmates transfer to another facility or released.</p> <p>Subsection (c) Policy states that the facility is required to provide alleged victims with medical and mental health services consistent with the community level of care.</p> <p>Subsection (d) and (e) I confirmed with medical staff that the victim would be offered a pregnancy test and if pregnancy resulted from the conduct the victim would receive timely and comprehensive information about and access to all lawful pregnancy-related medical services.</p> <p>Subsection (f) Policy dictates that all alleged victims of sexual abuse are offered testing for sexually transmitted infections. This was further confirmed with medical staff.</p> |

Subsection (g) Treatment services are provided to alleged victims without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Victims are provided services at no cost and are not required to file a report or consent to the rape kit being tested.

Subsection (h) The policy requires an attempt to provide a mental health evaluation to be conducted on abusers within 60 days of learning of the abuse history and offer treatment when deemed appropriate.

During staff interviews I confirmed that the services would be offered as per the policy.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.



**115.86 Sexual abuse incident reviews**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

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Documentation Reviewed:

- a. Pre-Audit Questionnaire
- b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy
- c. Agency Incident reviews and associated documentation

Interviews

- a. Warden
- b. PCM

Subsection (a)(b) Policy dictates that at the conclusion of every sexual abuse investigation, whether substantiated or unsubstantiated, the facility will conduct a Sexual Abuse Incident Review. This review will take place within 30 working days of the completion of the investigation. During the auditing period no allegations of sexual abuse or sexual harassment have occurred at the facility.

Subsection (c) Policy dictates the review team will include administrative staff, with input from line supervisors, investigators, medical/mental health professional and facility PREA compliance manager.

Subsection (d) the review team:

- a) Considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- b) Considers whether the incident or allegation was motivated by race, ethnicity, gender identity, sexual orientation, or by other group dynamics at the facility;
- c) Examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- d) Assesses the adequacy of staffing levels in the area during different shifts;

e) Assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff and current camera systems; and

f) Prepares a report of its findings and documents on the Sexual Abuse Incident Review Form.

Subsection (e) Policy states that the facility shall implement the recommendations for improvement or shall document reasons for not doing so.

The interviewed staff understood their obligations under the policy. All reviews for the auditing period were reviewed, they were complete and met all aspects of the policy.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.

**115.87 Data collection**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documentation Reviewed:

- a. Pre-Audit Questionnaire
- b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy DOC Website - PREA Resources
- c. Data reports from 2012 through 2021

Interviews

- a. Warden
- b. PREA Coordinator

Subsection (a) Policy directs the agency to collect accurate, uniform data for every allegation of sexual abuse at facilities under the direct control of the agency, using a standardized instrument and set of definitions.

Subsection (b) Policy dictates that the agency is responsible for reviewing data collected and to aggregate the data annually in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training.

Subsection (c) The incident-based data collected includes, 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. The information included in the Survey would be included in the PREA reports submitted by the investigator. The facility has not had any PREA related investigations.

Subsection (d) Policy indicates that all data be maintained, reviewed, and collected as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. All data is stored electronically.

Subsection (e) The agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates.

Subsection (f) The Department of Justice has not requested the data from the agency.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed,

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| <p>my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.</p> |
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**115.88 Data review for corrective action**

**Auditor Overall Determination:** Exceeds Standard

**Auditor Discussion**

Documentation Reviewed:

- a. Pre-Audit Questionnaire
- b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy DOC Website - PREA Resources
- c. Data reports from 2012 through 2021

Interviews

- a. Warden
- b. PREA Coordinator

Subsection (a) The agency is responsible for reviewing data collected and annually aggregating the data in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training by:

- identifying problem areas
- taking corrective action on an ongoing basis
- preparing an annual report of its findings and corrective actions for each facility, as well as the Department as a whole.

The staff confirmed that incident-based data would be collected and used to identify a trend and areas of concern to address specific problems or address issues through training. An annual report would be prepared and include corrective action.

Subsection (b) As per policy, the annual report includes comparison data and corrective actions for the current year with those from previous years, and an assessment of the agencies progress in addressing sexual abuse.

Subsection (c) As per policy the agency's report shall be approved by the agency director and is made readily available on the agency website. This was confirmed by viewing the report on the website, as well as previous years reports.

Subsection (D) Policy states that specific identifying information shall be redacted so that no individual is identifiable. The agency also redacts specific material from the reports when publication would present a clear and specific danger to a facility and would indicate the nature of the material redacted.

