

**PREA AUDIT REPORT Interim Final
COMMUNITY CONFINEMENT FACILITIES**

Date of report: 10/14/2015

Auditor Information			
Auditor name: Ian Rachal			
Address: P.O. Box 17841, Richmond, VA 23226			
Email: irachal@lahcari.com			
Telephone number: .			
Date of facility visit: September 14 th , 2015 – September 17 th , 2015			
Facility Information			
Facility name: SE District Community Corrections (Ardmore, Madill, Carter County, Idabel, Earl Davis Work Centers)			
Facility physical address: 903 N. West Street McAlester, OK 74501			
Facility mailing address: <i>(if different from above)</i> .			
Facility telephone number: 918-423-1668			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Community treatment center		<input checked="" type="checkbox"/> Community-based confinement facility
	<input type="checkbox"/> Halfway house		<input type="checkbox"/> Mental health facility
	<input type="checkbox"/> Alcohol or drug rehabilitation center		<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Anthony Rowell, District Supervisor			
Number of staff assigned to the facility in the last 12 months: 21			
Designed facility capacity: 496			
Current population of facility: 478			
Facility security levels/inmate custody levels: Minimum			
Age range of the population: 21-66			
Name of PREA Compliance Manager: .Multiple		Title: PREA Compliance Manager	
Email address: .		Telephone number: .	
Agency Information			
Name of agency: Oklahoma Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> State of Oklahoma			
Physical address: 3400 North Martin Luther King Boulevard, Oklahoma City, Oklahoma 73111			
Mailing address: <i>(if different from above)</i> .			
Telephone number: 405-254-2500			
Agency Chief Executive Officer			
Name: Robert Patton		Title: Director	
Email address: Robert.patton@doc.state.ok.us		Telephone number: 405-425-2500	
Agency-Wide PREA Coordinator			
Name: Millicent Newton-Embry		Title: Agency PREA Coordinator	
Email address: Millicent.newton-embry@doc.state.ok.us		Telephone number: 405-425-7074	

AUDIT FINDINGS

NARRATIVE

The audit of the SE District Community Corrections Center (SEDCCC) was conducted on September 14th – 17th, 2015 by Ian Rachal, Department of Justice Certified PREA auditor.

A formal entrance meeting was held with facility management and staff. Amongst those in attendance were: Acting District Supervisor Joe Hankins, Assistant District Supervisor Dwayne Howell, & OKDOC PREA Coordinator Millicent Newton-Embry.

The areas toured were the district's Community Work Centers (Ardmore, Madill, Carter County, Idabel, & Earl Davis). At each work center facility, the specific areas toured included all inmate housing dorms, food service areas, maintenance areas, programs/education areas, chemical storages, and laundry areas. Overall facility security was immediately apparent. Each work center featured a vast amount of video monitoring. Security personnel were actively engaged in ensuring a safe environment for inmates, staff, and visitors. PREA reporting information was present throughout the facility compound through the use of signs and posters situated in visitation, living, and telephone areas.

Each work center has an assigned PREA Compliance Manager (PCM) who's responsibility is to ensure facility compliance efforts are met. The PCM's meet in groups with new intakes to orient them in relation to PREA, safety, and reporting options.

Interviewed was a total of 20 personnel and 35 offenders. Overall, facility personnel were found to be knowledgeable and actively engaged. Staff were able to describe in detail the correct course of actions, definitions, and requirements based on their training and experience. Inmates all seemed to have an awareness and knowledge of PREA and reporting options due to orientation classes facilitated by work center PCM's.

An alphabetized listing of all inmates housed at the facility and staff members on duty was requested and a random sampling of each was selected for formal interviews. In addition to this random sampling, numerous other inmates and staff were interviewed during the course of the facility tour. There were no hearing/vision impaired inmates housed at the facility. The agency maintains a listing of staff interpreters available.

One bisexual male inmate was interviewed who stated that he didn't feel safe in the district due to a currently active harassment complaint against a staff member. Relational investigative records were reviewed and staff interviewed concerning the complaint. Agency officials were thoroughly investigating the complaint and ensuring that no retaliatory attempts were made towards the inmate. The inmate was relocated to another work center while his complaint was under investigation. This auditor feels that agency officials have handled the matter in accordance with all investigative requirements.

