

**PREA AUDIT REPORT     Interim    Final**  
**ADULT PRISONS & JAILS**

**Date of report:** December 15, 2015

<b>Auditor Information</b>			
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<b>Telephone number:</b> 352-538-2636			
<b>Date of facility visit:</b> November 16-18, 2015			
<b>Facility Information</b>			
<b>Facility name:</b> John H. Lilley Correctional Center			
<b>Facility physical address:</b> 105150 N. 3670 Rd., Boley, OK 74829			
<b>Facility mailing address:</b> <i>(if different from above)</i> Rt. 1 Box 407971, Boley, OK 74829			
<b>Facility telephone number:</b> 918-667-3381			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Ken Klingler			
<b>Number of staff assigned to the facility in the last 12 months:</b> 48			
<b>Designed facility capacity:</b> 836			
<b>Current population of facility:</b> 831			
<b>Facility security levels/inmate custody levels:</b> minimum/minimum			
<b>Age range of the population:</b> 19 - 81			
<b>Name of PREA Compliance Manager:</b> Chris Lee		<b>Title:</b> Correctional Case Manager	
<b>Email address:</b> chris.lee@doc.state.ok.us		<b>Telephone number:</b> 918-667-3381 ext. 218	
<b>Agency Information</b>			
<b>Name of agency:</b> Oklahoma Department of Corrections			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> State of Oklahoma			
<b>Physical address:</b> 3400 Martin Luther King, Oklahoma City, OK 73111			
<b>Mailing address:</b> <i>(if different from above)</i> PO Box 11400, Oklahoma City, OK 73111-0400			
<b>Telephone number:</b> 405-425-2505			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Robert Patton		<b>Title:</b> Director	
<b>Email address:</b> robert.patton@doc.state.ok.us		<b>Telephone number:</b> 405-425-2505	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Millicent Newton-Embry		<b>Title:</b> Agency PREA Coordinator	
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## AUDIT FINDINGS

### NARRATIVE

This narrative begins with the step-by-step audit process of the John H Lilley Correctional Center (JLCC) from the initial appointment of the auditor and the contacts made with the agency in establishing the audit as outlined/taught by the Prison Rape Elimination Act Resource Center (PREA Resource Center, PRC) through and to this report.

The Oklahoma Department of Corrections, (ODOC), through the American Correctional Association, ACA, contracted with James Curington, certified PREA auditor to conduct a PREA Audit of the John H Lilley Correctional Center, Oklahoma Department of Corrections, Boley, Oklahoma 74829. The audit visit was scheduled for a pre-meeting Sunday, November 15 and site visits November 16-18, 2015.

The ACA notified the PREA auditor of the scheduled November audit in August 2015. The Pre-Audit Reporting Form was sent to the PREA Resource Center (PRC) September 8, 2015 with a notification copy sent to the ODOC at the same time.

The audit process for the John H Lilley Correctional Center began after appropriate notifications and postings with the exchange of information including an electronic flash drive which contained a wealth of information. The flash drive included documents, materials and the PREA Audit: Pre-Audit Questionnaire Adult Prisons and Jails. This information and these materials were to assist the auditor in his assessment of the institution's compliance with PREA standards. Materials supplied included an electronic folder for each of the 43 PREA standards; the 2014 and 2015 position budgeting reports, the facility population report, the JLCC narrative for 2012 ACA accreditation, the JLCC statistical information, the JLCC mission statement, a Memorandum of Understanding (MOU) agreement with Project Safe, the Office of the Inspector General (OIG) organizational chart, a segregation housing schematic; and some other supporting/additional materials. The auditor would like to complement and thank the OIG, the PREA Agency Coordinator, and the JLCC for this helpful, and pertinent information. Having received this information, the auditor began reviewing the file folders and PREA standard compliance materials, in the weeks prior to the on-site visit and tour.

The PREA Audit Instrument, used for the adult prisons and jails, was supplied by the national PREA Resource Center (PRC) through its website information. The audit instrument (and its seven sections, A-G) is outlined as follows: A) the Pre-Audit Questionnaire, B) the Auditor's Compliance Tool, C) the Instructions for the PREA Audit Tour, D) the Interview Protocols, E) the Auditor's Summary, F) the Process Map, and G) the Checklist of Documentation. This instrument is the basis for the auditor's assessment process. Part A, the Pre-audit Questionnaire Adult Prisons and Jails was completed by the Oklahoma Department of Corrections and the John H Lilley Correctional Center with documentation/materials that can be electronically downloaded by the auditor for review.

Following the protocols of posting notices, making contacts with John H Lilley Correctional Center and the ODOC, the auditor reviewed the electronic files and information sent to him. In the weeks preceding the audit, each item on the flash drive was reviewed opening each of the 43 folders for background and information on compliance with the PREA standards. Institutional information was also downloaded from the Pre-Audit Questionnaire. The auditor contacted the Agency PREA Coordinator, and the Institutional PREA Manager setting an agenda for the on-site visit and tour. All of this was the beginning process of the auditor's methodology and systematic review of the correctional center, including a Pre-Audit Report submitted to the PRC, the Pre-Audit Questionnaire and the materials/information review, and an agenda sent outlining the visit to JLCC.

The Oklahoma Department of Corrections, John H Lilley Correctional Center visit.

Sunday, November 15, 2015.

An informal evening dinner meeting was scheduled by the Agency PREA Coordinator and was held in Shawnee, Oklahoma. The meeting included the Warden, the Institutional PREA Manager, the Agency PREA Coordinator, and the PREA Auditor. This was a good opportunity to review the proposed agenda, adjust schedules, and discuss backgrounds, experiences and interests of those involved in this productive get together.