The PREA Coordinator continuously evaluates the data collected from every facility to better prevent sexual abuse and sexual harassment within the facilities and contracted facilities of the OKDOC. During my tenure as a PREA Auditor I found the OKDOC PREA Coordinator one of the most dedicated to the prevention of sexual abuse and sexual harassment. The data collected is used in identifying problem areas and in the development of the following years PREA training.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency exceeds the requirements of this standard, and all provisions.

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| <b>115.89</b> | <b>Data storage, publication, and destruction</b>   |
|               | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documentation Reviewed:</p> <ul style="list-style-type: none"> <li>a. Pre-Audit Questionnaire</li> <li>b. Oklahoma Department of Corrections Policy: OP-030601 Prison Rape Elimination Act Policy DOC Website - PREA Resources</li> <li>c. Data reports from 2012 through 2021</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>a. Warden</li> <li>b. PREA Coordinator</li> </ul> <p>Subsection (a) Policy requires PREA data collected to be securely retained, I confirmed that all data is retained electronically, and password protected.</p> <p>Subsection (b) (c) The policy indicates that the agency shall make all aggregated sexual abuse data information available to the public. Specific identifying information collected for reporting purposes shall be redacted so no individual is identifiable or if publication would present a clear and specific danger to the facility. The nature of the redaction must be indicated. The staff confirmed that incident-based data is collected and compiled in an annual report, this annual report is on the agency website.</p> <p>Subsection (d) As per policy collected PREA data is retained for a period of no less than ten years after the date of the initial collection unless federal, state, or local law requires otherwise.</p> <p>As an agency they collect data from every facility as well as all contracted facilities.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After this review of all documentation, and the information received during the facility interviews, I found that the agency is compliant with the requirements of this standard, and all provisions.</p> |

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| <b>115.401</b> | <b>Frequency and scope of audits</b>  |
|                | <p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 580 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1469 501">Subsection (a)(b) During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency has ensured that each facility operated by the agency is audited at least once. The agency is auditing one third of each facility type per auditing year.</p> <p data-bbox="280 542 1398 613">Subsection (h) During the audit process I had access to all areas of the audited facility.</p> <p data-bbox="280 654 1466 725">Subsection (i) I received copies of all relevant documents associated with the audit process.</p> <p data-bbox="280 766 1466 801">Subsection (m) During the onsite audit I conducted private interviews with inmates.</p> <p data-bbox="280 842 1310 913">Subsection (n) Inmates and Staff were permitted to send me confidential information and correspondence.</p> |



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| <b>115.403</b> | <b>Audit contents and findings</b>   |
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <b>Auditor Discussion</b>  |
|                | Subsection (f) All final audit reports are available to the public on the agencies website at <a href="http://oklahoma.gov/doc/offender-info/prison-rape-elimination-act">oklahoma.gov/doc/offender-info/prison-rape-elimination-act</a> |

| <b>Appendix: Provision Findings</b> |   |     |
|-------------------------------------|---|-----|
| <b>115.11 (a)</b>                   | <b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>   |     |
|                                     | 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 |
| <b>115.11 (b)</b>                   | <b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>   |     |
|                                     | 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 |
| <b>115.11 (c)</b>                   | <b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>   |     |
|                                     | If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)   | yes |
|                                     | Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)   | yes |
| <b>115.12 (a)</b>                   | <b>Contracting with other entities for the confinement of inmates</b>   |     |
|                                     | If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to 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 inmates.) | yes |

| <b>115.12 (b)</b> | <b>Contracting with other entities for the confinement of inmates</b>   |     |
|-------------------|---|-----|
|                   | Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) | yes |

| 115.13 (a) | Supervision and monitoring  |     |
|------------|---|-----|
|            | Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?   | yes |
|            | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?   | yes |
|            | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?   | yes |
|            | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?  | yes |
|            | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?   | yes |
|            | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? | yes |
|            | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?  | yes |
|            | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?   | yes |
|            | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?  | yes |
|            | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?   | yes |
|            | In calculating adequate staffing levels and determining the need  | yes |

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|                   | for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?  |     |
|                   | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?  | yes |
| <b>115.13 (b)</b> | <b>Supervision and monitoring</b>   |     |
|                   | In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)  | na  |
| <b>115.13 (c)</b> | <b>Supervision and monitoring</b>   |     |
|                   | 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: 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 |
| <b>115.13 (d)</b> | <b>Supervision and monitoring</b>   |     |
|                   | Has the facility/agency 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?                                      | yes |
|                   | Is this policy and practice implemented for night shifts as well as day shifts?   | yes |
|                   | Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?                            | yes |