There was 1 other reported allegation of sexual abuse involving a SEDCCC inmate in which the allegation was found to be unsubstantiated in the calendar year preceeding this audit. The reported allegation was a staff-on-offender allegation which was investigated thoroughly in accordance with all investigatory requirements of PREA.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Division of Community Corrections is responsible for managing offenders who are placed in community corrections facilities and offenders under probation and parole supervision. The Division is a multi-faceted, multi-functional, essential component of the Department of Corrections.

The division has a significant role in meeting the mission of the Department of Corrections. Reducing the rate of recidivism, parole revocation and the cost to incarcerate are core functions of this division. These functions are accomplished through various evidenced-based programs and services provided to the offenders as they enter and exit our correctional system.

Important function within the division is to provide, when appropriate, alternatives to incarceration through diversion program initiatives and reentry services.

The reentry process helps prepare offenders to make a safe transition from incarceration to the community and enhances public safety. When offenders return to their respective communities without re-offending, communities are safer, and the investment of correctional resources has yielded positive results. When formerly incarcerated or supervised persons become productive members of society, working to support their families and paying taxes, the community benefits, Community Corrections has served its purpose, and everyone wins.

Southeast District Office

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McAlester, OK 74501

Phone: (918) 423-1668

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Anthony Rowell, District Supervisor

Joe Hankins, Assistant District Supervisor

Dwayne Howell, Assistant District Supervisor

Ardmore Community Work Center

Mailing: PO Box 100

Gene Autry, OK 73436-0100

Physical: 615 Grumman Drive

Ardmore, OK 73401

Phone: (580) 389-5469

Fax: (580) 389-5472

Carter County Community Work Center

5268 Santa Fe Road

Wilson, Oklahoma 73463

Phone: (580) 668-3700

Fax: (580) 668-3706

Earl A. Davis Community Work Center

3297 N 369 Rd

Holdenville, OK 74848-9435

Phone: (405) 379-7296

Fax: (405) 379-7298

Idabel Community Work Center

2001 Industrial Parkway, Suite B

Idabel, OK 74745

Phone: (580) 286-7286

Fax: (580) 286-5382

Madill Community Work Center

210 S. 11th Street

Madill, OK 73446

Phone: (580) 795-7348

Fax: (580) 795-7346

SUMMARY OF AUDIT FINDINGS

I find the Southeast District Community Corrections in full compliance with all requirements of the Prison Rape Elimination Act.

Number of standards exceeded: 0

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 0

Standard 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

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

Based on review of OP-030601, Memorandum of assignment, and on interview with PREA Compliance Managers, agency PREA Coordinator, District Supervisor, and numerous facility personnel.

The Oklahoma Department of Corrections (OKDOC) has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlines SEDCCC's approach to preventing, detecting, and responding to such conduct. This was verified through a close inspection of all documents and the responsiveness of facility personnel to incidents of alleged sexual misconduct.

OKDOC employs or designates an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards.

Standard 115.212 Contracting with other entities for the confinement of residents

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

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Based on review of submitted documentation, interview with District Supervisors and agency PREA Coordinator.

All contracts entered into by OKDOC for the confinement of inmates are in compliance with all OKDOC policies. OKDOC employs a qualified contract monitor to ensure compliance with all applicable policies and procedures.

The SEDCCC has entered into a contract during the period of review for the confinement of its inmates with Pontotoc County Jail in Ada, Oklahoma.

Standard 115.213 Supervision and monitoring

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

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Based on a review of OP-010301, the SEDCCC Staffing Plan, staffing rosters, camera diagnostics and layout, associated documentation, and on interview with PREA Compliance Managers, and District Supervisors.

SEDCCC has developed, documented, and made its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and uses video monitoring, to protect inmates against sexual abuse.

In circumstances where the staffing plan was not complied with, SEDCCC documented and justified all deviations from the plan. Reviewed shift rosters showing deviations from the plan.

OKDOC completes an annual review, in consultation with the PREA Coordinator required by § 115.11, to assess, determine, and document whether adjustments are needed.

Standard 115.215 Limits to cross-gender viewing and searches

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
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Based on policies OP-030601, OP-030102 and OP-040110, visual tour of SEDCCC and interviews with facility personnel and inmates.