Monday, November 16, 2015

The Agency PREA Coordinator, and the auditor traveled about one hour to the JLCC facility and were greeted by key staff and proceeded to the Warden's Conference Room. The Agency PREA Coordinator and the PREA auditor met with the Department Heads and discussed the upcoming agenda, tour, interviews, and file and document reviews. The following Department Heads/Administrators list was recorded:

Ken Klingler	Warden
Chris Lee	Case Manager/PREA Compliance Manager (PCM)
Stephanie Adams	Human Resources
Mike Haddox	Warden Assistant
Rita Cooksey	Deputy Warden

Richard Soliday	Education Principal
Bobby Baker	Maintenance
Stephanie Lyon	Agri-Services
Kip Collins	Oklahoma Correctional Industries (OCI) Factory
Rick Orr	Unit Manager
Russell Littlejohn	Unit Manager
Linda Cooper	Case Manager Supervisor
Alan Scott	Medical Supervisor
Tina Alexandra	Mental Health
Loretta Gray	Food Service
Kevin Britt	Acting Chief of Security

At the conclusion of the opening meeting, the tour of the facility began. Leading the tour was the Warden, Deputy Warden, and the Warden Assistant.

The PREA audit tour included the following:

- 1) Administration
- 2) Unit one, inmate housing unit
- 3) Education
- 4) Gymnasium
- 5) Unit three, inmate housing unit
- 6) Unit two, inmate housing unit
- 7) Maintenance
- 8) Unit 4, inmate housing unit
- 9) Supply
- 10) Laundry, property
- 11) Leisure library
- 12) Library
- 13) Chapel
- 14) Healthcare
- 15) Canteen
- 16) Food service

After the review of the fenced compound, the auditor held formal and informal meetings with staff and inmates and reviewed documents, information and supporting materials furnished by the institution. Formal interviews with specialized staff and random staff were also held throughout the afternoon.

The auditor finished out the first day of the audit spending the evening hours, after the evening meal and before lights out, in the inmate housing units sitting and informally meeting the inmates in dayrooms and sleeping areas.

Tuesday, November 17, 2015

The auditor began the day with some informal interviews and informal visits with staff and inmates, noting the Commissary procedures, and Health Services, inmate access and movement. After revisits to these areas and visits to program areas, the auditor observed some of the orientation process and then proceeded with formal interviews of specialized staff, random staff, and inmates.

Inmate movement was observed throughout the day. The auditor was impressed with the safety and security at this minimum custody correctional center. Much discussion and much review of PREA compliance centered on inmate and staff safety. Communication was another issue the auditor carefully observed for it is his feeling that good communication is the basis for "breaking the convict code, the code of silence" which undermines professionalism, custody, care, and control required to safely operate correctional institutions.

The PREA standards were individually reviewed with the Agency PREA Coordinator, the Institutional PREA Manager, key staff, and the Warden. Observations and informal comments were shared, policies and procedures were discussed, and PREA topics were researched and interpreted. Time was spent on reviewing compliance, as outlined by the Auditor's Tool, and on the basis which compliance should be established.

Wednesday, November 18, 2015

The final day of the on-site visit began with touring the outside grounds (property outside the fenced compound area) and observing the inmates in outside work assignments, in the Correctional Industries Program, and in the Agri-services Programs.

The auditor again toured housing areas to observe inmates and their reactions to the first two days of the PREA audit site visit including their reactions to interviews both formal and informal, and to observe, discuss, and listen to general observations that either staff or inmates wished to share.

Additional formal interviews were held with the Warden and the Unit Managers. The auditor was especially impressed with the Unit Management System which assists in the professional management of the correctional services by specifically identifying inmate needs and the daily interactions of staff with the inmate population.

In assessing PREA compliance, the certified auditor informally interviewed many staff and inmates; and formally interviewed, according to script, 12 random staff, 12 specialized staff, and 24 inmates.

Each of the 43 standards and their subsections, ranging from subsection "a" to as many as subsection "I" (a-I, a total of 181 subsections for the 43 PREA standards), and the compliance document were reviewed by the auditor and broadly discussed with key staff.

This last day of the audit site visit, the PREA auditor met with the Warden and key staff along with the Agency PREA Coordinator to reveal that a report would be made within 30 days following a detailed review of information, notes, materials, and interviews. If all 43 standards were assessed in compliance, this would be a final report and it would be forwarded to the PRC and to the Agency PREA Coordinator. At this time, the auditor also shared that there were no red flags indicating noncompliance, as observed, following this on-site review. The auditor expressed his appreciation to the staff and the Agency PREA Coordinator for their professionalism and help assisting him in this audit process.

## DESCRIPTION OF FACILITY CHARACTERISTICS

The John H Lilley Correctional Center is an adult male (age 18 and over) correctional facility located at 105150 N. 3670 Rd., Boley, OK 74829. This facility is part of the Oklahoma Department of Corrections located about 60 miles East of Oklahoma City, with a design capacity of 836 inmates and a current population of 831 male convicted felons. This is a minimum custody single fenced facility situated on a 310 acre site in Northwest Okfuskee County. The inmates assigned here are, generally speaking, less disruptive/violent offenders with short sentences who are preparing for release. There are also many older inmates, up to age 81 who re assigned to this facility.