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| <b>115.14 (a)</b> | <b>Youthful inmates</b>   |     |
|                   | Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).) | yes |
| <b>115.14 (b)</b> | <b>Youthful inmates</b>   |     |
|                   | In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)   | yes |
|                   | In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)  | yes |
| <b>115.14 (c)</b> | <b>Youthful inmates</b>   |     |
|                   | Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)   | yes |
|                   | Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)  | yes |
|                   | Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)  | yes |
| <b>115.15 (a)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                   | 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 |

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| <b>115.15 (b)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                   | Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)   | yes |
|                   | Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)  | yes |
| <b>115.15 (c)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                   | Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  | yes |
|                   | Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?   | yes |
| <b>115.15 (d)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                   | Does the facility have policies that enables inmates 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 have procedures that enables inmates 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 an inmate housing unit?   | yes |
| <b>115.15 (e)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                   | Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?  | yes |
|                   | If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?          | yes |

| <b>115.15 (f)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|-------------------|---|-----|
|                   | 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 inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |



| <b>115.16 (a)</b> | <b>Inmates with disabilities and inmates who are limited English proficient</b>  |     |
|-------------------|--|-----|
|                   | Does the agency take appropriate steps to ensure that inmates 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: inmates who are deaf or hard of hearing?                           | yes |
|                   | Does the agency take appropriate steps to ensure that inmates 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: inmates who are blind or have low vision?                          | yes |
|                   | Does the agency take appropriate steps to ensure that inmates 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: inmates who have intellectual disabilities?                        | yes |
|                   | Does the agency take appropriate steps to ensure that inmates 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: inmates who have psychiatric disabilities?                         | yes |
|                   | Does the agency take appropriate steps to ensure that inmates 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: inmates who have speech disabilities?                              | yes |
|                   | Does the agency take appropriate steps to ensure that inmates 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 inmates 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   | yes |

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|                   | with inmates with disabilities including inmates who: Have intellectual disabilities?   |     |
|                   | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates 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 inmates with disabilities including inmates who: are blind or have low vision?  | yes |
| <b>115.16 (b)</b> | <b>Inmates with disabilities and inmates who are limited English proficient</b>   |     |
|                   | Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates 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 |
| <b>115.16 (c)</b> | <b>Inmates with disabilities and inmates who are limited English proficient</b>   |     |
|                   | Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? | yes |

| <b>115.17 (a)</b> | <b>Hiring and promotion decisions</b>   |     |
|-------------------|---|-----|
|                   | Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates 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 inmates 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 inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?   | yes |
|                   | Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates 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 inmates 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 inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?  | yes |
| <b>115.17 (b)</b> | <b>Hiring and promotion decisions</b>   |     |
|                   | Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?   | yes |
|                   | Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?  | yes |

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| <b>115.17 (c)</b> | <b>Hiring and promotion decisions</b>  |     |
|                   | Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?  | yes |
|                   | Before hiring new employees who may have contact with inmates, 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 |
| <b>115.17 (d)</b> | <b>Hiring and promotion decisions</b>  |     |
|                   | Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?   | yes |
| <b>115.17 (e)</b> | <b>Hiring and promotion decisions</b>  |     |
|                   | Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?   | yes |
| <b>115.17 (f)</b> | <b>Hiring and promotion decisions</b>  |     |
|                   | Does the agency ask all applicants and employees who may have contact with inmates 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 inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?  | yes |
|                   | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?   | yes |
| <b>115.17 (g)</b> | <b>Hiring and promotion decisions</b>  |     |
|                   | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?  | yes |

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|-------------------|---|-----|
| <b>115.17 (h)</b> | <b>Hiring and promotion decisions</b>   |     |
|                   | 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 |
| <b>115.18 (a)</b> | <b>Upgrades to facilities and technologies</b>  |     |
|                   | 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 inmates 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.) | na  |
| <b>115.18 (b)</b> | <b>Upgrades to facilities and technologies</b>  |     |
|                   | If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates 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 |
| <b>115.21 (a)</b> | <b>Evidence protocol and forensic medical examinations</b>  |     |
|                   | 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 |

| <b>115.21 (b) Evidence protocol and forensic medical examinations</b> |  |     |
|---|--|-----|
|   | Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  | yes |
|   | 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 |
| <b>115.21 (c) Evidence protocol and forensic medical examinations</b> |  |     |
|   | Does the agency offer all victims of 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 |
| <b>115.21 (d) Evidence protocol and forensic medical examinations</b> |  |     |
|   | 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? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)  | na  |
|   | Has the agency documented its efforts to secure services from rape crisis centers?   | yes |