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

OKDOC has policies that require 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. Such policies require staff of the opposite gender to announce their presence when entering an inmate housing unit.

OKDOC has policies prohibiting, and SEDCCC does not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. If the inmate’s genital status is unknown, it is determined 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.

SEDCCC trains security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

Standard 115.216 Residents with disabilities and residents who are limited English proficient

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

- Does Not Meet Standard (requires corrective action)

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.

Based on policy OP-030106, training records, interpreter list, and a review of provided materials for the inmate population at the facility.

SEDCCC takes appropriate steps to ensure 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 SEDCCC's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

SEDCCC does not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety.

Standard 115.217 Hiring and promotion decisions

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

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.

Based on review of policies OP-110235, OP-110210, and OP-110235, review of randomly selected employee files, and interview with HR personnel.

SEDCCC does not hire or promote anyone who may have contact with inmates, and does not enlist the services of any contractor who may have contact with inmates, who has engaged in sexual abuse in any criminal justice facility, has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described above.

SEDCCC considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

SEDCCC performs a criminal background records check before enlisting the services of any contractor who may have contact with inmates and performs a records check at least every five years of current employees and contractors who may have contact with inmates.

Standard 115.218 Upgrades to facilities and technologies

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

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Based on review of facility camera system and related schematics, interview with facility directors, and installation of additional cameras. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, SEDCCC has considered how such technology may enhance SEDCCC's ability to protect inmates from sexual abuse.

Standard 115.221 Evidence protocol and forensic medical examinations

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

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.

Based on review of policies OP-030601, OP-140118, applicable MOU’s, interviews with Medical personnel and OIG Investigator.

To the extent SEDCCC is responsible for investigating allegations of sexual abuse; SEDCCC follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

SEDCCC offers all victims of sexual abuse access to forensic medical examinations without financial cost, where evidentiary or medically appropriate. Such examinations are performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. During the review period there have been no incidents of sexual abuse necessitating medical care.

SEDCCC makes available to the victim a victim advocate from employees trained as offender/victim representatives.

As requested by the victim, a victim advocate, accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provide emotional support, crisis intervention, information, and referrals.

Standard 115.222 Policies to ensure referrals of allegations for investigations

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

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Based on a review of policy OP-040117, and interview with Office of Inspector General (OIG) investigator. SEDCCC ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. SEDCCC ensures that allegations of employee wrongdoing are referred for investigation to the OIG. Investigations reviewed were

conducted thoroughly.

OKDOC has a policy that ensures allegations of sexual abuse or sexual harassment are referred for investigation and publishes such policy on its website. SEDCCC documents all such referrals.

Standard 115.231 Employee training

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

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.

Based on a review of policies OP-030601, OP-030601 Attachment A, staff training curriculum, and on interviews with random staff.

SEDCCC trains all employees who have contact with inmates on:

- (1) Its zero-tolerance policy for sexual abuse and sexual harassment;
- (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- (3) 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, intersex, or gender nonconforming inmates; and
- (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

SEDCCC documents through employee signature that employees understand the training they have received. All staff members interviewed were able to effectively articulate their duties and responsibilities in accordance with the Prison Rape Elimination Act (PREA).

Standard 115.232 Volunteer and contractor training

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

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

Based on interview with volunteer and review of the volunteer/contractor training acknowledgment, policies OP-030601, and OP-030601 Attachment A.

SEDCCC ensures all volunteers and contractors who have contact with inmates have been trained on their responsibilities under OKDOC's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

All volunteers and contractors who have contact with inmates are notified of OKDOC's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

SEDCCC has documentation confirming that volunteers and contractors understand the training they have received. Reviewed training records on volunteers and contractors.

Standard 115.233 Resident education

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

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Based on a review of policy OP-030601, handbook for offenders, zero-tolerance signature acknowledgment, other offender educational materials, and interviews with random inmates and case management staff.

During the intake process, inmates receive information explaining OKDOC's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment via video.

SEDCCC provides a comprehensive education to inmates through video and written materials regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The detail in answers given during interviews with the inmate population shows a heightened efficacy which exceeds the requirements of the standard. Inmates interviewed were not only able to describe their rights in relation to PREA, but also provide detailed answers to specific questions in contrast with a general knowledge of reporting abilities.