There are approximately 35 operating physical structures located on the 310 acre site ranging in date of construction/establishment from 1925 to 2008. The Administration Building, Security Building, Medical Building, Visiting Building, Canteen, Kitchen and Dining, Housing Units 1, 2, 3, and 4, Education Building, Gym Programs Building, Supply, and Maintenance are all contained within an 18 acre compound surrounded by a 12 foot fence. There are four large buildings and numerous small buildings outside the compound including the Oklahoma Correctional Industry Factory Building, the Oklahoma Corrections Warehouse Building, the Agri-services Farm Building, and the Agri-services Barn Building where many of the inmates work and have job assignments. (Please note the following pictures of the red brick administration building, schematic, and black-and-white aerial view.)

There is a small five cell segregation unit as part of Unit one inmate housing. These five cells consist of four, double bunked, 2-man cells, and one large four-bunked room type cell. Segregation is used judiciously for short-term disciplinary and administrative housing or transfer holding (quickly accomplished). Offenders at this minimum-security facility generally come from other correctional facilities or the Assessment and Reception Center after meeting the minimum custody requirements.

The auditor received a brochure with information concerning the establishment of the John H Lilley Correctional Center. The brochure describes the fact that the facility was originally a tuberculosis sanatorium beginning in 1923 and later became a juvenile school for boys in 1925 with John H Lilley appointed superintendent at its inception and serving until his death in 1933. The brochure details the following interesting information: "Lilley himself called the 'Orphan Boy' was known to love the children he served. He died at his residence on the Training School campus after suffering declining health following an automobile accident. Permission was granted by the Governor and State Board of Public Affairs for John Lilley to be buried on institutional grounds. A monument stands at the entrance of the facility marking John Lilley's gravesite." In June 1983, the Boley School for Boys was closed by legislative action, and on July 1, 1983 the facility was established by the Oklahoma Department of Corrections and named John H Lilley Correctional Center.

The facility of 831 minimum security inmates and 113 filled positions (148 total positions), is a clean, orderly operation located in a rural farming area of Central Oklahoma. The inmates are directed, monitored, and classified by a Unit Management System, and assigned to work and programs as directed by the Unit Management Teams. Work assignments include Oklahoma Industry (mattress, box, chemical) work crews, various Agri-services (farming/gardening, cattle/animal, etc.) work crews, Food Service, Maintenance, Housekeeping, Groundskeeping, Laundry, Orderlies, and Public Service work crews. Program assignments included education (pre-literacy, literacy, Adult Basic Education, General Equivalency Diploma, and college courses), various vocational (through maintenance services, and factory assignments), substance abuse treatment, 22 week sex offender program, Thinking for a Change, and other self-improvement programs.

Healthcare for inmates is provided by Medical Services through chronic care clinics, emergency services, general dentistry, optometry and other specialized appointments, and general health care needs through sick call and health care requests.

Religious services are provided by volunteers from the community.

Recreational programs are provided to the inmate population to encourage health and fitness, improve offender morale, and to promote positive interaction. Recreational activities include outdoor and indoor sports, bands and music activities, crafts and table games.

Community involvement is also a staff and inmate activity practiced by JLCC. Activities include fund raisers, Relay for Life, Special Olympics, and the Prisoners Run Against Child Abuse.

Staffing consists of 148 full-time equivalency (FTE) positions assigned, and 113 filled positions with two significant vacancies. The Warden and the Personnel/Human Resources (HR) Department are recruiting and working hard to fill one, the Chief Correctional Officer position and two, a mental health professional position. While work programs are being reassessed, there are vacancies, in community services, Department of Transportation and some Factory/Agri-services. The Warden and HR are comfortable with the present staffing. Correctional officer staffing is 82. The staffing data reviewed by the auditor supports compliance of the PREA standard, 115.13, Staffing.