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| <b>115.21 (e)</b> | <b>Evidence protocol and forensic medical examinations</b>  |     |
|                   | 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 |
| <b>115.21 (f)</b> | <b>Evidence protocol and forensic medical examinations</b>  |     |
|                   | If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  | na  |
| <b>115.21 (h)</b> | <b>Evidence protocol and forensic medical examinations</b>  |     |
|                   | 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? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.) | na  |
| <b>115.22 (a)</b> | <b>Policies to ensure referrals of allegations for investigations</b>   |     |
|                   | 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 |
| <b>115.22 (b)</b> | <b>Policies to ensure referrals of allegations for investigations</b>   |     |
|                   | Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?  | yes |
|                   | 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 |

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| <b>115.22 (c)</b> | <b>Policies to ensure referrals of allegations for investigations</b>  |     |
|                   | If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) | na  |
| <b>115.31 (a)</b> | <b>Employee training</b>   |     |
|                   | Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?   | yes |
|                   | Does the agency train all employees who may have contact with inmates 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 inmates on inmates' right to be free from sexual abuse and sexual harassment?  | yes |
|                   | Does the agency train all employees who may have contact with inmates on the right of inmates 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 inmates on the dynamics of sexual abuse and sexual harassment in confinement?  | yes |
|                   | Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?   | yes |
|                   | Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?   | yes |
|                   | Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?  | yes |
|                   | Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?                                 | yes |
|                   | Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?   | yes |



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| <b>115.31 (b)</b> | <b>Employee training</b>  |     |
|                   | Is such training tailored to the gender of the inmates at the employee's facility?  | yes |
|                   | Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?   | yes |
| <b>115.31 (c)</b> | <b>Employee training</b>  |     |
|                   | Have all current employees who may have contact with inmates 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 |
| <b>115.31 (d)</b> | <b>Employee training</b>  |     |
|                   | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?   | yes |
| <b>115.32 (a)</b> | <b>Volunteer and contractor training</b>  |     |
|                   | Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?   | yes |
| <b>115.32 (b)</b> | <b>Volunteer and contractor training</b>  |     |
|                   | Have all volunteers and contractors who have contact with inmates 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 inmates)? | yes |
| <b>115.32 (c)</b> | <b>Volunteer and contractor training</b>  |     |
|                   | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?   | yes |

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| <b>115.33 (a) Inmate education</b> |  |     |
|                                    | During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  | yes |
|                                    | During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?   | yes |
| <b>115.33 (b) Inmate education</b> |  |     |
|                                    | Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?       | yes |
|                                    | Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? | yes |
|                                    | Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?       | yes |
| <b>115.33 (c) Inmate education</b> |  |     |
|                                    | Have all inmates received the comprehensive education referenced in 115.33(b)?   | yes |
|                                    | Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?               | yes |
| <b>115.33 (d) Inmate education</b> |  |     |
|                                    | Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?  | yes |
|                                    | Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?  | yes |
|                                    | Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?   | yes |
|                                    | Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?  | yes |
|                                    | Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?   | yes |

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| <b>115.33 (e)</b> | <b>Inmate education</b>   |     |
|                   | Does the agency maintain documentation of inmate participation in these education sessions?   | yes |
| <b>115.33 (f)</b> | <b>Inmate education</b>   |     |
|                   | In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?   | yes |
| <b>115.34 (a)</b> | <b>Specialized training: Investigations</b>   |     |
|                   | In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive 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 115.21(a).) | yes |
| <b>115.34 (b)</b> | <b>Specialized training: Investigations</b>   |     |
|                   | Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(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 115.21(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 115.21(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 115.21(a).)   | yes |

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| <b>115.34 (c)</b> | <b>Specialized training: Investigations</b>   |     |
|                   | 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 115.21(a).)  | yes |
| <b>115.35 (a)</b> | <b>Specialized training: Medical and mental health care</b>   |     |
|                   | 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 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 |
| <b>115.35 (b)</b> | <b>Specialized training: Medical and mental health care</b>   |     |
|                   | If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)  | yes |