The comprehensive education program is further reinforced post-intake by case management personnel who displayed a broad knowledge of PREA regulations, and an enthusiastic engagement in their dealings with the inmate population.

SEDCCC provides inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. There is documentation of inmate participation in these education sessions.

Standard 115.234 Specialized training: Investigations

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

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

Based on a review of policy OP-030601, list of trained investigators, and interview with OIG agent.

In addition to the general training provided to all employees OKDOC ensures that OIG investigators have received training in conducting sexual abuse investigations in confinement settings.

Specialized training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. OKDOC maintains documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

Standard 115.235 Specialized training: Medical and mental health care

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

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Based on a review of policies OP-030601, OP-140118, OP-140134, Medical/Mental Health training, and interviews with Medical and Mental Health personnel.

SEDCCC ensures 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; preserve physical evidence of sexual abuse; respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

SEDCCC maintains documentation that medical and mental health practitioners have received the training. Medical and mental health care practitioners also receive the training mandated for employees, contractors and volunteers.

Medical and Mental Health personnel interviewed were able to effectively articulate duties and responsibilities in relation to all requirements.

Standard 115.241 Screening for risk of victimization and abusiveness

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

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Based on a review of policies OP-030601, OP-030102, offender assessment screening forms, and on interviews with random inmates and staff members responsible for screening.

All inmates are assessed during an intake screening and upon transfer to another facility for risk of being sexually abused by other inmates or sexually abusive toward other inmates. Intake screenings take place within 72 hours of arrival at SEDCCC uses an objective screening instrument.

The intake screening considers, 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;
- (2) The age of the inmate;
- (3) The physical build of the inmate;
- (4) Whether the inmate has previously been incarcerated;
- (5) Whether the inmate's criminal history is exclusively nonviolent;
- (6) Whether the inmate has prior convictions for sex offenses against an adult or child;
- (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- (8) Whether the inmate has previously experienced sexual victimization;
- (9) The inmate's own perception of vulnerability; and
- (10) Whether the inmate is detained solely for civil immigration purposes.

The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to SEDCCC, in assessing inmates for risk of being sexually abusive.

An inmate's risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

Inmates are definitively asked if they wish to divulge their sexual orientation in addition to the reviewing personnel's perception. Within 30 days from the inmate's arrival at SEDCCC reassesses all inmate's risk of victimization or abusiveness based upon any additional, relevant information received by SEDCCC since the intake screening.

Inmates are not disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked.

SEDCCC has 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. All files are controlled by Case management personnel behind locked doors and maintained in each inmate's file.

Standard 115.242 Use of screening information

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

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Based on policy OP-030601, Self-Report Screening Form OP-030102, and on interviews with PREA Compliance Manager, and Case Management personnel responsible for risk screening.

SEDCCC uses information from the risk screening to decide 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.

SEDCCC makes individualized determinations about how to ensure the safety of each inmate.

In deciding housing and programming for a transgender or intersex inmate SEDCCC considers on a case-by-case basis whether the

placement would ensure the inmate's health and safety, and whether the placement would present management or security problems.

Placement and programming assignments for each transgender or intersex inmate is reassessed at least twice each year to review any threats to safety experienced by the inmate.

A transgender or intersex inmate's own views with respect to his or her own safety are be given serious consideration.

SEDCCC does not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status.

Standard 115.251 Resident reporting

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

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Based on a review of policies OP-030601, Zero-Tolerance Acknowledgment Sheet (OP-030601E), Offender Handbook, staff training curriculum, Third-Party Reporting Memorandum, investigative report, and "how-to-report" educational materials at the facility.

The inmates and/or staff can privately report abuse or harassment to the OIG. Based on interviews with random staff and inmates, this policy and practice is widely known.

SEDCCC provides multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Inmate educational materials have information on how to report sexual abuse and has the hotline numbers (*73) printed on them as a constant reminder.

SEDCCC provides at least one way for inmates to report abuse or harassment to the contracted advocate, an external entity that is not part of SEDCCC, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. Advocacy representative interviewed via telephone confirming this policy.

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

OKDOC provides hotlines ((405) 425-2571 and (855) 871-4139) and email (preareport@doc.state.ok.us) for the public to privately report sexual abuse and sexual harassment of inmates.