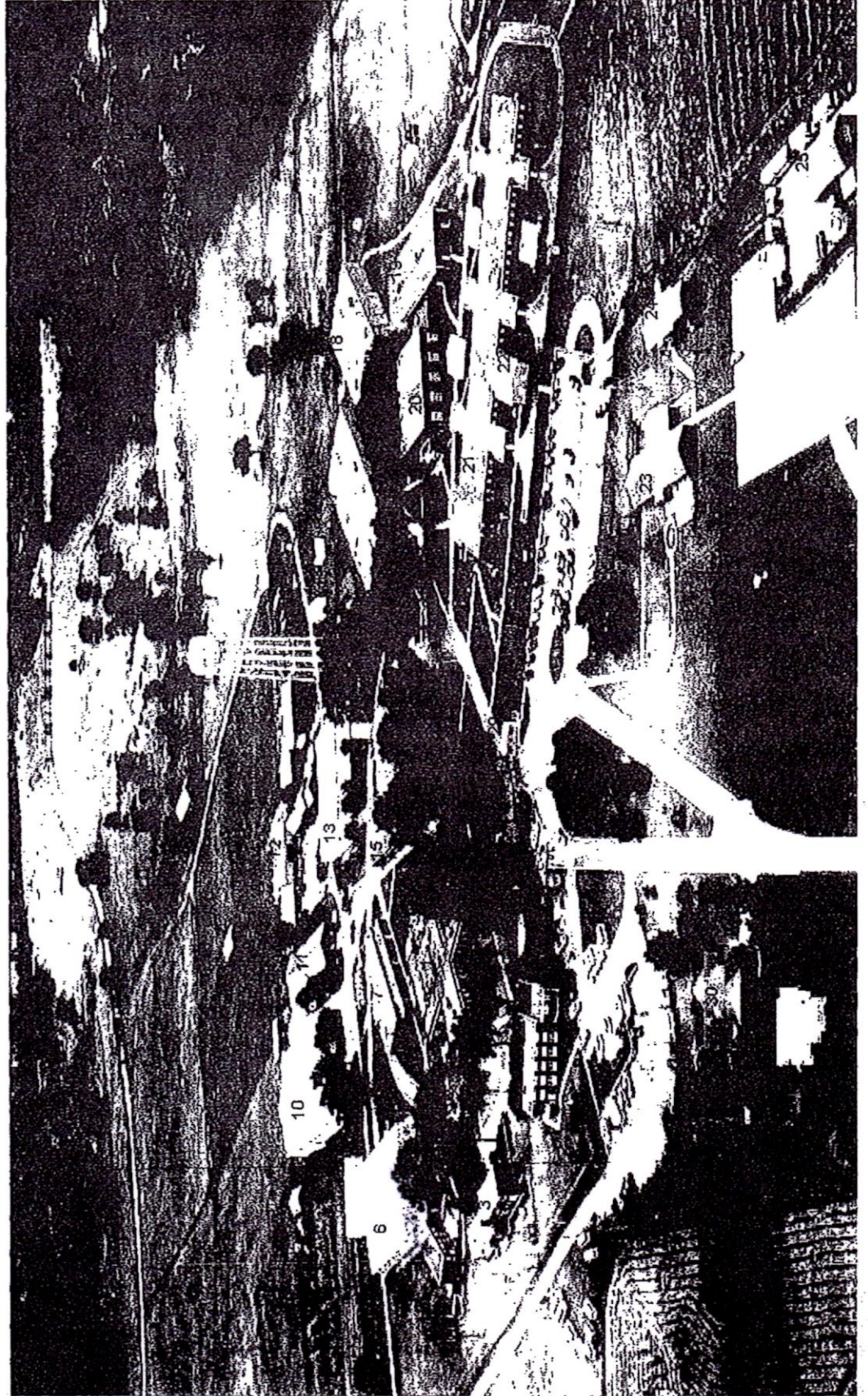
The correctional officers were knowledgeable and professional of and in their duties and responsibilities. The officers seemed relaxed, secure, and safe in their assignments/positions, but as said, were professional and knowledgeable. Both staff and inmates indicated good communication between and with all segments and levels of the staff/inmate population.

The John H Lilley Correctional Center is an ACA accredited facility. Accreditation accomplished in 2015 prior to this PREA audit.