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| <b>115.35 (c)</b> | <b>Specialized training: Medical and mental health care</b>  |     |
|                   | 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 |
| <b>115.35 (d)</b> | <b>Specialized training: Medical and mental health care</b>  |     |
|                   | Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)   | yes |
|                   | Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (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 |
| <b>115.41 (a)</b> | <b>Screening for risk of victimization and abusiveness</b>   |     |
|                   | Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?   | yes |
|                   | Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?  | yes |
| <b>115.41 (b)</b> | <b>Screening for risk of victimization and abusiveness</b>   |     |
|                   | Do intake screenings ordinarily take place within 72 hours of arrival at the facility?   | yes |
| <b>115.41 (c)</b> | <b>Screening for risk of victimization and abusiveness</b>   |     |
|                   | Are all PREA screening assessments conducted using an objective screening instrument?  | yes |

| 115.41 (d) | Screening for risk of victimization and abusiveness  |     |
|------------|--|-----|
|            | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?   | yes |
|            | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  | yes |
|            | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?   | yes |
|            | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  | yes |
|            | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  | yes |
|            | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  | yes |
|            | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? | yes |
|            | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?   | yes |
|            | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?   | yes |
|            | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  | yes |

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| <b>115.41 (e)</b> | <b>Screening for risk of victimization and abusiveness</b>  |     |
|                   | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?   | yes |
|                   | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?   | yes |
|                   | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?  | yes |
| <b>115.41 (f)</b> | <b>Screening for risk of victimization and abusiveness</b>  |     |
|                   | Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? | yes |
| <b>115.41 (g)</b> | <b>Screening for risk of victimization and abusiveness</b>  |     |
|                   | Does the facility reassess an inmate's risk level when warranted due to a referral?   | yes |
|                   | Does the facility reassess an inmate's risk level when warranted due to a request?  | yes |
|                   | Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?  | yes |
|                   | Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?   | yes |
| <b>115.41 (h)</b> | <b>Screening for risk of victimization and abusiveness</b>  |     |
|                   | Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?   | yes |
| <b>115.41 (i)</b> | <b>Screening for risk of victimization and abusiveness</b>  |     |
|                   | Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?      | yes |

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| <b>115.42 (a) Use of screening information</b> |  |     |
|  | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?   | yes |
|  | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?   | yes |
|  | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?  | yes |
|  | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?   | yes |
|  | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?   | yes |
| <b>115.42 (b) Use of screening information</b> |  |     |
|  | Does the agency make individualized determinations about how to ensure the safety of each inmate?  | yes |
| <b>115.42 (c) Use of screening information</b> |  |     |
|  | When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates 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 inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?   | yes |



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|-------------------|--|-----|
| <b>115.42 (d)</b> | <b>Use of screening information</b>  |     |
|                   | Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?   | yes |
| <b>115.42 (e)</b> | <b>Use of screening information</b>  |     |
|                   | Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?  | yes |
| <b>115.42 (f)</b> | <b>Use of screening information</b>  |     |
|                   | Are transgender and intersex inmates given the opportunity to shower separately from other inmates?  | yes |
| <b>115.42 (g)</b> | <b>Use of screening information</b>  |     |
|                   | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
|                   | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)                | yes |
|                   | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)                   | yes |

| <b>115.43 (a) Protective Custody</b> |   |     |
|--------------------------------------|---|-----|
|                                      | Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? | yes |
|                                      | If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?  | yes |
| <b>115.43 (b) Protective Custody</b> |   |     |
|                                      | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?  | yes |
|                                      | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?  | yes |
|                                      | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?   | yes |
|                                      | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?  | yes |
|                                      | If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)                                      | na  |
|                                      | If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)  | na  |
|                                      | If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)  | na  |

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| <b>115.43 (c)</b> | <b>Protective Custody</b>   |     |
|                   | Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?  | yes |
|                   | Does such an assignment not ordinarily exceed a period of 30 days?  | yes |
| <b>115.43 (d)</b> | <b>Protective Custody</b>   |     |
|                   | If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?  | yes |
|                   | If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?   | yes |
| <b>115.43 (e)</b> | <b>Protective Custody</b>   |     |
|                   | In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? | yes |
| <b>115.51 (a)</b> | <b>Inmate reporting</b>   |     |
|                   | Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?   | yes |
|                   | Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?   | yes |
|                   | Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?   | yes |

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| <b>115.51 (b)</b> | <b>Inmate reporting</b>   |     |
|                   | Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?   | yes |
|                   | Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?  | yes |
|                   | Does that private entity or office allow the inmate to remain anonymous upon request?   | yes |
|                   | Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)   | na  |
| <b>115.51 (c)</b> | <b>Inmate reporting</b>   |     |
|                   | Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?   | yes |
|                   | Does staff promptly document any verbal reports of sexual abuse and sexual harassment?  | yes |
| <b>115.51 (d)</b> | <b>Inmate reporting</b>   |     |
|                   | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?   | yes |
| <b>115.52 (a)</b> | <b>Exhaustion of administrative remedies</b>  |     |
|                   | Is the agency exempt from this standard?<br>NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate 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 |