Standard 115.252 Exhaustion of administrative remedies

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

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

Based on a review of policies OP-030601, OP-090124, and Offender Grievance Form. There were no inmate grievances submitted in relation to sexual abuse during the review period

The OKDOC has established a “Sensitive” or “Emergency” grievance system and does not not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse, nor require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

Inmates who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and such grievance is not referred to a staff member who is the subject of the complaint. The SEDCCC shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance.

OKDOC policy furthermore complies with all remaining aspects of PREA standard 115.52.

Standard 115.253 Resident access to outside confidential support services

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

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

Based on a review of policy OP-030601, applicable MOU’s, signs notifying inmates of telephone recording, and on interviews with random inmates.

SEDCCC provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers. SEDCCC enables reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible.

SEDCCC informs 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.

Standard 115.254 Third-party reporting

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

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

Based on a review of policy OP-030601, and the Third-Party Reporting memorandum., SEDCCC has a method to receive third-party

reports of sexual abuse/harassment and has distributed publicly, information on how to report sexual abuse and sexual harassment on behalf of an inmate.

Standard 115.261 Staff and agency reporting duties

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

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

Based on a review of policy OP-030601 and investigative reports, interviews with random staff, the PREA Compliance Manager, and medical/mental health personnel.

OKDOC requires 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 OKDOC; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Apart from reporting to designated supervisors or officials, staff do not reveal 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.

SEDCCC reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the Office of Inspector General (OIG).

Standard 115.262 Agency protection duties

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

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

Based on interviews with random staff and inmates, facility directors, and a review of policy OP-030601 and submitted investigative reports.

Immediate action is taken to protect inmates when SEDCCC learns that an inmate is subject to a substantial risk of imminent sexual abuse.

There was one (1) total allegation of sexual abuse received during the review period. The alleged victim was protected and the investigation was handled appropriately in accordance with all requirements of PREA.

Standard 115.263 Reporting to other confinement facilities

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

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

Based on interview with facility directors, and a review of investigative files.

Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of SEDCCC or designee notifies the head of the facility in question or appropriate office of the facility where the alleged abuse occurred. Such notification is provided as soon as possible, but no later than 72 hours after receiving the allegation, and all actions are thoroughly documented.

Standard 115.264 Staff first responder duties

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

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

Based on a review of policy OP-030601, and interviews with security staff who are first responders, and medical personnel.

There was one (1) allegation of sexual abuse occurring during the review period. Interviewed personnel were able to adequately explain their responsibilities. Interviewed staff knew that upon learning of an allegation that an inmate was sexually abused, they should separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; and if the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

Where the interviewed first staff responder was not a security staff member, the responder knew to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

Medical personnel were able to adequately explain how to preserve evidence and fulfill their duties by notifying security staff in the event of an incident of sexual abuse.

Standard 115.265 Coordinated response

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

- Does Not Meet Standard (requires corrective action)

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

Based on review of policy OP-030601, interview with facility administration, medical personnel, and OIG investigator.

SEDCCC has a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. All personnel knew what steps to take in the event of an incident of sexual abuse.

Standard 115.266 Preservation of ability to protect residents from contact with abusers

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

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

Based on a review of Oklahoma state statute, OKDOC cannot enter into or renew any collective bargaining agreement or other agreement that limits 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.

Standard 115.267 Agency protection against retaliation

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

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

Based on a review of policy OP-030601, interview with facility directors, designated retaliation monitors.

SEDCCC has a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperates with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff.

SEDCCC has 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 that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

For at least 90 days following a report of sexual abuse, SEDCCC monitors the conduct and treatment of inmates or staff who reported the sexual abuse and 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, and are act promptly to remedy any such retaliation. There are periodic status checks performed. Items SEDCCC monitors include any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff.

SEDCCC continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

If any other individual who cooperates with an investigation expresses a fear of retaliation, SEDCCC takes appropriate measures to protect that individual against retaliation.

Standard 115.271 Criminal and administrative agency investigations

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

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

Based on a review of policies OP-030601, OP-040117, and investigative reports

SEDCCC conducts investigations promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Where sexual abuse is alleged, SEDCCC uses investigators who have received special training in sexual abuse investigations.