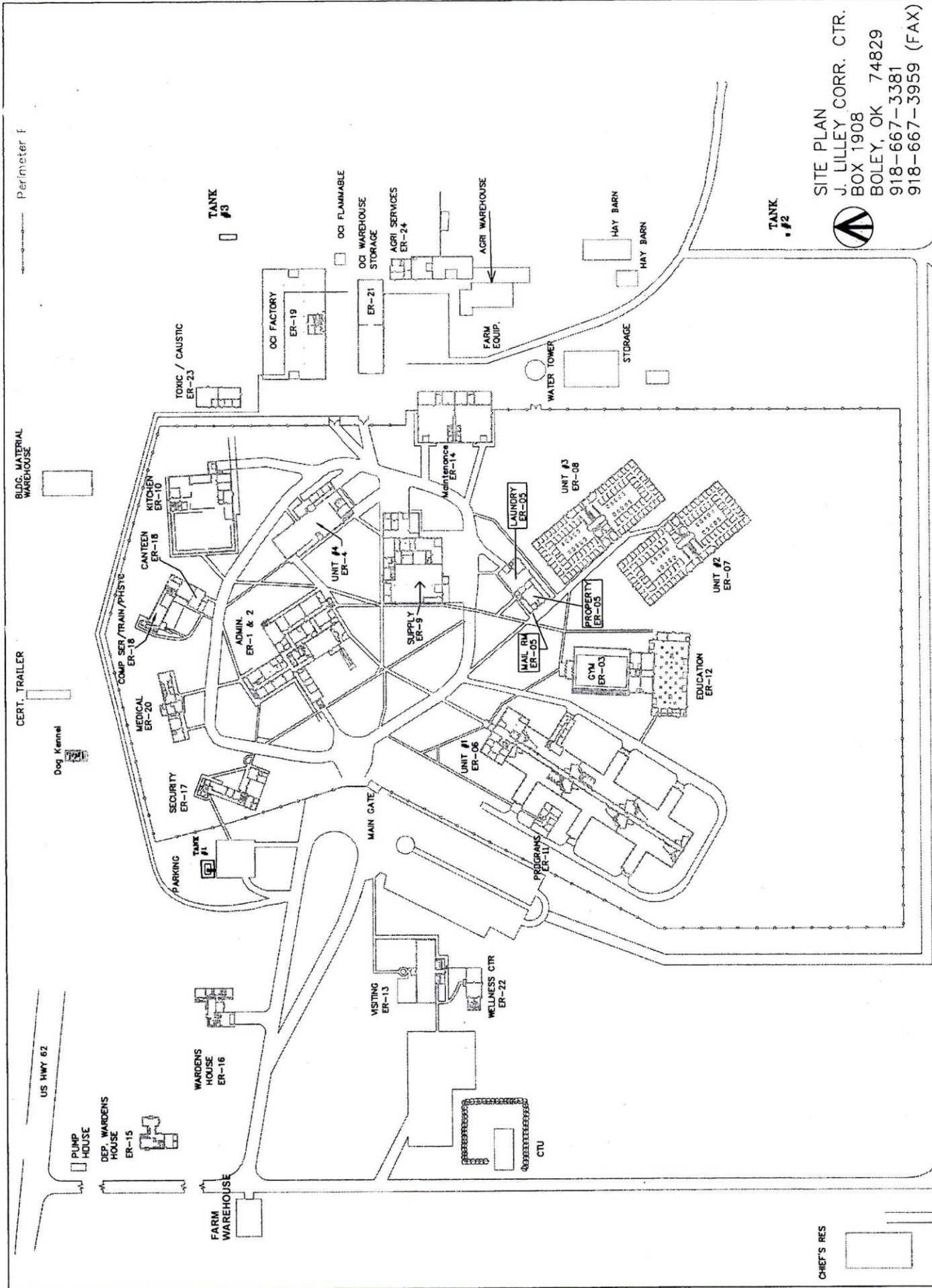




- |                        |                     |                           |   |                    |
|------------------------|---------------------|---------------------------|---|--------------------|
| 1. Administration      | 8. Caustic Building | 15. Supply                | 22. Programs Building                   | 29. Gatehouse      |
| 2. Security            | 9. Greenhouse       | 16. Laundry(not pictured) | 23. Visiting                            | 30. Warden's House |
| 3. Medical             | 10. OCI Factory     | 17. Unit 3                | 24. Wellness Center                     |                    |
| 4. IT/Training/Canteen | 11. OCJ Warehouse   | 18. Unit 2                | 25. CTU Barn                            |                    |
| 5. Canteen Warehouse   | 12. Farm            | 19. Education Building    | 26. CERT Trailer (not pictured)         |                    |
| 6. Kitchen             | 13. Maintenance     | 20. Gym                   | 27. Kennels (not pictured)              |                    |
| 7. Unit 4              | 14. Storage Area    | 21. Unit 1                | 28. Maintenance Warehouse(not pictured) |                    |







SITE PLAN  
 J. LILLEY CORR. CTR.  
 BOX 1908  
 BOLEY, OK 74829  
 918-667-3381  
 918-667-3959 (FAX)



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## **Mission Statement**

The mission statement for John H Lilley Correctional Center is "to provide custody and control for minimum-security offenders and to provide housing and services for physically impaired offenders. The facility will provide a limited number of prisoner public work programs. The primary programmatic activities will consist of a unit for offenders, 50 years and older and substance abuse treatment for minimum-security offenders. Other programmatic opportunities:: education, thinking for a change, and level I sex offender treatment. Work at the institution will be Agri-services, institutional support in the industry." This quote it works statement provided to the auditor from the Warden.

## **The agency ODOC has a Vision, Mission, Values Statement.**

Our vision:

Empowers individuals  
Encourages teamwork  
Employees best practices  
Embraces diversity

Our mission:

To protect the public  
To protect the employee  
To protect the offender.

Our values:

Professionalism  
Rehabilitation  
Integrity  
Diversity  
Excellence

## **DEMOGRAPHICS:**

Designed facility capacity: 836  
Actual population of facility: 831  
Average length of stay: 18 1/2 months  
Security/custody: minimum/minimum  
Age range: 19 to 81  
Gender: male  
Staff assigned to the facility: total 113; administrative/support 21; security 82; program 5; other 5.

## **SUMMARY OF AUDIT FINDINGS**

The John H Lilley Correctional Center was assessed as in compliance with PREA standards, and this is a final report. As listed below, 41 of the 43 standards met compliance and 2 were not applicable (115.14 Youthful Offenders and 115.66 Preservation of Ability to Protect Inmates from Contact with Abusers).

Number of standards exceeded: 0

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 2

### **Standard 115.11 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)

The Oklahoma Department of Corrections (ODOC) has established a “zero tolerance” for all forms of sexual abuse and sexual harassment in its facilities, statewide.

The ODOC policy, Oklahoma Prison Rape Elimination Act (PREA) OP-030601 establishes a “zero tolerance” and requires on a statewide basis, a safe, humane and secure environment for all offenders and staff. The policy also covers definitions, duties and responsibilities, PREA training, offender orientation and education, screening and assessment, use of protective custody and segregation, reporting, notifications to offenders, notification to victims, sexual abuse incident reviews, Department of Corrections Medical Services responsibility, agency reporting and database requirements, confidentiality, action, and resources; all the aforementioned being listed as subsections of this policy. This is a 34 page policy, including detailed information with 14 attachments and copies of numerous referenced forms and checklists. This is the thorough and comprehensive foundation policy established by the ODOC. The auditor was impressed with this policy OP-030601 PREA and the foundation and direction establishing the agency’s commitment to “zero tolerance”.

A statewide PREA Coordinator of the Agency is established in the Inspector General’s Office of the ODOC and a Facility PREA Manager is established at the John H Lilley Correctional Center. Organizational charts for the agency and the institution were reviewed, noting the positions in the organizational structure, access to the agency head and Warden of the facility, and the duties and responsibilities assigned. In addition to the charts and appointment letters of the Agency PREA Coordinator, and the Institutional PREA Manager, position descriptions, interviews, and the observation of the job performance confirmed a strong and significant position within the agency and facility. The assistance and help of the Agency PREA Coordinator with the conduction of the audit and the review of all 43 standards also confirmed, not only her commitment to excellence, but her leadership within the agency and the agency’s efforts to comply with PREA.

This standard and its sub-sections complies, based on information supplied from the Pre-Audit Questionnaire, supporting documentation from the files provided, interviews with staff and inmates, and the above-mentioned foundation policy OP-030601 PREA, Oklahoma Department of Corrections.

### **Standard 115.12 Contracting with other entities for the confinement of inmates**

- 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)

The ODOC has established policies defining, directing and outlining specific PREA responsibilities and commitments when contracting with other entities for the confinement of inmates.