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| <b>115.52 (b)</b> | <b>Exhaustion of administrative remedies</b>  |    |
|                   | Does the agency permit inmates 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.)   | na |
|                   | Does the agency always refrain from requiring an inmate 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.)  | na |
| <b>115.52 (c)</b> | <b>Exhaustion of administrative remedies</b>  |    |
|                   | Does the agency ensure that: An inmate 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.)   | na |
|                   | Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  | na |
| <b>115.52 (d)</b> | <b>Exhaustion of administrative remedies</b>  |    |
|                   | 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 inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)                            | na |
|                   | If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate 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.) | na |
|                   | At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)   | na |

| 115.52 (e) | Exhaustion of administrative remedies  |    |
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|            | Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  | na |
|            | Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, 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.) | na |
|            | If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)   | na |

| <b>115.52 (f)</b> | <b>Exhaustion of administrative remedies</b>   |    |
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|                   | Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  | na |
|                   | After receiving an emergency grievance alleging an inmate 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.) | na |
|                   | After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)   | na |
|                   | After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  | na |
|                   | Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  | na |
|                   | Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  | na |
|                   | Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)   | na |
| <b>115.52 (g)</b> | <b>Exhaustion of administrative remedies</b>   |    |
|                   | If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)   | na |

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| <b>115.53 (a)</b> | <b>Inmate access to outside confidential support services</b>   |     |
|                   | Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates 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? (N/A if the facility never has persons detained solely for civil immigration purposes.) | na  |
|                   | Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?  | yes |
| <b>115.53 (b)</b> | <b>Inmate access to outside confidential support services</b>   |     |
|                   | Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?  | yes |
| <b>115.53 (c)</b> | <b>Inmate access to outside confidential support services</b>   |     |
|                   | Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates 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 |
| <b>115.54 (a)</b> | <b>Third-party reporting</b>  |     |
|                   | 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 an inmate?   | yes |



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| <b>115.61 (a)</b> | <b>Staff and agency reporting duties</b>   |     |
|                   | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?   | yes |
|                   | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates 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 information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?                         | yes |
| <b>115.61 (b)</b> | <b>Staff and agency reporting duties</b>   |     |
|                   | Apart from reporting to designated supervisors or officials, does staff always refrain 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 |
| <b>115.61 (c)</b> | <b>Staff and agency reporting duties</b>   |     |
|                   | Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?   | yes |
|                   | Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?  | yes |
| <b>115.61 (d)</b> | <b>Staff and agency reporting duties</b>   |     |
|                   | If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?   | yes |
| <b>115.61 (e)</b> | <b>Staff and agency reporting duties</b>   |     |
|                   | 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 |

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| <b>115.62 (a)</b> | <b>Agency protection duties</b>  |     |
|                   | When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?  | yes |
| <b>115.63 (a)</b> | <b>Reporting to other confinement facilities</b>   |     |
|                   | Upon receiving an allegation that an inmate 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 |
| <b>115.63 (b)</b> | <b>Reporting to other confinement facilities</b>   |     |
|                   | Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?  | yes |
| <b>115.63 (c)</b> | <b>Reporting to other confinement facilities</b>   |     |
|                   | Does the agency document that it has provided such notification?   | yes |
| <b>115.63 (d)</b> | <b>Reporting to other confinement facilities</b>   |     |
|                   | Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?   | yes |

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| <b>115.64 (a)</b> | <b>Staff first responder duties</b>   |     |
|                   | Upon learning of an allegation that an inmate 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 an inmate 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 an inmate 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 an inmate 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 |
| <b>115.64 (b)</b> | <b>Staff first responder duties</b>   |     |
|                   | If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?  | yes |
| <b>115.65 (a)</b> | <b>Coordinated response</b>   |     |
|                   | 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 |

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| <b>115.66 (a)</b> | <b>Preservation of ability to protect inmates from contact with abusers</b>   |     |
|                   | 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 limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? | no  |
| <b>115.67 (a)</b> | <b>Agency protection against retaliation</b>  |     |
|                   | Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?  | yes |
|                   | Has the agency designated which staff members or departments are charged with monitoring retaliation?   | yes |
| <b>115.67 (b)</b> | <b>Agency protection against retaliation</b>  |     |
|                   | Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?   | yes |

| 115.67 (c) | Agency protection against retaliation   |     |
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|            | 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 inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates 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 inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates 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: Act promptly to remedy any such retaliation?  | 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 any inmate 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 inmate 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 inmate 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 |