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

When the quality of evidence appears to support criminal prosecution, OIG conducts compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and is not determined by the person’s status as inmate or staff. No agency requires an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

Administrative investigations include efforts to determine whether staff actions or failures to act contributed to the abuse; and are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

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

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

SEDCCC retains all written reports for as long as the alleged abuser is incarcerated or employed by SEDCCC, plus five years. The departure of the alleged abuser or victim from the employment or control of SEDCCC does not provide a basis for terminating an investigation.

Standard 115.272 Evidentiary standard for administrative investigations

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Based on a review of policy OP-030601, interview with facility directors and investigative staff, and notification documentation.

SEDCCC imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Standard 115.273 Reporting to residents

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

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

Based on a review of policy OP-030601, interview with facility directors and investigative staff, and notification documentation.

Following an investigation into an inmate's allegation that they suffered sexual abuse in an agency facility, SEDCCC informs the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

If SEDCCC did not conduct the investigation, it requests the relevant information from the investigative agency in order to inform the inmate.

Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, SEDCCC subsequently informs the inmate (unless SEDCCC has determined that the allegation is unfounded) whenever the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at SEDCCC; or SEDCCC learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or SEDCCC learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Following an inmate's allegation that they had been sexually abused by another inmate, SEDCCC subsequently informs the alleged victim whenever SEDCCC learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility ; or SEDCCC learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

All such notifications or attempted notifications are documented.

Standard 115.276 Disciplinary sanctions for staff

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

- Does Not Meet Standard (requires corrective action)

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

Based on a review of policy OP-030601 and interview with facility directors.

Staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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.

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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Standard 115.277 Corrective action for contractors and volunteers

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

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

Based on a review of policy OP-030601, investigative records, and interview with facility directors.

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

SEDCCC takes appropriate remedial measures, and considers whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

Standard 115.278 Disciplinary sanctions for residents

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion

must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Based on a review of policy OP-030601, investigative records, and interviews with OIG investigator, Mental Health personnel, and facility directors.

Inmates are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.

Sanctions are 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.

The disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

SEDCCC offers therapy, counseling, or other need-specific rehabilitative interventions designed to address and correct underlying reasons or motivations for the abuse.

SEDCCC disciplines an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred are not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

SEDCCC prohibits all sexual activity between inmates and may discipline inmates for such activity.

Standard 115.282 Access to emergency medical and mental health services

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

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

Based on a review of policy OP-140118, Medical Management Protocol, applicable MOU's, Nurse Practice Protocol, and on interviews with medical and mental health staff.

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.

If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders take preliminary steps to protect the victim and are immediately notify the appropriate medical and mental health practitioners.

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

Treatment services are 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.

Standard 115.283 Ongoing medical and mental health care for sexual abuse victims and abusers

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

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

Based on a review of policy OP-030601 investigative records, and on interview with medical/mental health personnel.

SEDCCC offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in the jail.

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. SEDCCC provides such victims with medical and mental health services consistent with the community level of care.

Inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

Treatment services are 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.

Standard 115.286 Sexual abuse incident reviews

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

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

Based on a review of policy OP-030601, investigative records, sexual abuse incident review, and interview with facility directors.

SEDCCC conducts 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. This review occurs within 30 days of the conclusion of the investigation. The review team includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

The review team considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at SEDCCC; and they examine the area in SEDCCC where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

Standard 115.287 Data collection

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

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

Based on a review of policy OP-030601, and investigative records.

SEDCCC collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions, and aggregates the incident-based sexual abuse data at least annually.

The incident-based data collected is based, at a minimum, on the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

The OIG maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

OKDOC obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates.

Standard 115.288 Data review for corrective action

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

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

Based on interview with PREA Compliance Manager and facility directors.

SEDCCC reviews data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for each facility, as well as SEDCCC as a whole.

Such reports includes a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of SEDCCC's progress in addressing sexual abuse.

SEDCCC's report is approved by OKDOC and made readily available to the public.

Standard 115.289 Data storage, publication, and destruction

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

Based on a review of policy OP-030601, interview with PREA Coordinator, and facility directors.

OKDOC makes 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.

All reports are securely retained and maintained for at least 10 years after the date of the initial collection unless Federal, State, or local law requires.

AUDITOR CERTIFICATION

I certify that:

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

Ian Rachal

10/14/2015

Auditor Signature

Date