Policies. The policy OP-030401, Private Prisons Monitoring Requirements; policy OP-030402 Community Corrections, Residential Contracts; and policy OP-090109 Contract Jail Program; all establish requirements when contracting with entities for supervision and confinement of inmates, including PREA law compliance and zero tolerance for sexual abuse/sexual harassment.

John H Lilley Correctional Center does not have an inter-local agreement with any county program, but this auditor has reviewed other such agreements with counties in Oklahoma and agreements with private national companies substantiating PREA compliance. As these reviews and the written responses given by the Agency Contract Administrator to the questions support compliance of this standard, which requires and specifies “any contract between the Oklahoma Department of Corrections and a private prison contractor provides for the housing, care and control of offenders... Will comply with the procedures of the ODOC as specified in the contract and as updated in the contract renewal”.

PREA compliance Survey of Sexual Violence forms have been completed for each contract as stipulated in the interviews with the Agency  
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Contract Administrator and the Agency PREA Coordinator.

### **Standard 115.13 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)

The John H Lilley Correctional Center has a staffing plan directed by policy OP-030601 PREA, “that provides for adequate levels of staffing, and, where applicable, video monitoring to protect inmates against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facility shall take into consideration:

generally accepted detention and correctional practices;

judicial findings of inadequacy;

any findings of inadequacy from the investigative agencies;

any findings of inadequacy from internal or external oversight bodies;

all components of the facility’s physical plant (including blind spots or areas where staff and inmates may be isolated);

the composition of the inmate population;

the number and placement of supervisory staff;

institution programs occurring on a particular shift;

any applicable state or local laws, regulations, or standards;

the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and

other relevant factors.”

The day-to-day operations of all three shifts were reviewed during the three day tour. Observations confirmed appropriate supervision and monitoring in which staff and inmates felt safe.

Intermediate and higher-level staff conduct unannounced rounds as required by policy, in order to identify any deviation from policy or procedure, including deviation from compliance with prevention of sexual abuse and sexual harassment policy.

Based on the agency PREA policy, diagrams showing camera locations (including pan or tilt cameras), the Facility Brochure, the Position Budgeting Report, Shift Supervisor Info Sheet showing information regarding unannounced rounds, Program List with times, Education Roster, Chapel Program Description/programs and times, the Unit Logs, and the PREA Training Acknowledgment; as well as interviews with the Warden, Human Resources Officer, and Institutional PREA Manager, confirmed compliance with this standard.

### **Standard 115.14 Youthful inmates**

- 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)

Not Applicable

John H Lilley is an adult male correctional facility and does not house inmates under the age of 18. Thus, this standard is assessed as not applicable.

### **Standard 115.15 Limits to cross-gender viewing and searches**

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

The Oklahoma policy OP-030601 PREA, directs operations that requires staff of the opposite gender to announce their presence when entering an inmate housing unit. The ODOC PREA policy specifically requires that offenders are able to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine checks.

This policy OP-030601 PREA also restricts and prohibits staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status.

Additionally, the policy OP-040110, Search and Seizure Standards, addresses and directs the limits to cross gender searches and viewing. The policy stipulates that pat-down, frisk, strip and visual body cavity searches of offenders will be conducted by staff trained to do such searches. Such searches will be conducted by gender specific staff (staff of the same gender) except in exigent circumstances. All staff, 100%, received training in conducting pat-down searches, counts, to ensure compliance with the standard that limits cross gender viewing and searches. In the past 12 months, there have been zero (0) number of cross gender strip or cross gender visual body cavity searches of inmates

John H Lilley Correctional Center is an all-male facility. There are no female inmates housed at JLCC.

Based on information provided in the policies reviewed, the staff and inmate interviews, observations made on the tour, and information supplied in the Pre-Audit Questionnaire confirmed compliance.

### **Standard 115.16 Inmates with disabilities and inmates 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)

This standard is divided into three sections. The ODOC ensures that inmates with disabilities and inmates who are limited English proficient, participate and understand PREA and their rights.

- 1) The agency has established procedures to provide disabled inmates 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.
- 2) The agency takes responsible steps to ensure meaningful access to prevent, detect, and respond to sexual abuse and sexual harassment, including providing interpretation.
- 3) The agency does not rely on inmate interpreters/readers except in limited circumstances.

These three steps are further explained and outlined in the agency policy OP 030601 PREA. The policy stipulates these inmates



participate/understand in the PREA process such that they are aware of their rights and what to do in an emergency.

Most notable was the large number of non-English/Spanish language posters throughout the facility observed on the audit tour.

In the past 12 months, there have been zero (0) instances where inmate interpreters, readers or other types of inmate assistants have been used compromising safety, and/or first responder duties.

The auditor used the Pre-Audit Questionnaire, agency policy, Spanish Inmate Handbook, list of interpreters/interpreter procedures, observation of the posters in the facility, and interviews with staff and inmates to assess compliance.

### **Standard 115.17 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)

There is a Human Resource Manager responsible for administration of personnel policy at the John H Lilley Correctional Center. Hiring and promotion decisions are made according to state and agency policy. Policy OP-110105, Human Resources, Employee Personnel Records; policy OP-110210, Human Resources, Background Checks; policy OP-110215, Rules Concerning the Individual Conduct of Employees, policy OP-110235, Human Resources, Hiring and Promotional Procedures, and policy OP 110237 Separation Process all address hiring and promotion decisions as required by this PREA standard.