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| <b>115.67 (d)</b> | <b>Agency protection against retaliation</b>   |     |
|                   | In the case of inmates, does such monitoring also include periodic status checks?  | yes |
| <b>115.67 (e)</b> | <b>Agency protection against retaliation</b>   |     |
|                   | 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 |
| <b>115.68 (a)</b> | <b>Post-allegation protective custody</b>  |     |
|                   | Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?  | yes |
| <b>115.71 (a)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                   | When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).) | yes |
|                   | Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)  | yes |
| <b>115.71 (b)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                   | Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?  | yes |
| <b>115.71 (c)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                   | 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 |

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| <b>115.71 (d)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                   | 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 |
| <b>115.71 (e)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                   | 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 inmate or staff?   | yes |
|                   | Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?                                       | yes |
| <b>115.71 (f)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                   | 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 |
| <b>115.71 (g)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                   | 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 |
| <b>115.71 (h)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                   | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?   | yes |
| <b>115.71 (i)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                   | Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?   | yes |

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| <b>115.71 (j)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                   | Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?  | yes |
| <b>115.71 (l)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                   | 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 115.21(a).)                                    | na  |
| <b>115.72 (a)</b> | <b>Evidentiary standard for administrative investigations</b>   |     |
|                   | 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 |
| <b>115.73 (a)</b> | <b>Reporting to inmates</b>   |     |
|                   | Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?   | yes |
| <b>115.73 (b)</b> | <b>Reporting to inmates</b>   |     |
|                   | If the agency did not conduct the investigation into an inmate'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 inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) | na  |



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| <b>115.73 (c)</b> | <b>Reporting to inmates</b>  |     |
|                   | Following an inmate'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 inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?  | yes |
|                   | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?   | yes |
|                   | Following an inmate'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 an inmate'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 |
| <b>115.73 (d)</b> | <b>Reporting to inmates</b>  |     |
|                   | Following an inmate's allegation that he or she has been sexually abused by another inmate, 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 an inmate's allegation that he or she has been sexually abused by another inmate, 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 |
| <b>115.73 (e)</b> | <b>Reporting to inmates</b>  |     |
|                   | Does the agency document all such notifications or attempted notifications?  | yes |

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| <b>115.76 (a)</b> | <b>Disciplinary sanctions for staff</b>   |     |
|                   | Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  | yes |
| <b>115.76 (b)</b> | <b>Disciplinary sanctions for staff</b>   |     |
|                   | Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  | yes |
| <b>115.76 (c)</b> | <b>Disciplinary sanctions for staff</b>   |     |
|                   | 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 |
| <b>115.76 (d)</b> | <b>Disciplinary sanctions for staff</b>   |     |
|                   | 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 |
| <b>115.77 (a)</b> | <b>Corrective action for contractors and volunteers</b>   |     |
|                   | Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?  | 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 |
| <b>115.77 (b)</b> | <b>Corrective action for contractors and volunteers</b>   |     |
|                   | In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?  | yes |

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| <b>115.78 (a)</b> | <b>Disciplinary sanctions for inmates</b>   |     |
|                   | Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?   | yes |
| <b>115.78 (b)</b> | <b>Disciplinary sanctions for inmates</b>   |     |
|                   | Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?  | yes |
| <b>115.78 (c)</b> | <b>Disciplinary sanctions for inmates</b>   |     |
|                   | When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?  | yes |
| <b>115.78 (d)</b> | <b>Disciplinary sanctions for inmates</b>   |     |
|                   | 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 require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? | yes |
| <b>115.78 (e)</b> | <b>Disciplinary sanctions for inmates</b>   |     |
|                   | Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?   | yes |
| <b>115.78 (f)</b> | <b>Disciplinary sanctions for inmates</b>   |     |
|                   | 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 |
| <b>115.78 (g)</b> | <b>Disciplinary sanctions for inmates</b>   |     |
|                   | If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)  | yes |

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| <b>115.81 (a)</b> | <b>Medical and mental health screenings; history of sexual abuse</b>  |     |
|                   | If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).              | yes |
| <b>115.81 (b)</b> | <b>Medical and mental health screenings; history of sexual abuse</b>  |     |
|                   | If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)                            | na  |
| <b>115.81 (c)</b> | <b>Medical and mental health screenings; history of sexual abuse</b>  |     |
|                   | If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).                  | yes |
| <b>115.81 (d)</b> | <b>Medical and mental health screenings; history of sexual abuse</b>  |     |
|                   | 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 |
| <b>115.81 (e)</b> | <b>Medical and mental health screenings; history of sexual abuse</b>  |     |
|                   | Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?   | yes |