A lengthy, very knowledgeable and professional interview was given to the auditor by the HR Director. Her expertise and insightfulness into the PREA process and the significant impact staffing plays in accomplishing a safe and secure facility was impressive to the auditor. Staffing is at a satisfactory level, but two key positions are vacant, the Chief Correctional Officer and a second mental health professional, which the HR Director and the Warden are working to fill. Needless to say, both these positions are instrumental to the success of any medium sized facility.

Background checks for new employees, contractors and volunteers were reviewed along with the promotions and transfers and numbers of employees. The process and procedure is consistent with PREA requirements. Before the hire of any new employee or contractor who has contact with inmates, a criminal background check is required and completed. Additionally, agency policy requires a criminal background check to be conducted at least every five years and there is a system in place to record such.

The Pre-Audit Questionnaire, the policies of the ODOC and supporting documentation, as mentioned above, and interviews with the Agency PREA Coordinator, the Human Resource Manager, and the Warden, confirmed compliance with this PREA standard.

### **Standard 115.18 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)

The John H Lilley Correctional Center has not made any substantial expansion or modification to the existing facilities since August 20, 2012. The facility has installed and upgraded some video monitoring systems since August 20, 2012.

The ODOC, in its facilities, addresses this standard through the physical plant policy OP-150101, Physical Plant Development. The policy specifically addresses this standard in the section Upgrades to Facilities and Technologies outlining the following:” (1) when designing or acquiring any facility, and planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of

the design, acquisition, expansion, or modification upon the agency's ability to protect the offender from sexual abuse. (2) when installing or upgrading video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect the offenders from sexual abuse"

Based on the review of the present monitoring system (81 cameras, 68 indoor, 13 outdoor PTZ) and its use, the facility's request for upgrades and supplemental cameras, and the supporting policy; interviews with key staff, as well as the staffing and monitoring review outlined in standard 115.13; the auditor assesses this standard as meets compliance.

### **Standard 115.21 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)

Evidence relied on for compliance with this standard included 43 pages of documentation in the institutions file folder for PREA standard 115.21. This included specific information from agency policy OP-030601 PREA; agency policy OP-040117, Investigations; agency policy OP 140118, Emergency Care; Medical Services Resource Manual (MSRM) 140118-01, Management of Alleged Nonconsensual Sexual Contact; Sexual Report and Attachments; Memorandum of Understanding (MOU) for SANE Nurse; the Crisis Coalition-Project Safe, domestic assault groups by County, and emails showing the MOU process.

The auditor discussion/review centers around the agency ODOC and the facility, John H Lilley Correctional Center policies (PREA, and Investigations, mentioned above) which direct administrative and criminal sexual abuse investigations, including inmate on inmate sexual abuse or staff sexual misconduct. The policies also address the Office of the Inspector General (OIG) that has the responsibility for conducting administrative and criminal sexual abuse investigations, and/or directing such. Uniform policy for investigations is established specifically by the investigative policy and the uniform policy for forensic medical examinations that is established through the PREA policy and the Medical Emergency Care policy. The PREA policy stipulates "in incidents where it's conceivable that any physical evidence may exist the Office of the Inspector General will be immediately contacted for sexual assault response determination prior to the offenders being transported to sexual assault examination sites to undergo examination". These policies also address investigatory guidelines, techniques, preservation of evidence, recent sexual assaults, and physical evidence involving victim/offenders/suspects/crime scene, interviewing, and prosecution. Checklists/forms are provided by these policies and ensure appropriate documentation.

The protocol for emergency care is adapted from or otherwise based on "A National Protocol for Sexual Assault Medical Forensic Examinations". Forensic medical exams are conducted by a SANE nurse at Shawnee Hospital, Lindsay Memorial Hospital, or otherwise directed medical center.

The facility attempts to make a victim advocate, from a rape crisis center, or appropriately trained/qualified staff, available to the victim. Contact/attempts have been made with appropriate support groups for appropriate MOU's and complies with this standard, but the auditor feels further follow-up is still needed.

A statewide investigator was interviewed regarding investigations, and from the scripted questions supplied by the PREA Resource Center (PRC).

The information mentioned in the first paragraph, and supported by the Pre-Audit Questionnaire, auditor notes, and interviews confirm compliance with this standard, 115.21.

### **Standard 115.22 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)

The ODOC policies OP-030601 PREA and OP-040117 Investigations, along with the Sexual Assault Report, Sexual Survey on Violence, and documentation of investigations, support compliance of this standard. Policy OP-030601 outlines the procedures for the first responder duties, requiring the immediacy of reporting and follow up of sexual abuse incidences and the reporting of crimes to the Office of the Inspector General. This policy also requires and ensures the administrative or criminal investigation of all allegations of sexual abuse and sexual harassment. Policy OP-040117, outlines “the facility head/district supervisor will ensure immediate notification to the Inspector General or the IG duty officer, if physical evidence can be gathered”, and if evidence is not present notification will be made by 9 AM the following day.

Also required by policy OP-030601, a Sexual Assault Report Form/Checklist is to be completed by the facility/district upon notification of an incident. The sexual assault report is comprehensive and includes information as follows: date of the incident, facility/district, number of victims, the name, location of incident, time of incident, injuries sustained, medical treatment, who reported the incident, victim treatment/tests, separation of victim, did the incident occur in an area subject to video monitoring, what type of violence was involved, and other information.

During the past 12 months, there have been six (6) allegations of sexual abuse and sexual harassment that were received. All allegations were referred for investigation.

The agency documents all referrals of allegations of sexual abuse or sexual harassment. Criminal investigation is published on the agency website, ODOC PREA.

Based on the above, the auditor assessed compliance.