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| <b>115.82 (a)</b> | <b>Access to emergency medical and mental health services</b>   |     |
|                   | Do inmate 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 |
| <b>115.82 (b)</b> | <b>Access to emergency medical and mental health services</b>   |     |
|                   | If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?   | yes |
|                   | Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  | yes |
| <b>115.82 (c)</b> | <b>Access to emergency medical and mental health services</b>   |     |
|                   | Are inmate 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 |
| <b>115.82 (d)</b> | <b>Access to emergency medical and mental health services</b>   |     |
|                   | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  | yes |
| <b>115.83 (a)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                   | Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?  | yes |
| <b>115.83 (b)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                   | Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?      | yes |

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| <b>115.83 (c)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                   | Does the facility provide such victims with medical and mental health services consistent with the community level of care?   | yes |
| <b>115.83 (d)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                   | Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)   | yes |
| <b>115.83 (e)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                   | If pregnancy results from the conduct described in paragraph § 115.83(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. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) | yes |
| <b>115.83 (f)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                   | Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?   | yes |
| <b>115.83 (g)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                   | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  | yes |

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| <b>115.83 (h)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                   | If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) | yes |
| <b>115.86 (a)</b> | <b>Sexual abuse incident reviews</b>  |     |
|                   | 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 |
| <b>115.86 (b)</b> | <b>Sexual abuse incident reviews</b>  |     |
|                   | Does such review ordinarily occur within 30 days of the conclusion of the investigation?  | yes |
| <b>115.86 (c)</b> | <b>Sexual abuse incident reviews</b>  |     |
|                   | Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?   | yes |

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| <b>115.86 (d)</b> | <b>Sexual abuse incident reviews</b>  |     |
|                   | 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 §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?     | yes |
| <b>115.86 (e)</b> | <b>Sexual abuse incident reviews</b>  |     |
|                   | Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  | yes |
| <b>115.87 (a)</b> | <b>Data collection</b>  |     |
|                   | 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 |
| <b>115.87 (b)</b> | <b>Data collection</b>  |     |
|                   | Does the agency aggregate the incident-based sexual abuse data at least annually?   | yes |
| <b>115.87 (c)</b> | <b>Data collection</b>  |     |
|                   | 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 |



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| <b>115.87 (d)</b> | <b>Data collection</b>   |     |
|                   | 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 |
| <b>115.87 (e)</b> | <b>Data collection</b>   |     |
|                   | Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)   | yes |
| <b>115.87 (f)</b> | <b>Data collection</b>   |     |
|                   | 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.)   | na  |
| <b>115.88 (a)</b> | <b>Data review for corrective action</b>   |     |
|                   | Does the agency review data collected and aggregated pursuant to § 115.87 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 § 115.87 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 § 115.87 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 |
| <b>115.88 (b)</b> | <b>Data review for corrective action</b>   |     |
|                   | Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?  | yes |
| <b>115.88 (c)</b> | <b>Data review for corrective action</b>   |     |
|                   | 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 |

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| <b>115.88 (d)</b>  | <b>Data review for corrective action</b>  |     |
|                    | Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?   | yes |
| <b>115.89 (a)</b>  | <b>Data storage, publication, and destruction</b>   |     |
|                    | Does the agency ensure that data collected pursuant to § 115.87 are securely retained?  | yes |
| <b>115.89 (b)</b>  | <b>Data storage, publication, and destruction</b>   |     |
|                    | Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?   | yes |
| <b>115.89 (c)</b>  | <b>Data storage, publication, and destruction</b>   |     |
|                    | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  | yes |
| <b>115.89 (d)</b>  | <b>Data storage, publication, and destruction</b>   |     |
|                    | Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?   | yes |
| <b>115.401 (a)</b> | <b>Frequency and scope of audits</b>  |     |
|                    | 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 |

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| <b>115.401<br/>(b)</b> | <b>Frequency and scope of audits</b>   |     |
|                        | Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)  | yes |
|                        | 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.)      | na  |
|                        | If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.) | na  |
| <b>115.401<br/>(h)</b> | <b>Frequency and scope of audits</b>   |     |
|                        | Did the auditor have access to, and the ability to observe, all areas of the audited facility?   | yes |
| <b>115.401<br/>(i)</b> | <b>Frequency and scope of audits</b>   |     |
|                        | Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?   | yes |
| <b>115.401<br/>(m)</b> | <b>Frequency and scope of audits</b>   |     |
|                        | Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  | yes |
| <b>115.401<br/>(n)</b> | <b>Frequency and scope of audits</b>   |     |
|                        | Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  | yes |

| <b>115.403<br/>(f)</b> | <b>Audit contents and findings</b>   |     |
|------------------------|--|-----|
|                        | <p>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.)</p> | yes |