### **Standard 115.31 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)

113 staff employed by the facility, who have contact with inmates, were trained on the PREA requirements. The staff at John H Lilley Correctional Center are knowledgeable about the zero tolerance policy for sexual abuse and sexual harassment. Staff and inmate safety is a priority at the institution. Many staff were interviewed informally and asked questions concerning their responsibility concerning PREA.

The agency policy OP-030601 PREA, and the training for all employees who have contact with inmates include the 10 following essential topics:

- 1) agency zero-tolerance policy,
- 2) how to fulfill PREA responsibilities,
- 3) inmates right to be free from sexual abuse,
- 4) right of staff and inmates to be free from retaliation,
- 5) the dynamics of sexual abuse in confinement,
- 6) common reactions of sexual abuse/sexual harassment,
- 7) how to detect and respond to signs of threatened and actual sexual abuse/harassment,
- 8) how to avoid inappropriate relationships,
- 9) how to communicate effectively and professionally with inmates including lesbian, gay, bisexual, transgender and intersex (LGBTI) inmates, and
- 10) how to comply with relevant laws related to mandatory reporting of sexual abuse.

These training bullets were individually asked during the formal interviews of random staff on all three shifts. It was clear that all staff were offered and received training.

All staff received annual in-service training and, in addition to this; information concerning PREA is distributed at shift meetings, staff meetings, postings on bulletin boards, through policy distribution and on the agency intranet.

Interviews, training rosters, acknowledgment forms, the PREA PowerPoint online training, and employee postings all verify PREA

training and compliance with this standard.

### **Standard 115.32 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)

Volunteer and Contractor Training standard 115.32, the ODOC ensures that all volunteers and contractors who have contact with inmates have been trained on their responsibilities as outlined in policy OP-0306013 PREA. The auditor reviewed the following curriculum: Workplace and Fire Safety, Hostage Survival, Preventing Sexual Assault, Preventing Sexual Harassment, Use of Force, Employee Conduct, Communication and Interpersonal Relationships, Ethical Issues in Corrections, Special Needs Offenders, Suicide Prevention, Staff Offender Relations and Sexual Misconduct, PREA, Understanding and Managing the Correctional Client, and Correctional Emergencies. Obviously, from this list, we see a comprehensive training program for part-time/temporary and contracted support employees who work in routine offender contact positions.

Eighteen contract employees, and 318 volunteers who have contact with inmates have been trained in agency policy and procedures regarding sexual abuse/sexual harassment protection and response. All volunteers and contractors who have contact with inmates have been notified of the agency zero-tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents. The agency maintains documentation confirming this training.

Based on the above, the auditor assesses compliance.

### **Standard 115.33 Inmate 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)

Inmate orientation was reviewed at several facilities in the ODOC and at John H Lilley Correctional Center. All inmates receive orientation within the 30 day timeframe and immediate notification upon arrival concerning PREA and how to report. Many inmates were briefly interviewed and random inmates were selected from each housing unit and formally interviewed. Both the brief and formal interviews indicated that it was clear that all inmates were familiar with how to report sexual assault and sexual harassment and inmates were also informed of the zero tolerance policy and their right to be free from sexual abuse and sexual harassment.

While touring the institution, many inmates were stopped and asked if they were familiar with PREA reporting and if they knew what PREA meant or represented. Without exception, the inmate population was familiar in one way or another with PREA and the agency's efforts to prevent rape in prison. During the past 12 months, 858 inmates were given information, upon intake, about the zero tolerance policy and how to report. During the past 12 months, 790 inmates whose length of stay was for more than 30 days received comprehensive education on how to be free from both sexual abuse/harassment and retaliation for reporting such incidents, and on the agency's policies and procedures concerning PREA.

Inmate PREA education is available in several formats making PREA information available to all inmates. The auditor participated in an interview with a deaf inmate (and his interpreter) concerning accessibility/education referencing PREA information. This particular inmate received the appropriate PREA education/information.

Touring the institution, the auditor observed posters and other information that was strategically placed throughout the facility. Additionally, brochures and inmate handbooks were reviewed with accessibility made through departments such as, education, security, and medical. For these reasons, the auditor assessed compliance.



### **Standard 115.34 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)

The Oklahoma Department of Corrections training policy along with training curriculum and the personnel policy, requires investigators to receive specialized training in sexual abuse investigations held within confinement settings. ODOC policy OP-0306010 also addresses investigatory training and expectations.

The Office of the Inspector General has specialized training for its investigators. Currently there are 13 investigators who have completed the required training. The agency maintains documentation on this training, which is required by policy and PREA law.

The specialized training PowerPoint was reviewed by the auditor and it was thorough, comprehensive and appropriate. This combined with a lengthy scripted interview with the Inspector General Investigator, confirms the training of the specialization and leadership of the Inspector General's office in the expert investigatory practices.

Compliance is based on ODOC policies, OP-030601 PREA, policy OP-040117 Investigations, and the interviews with key institutional staff, the Agency PREA Coordinator, and the OIG Investigator.

### **Standard 115.35 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)

Oklahoma Department of Corrections policy OP-03060 PREA stipulates that medical and mental health "staff will be provided training to detect and assess signs of sexual abuse and/or predation, evidence of sexual abuse, respond to sexual assault, and knowledge of the Department procedures in regard to the PREA reporting. Intake begins immediately upon arrival. The new arrival security review form is immediately completed and further processing takes place for inmates, within the next day. After completion of this process and the immediate concerns can be addressed, as well as long-term concerns concerning risk of being sexually abused by other inmates or sexually abusive towards other inmates. Documentation shall be retained in the employees file."

All medical and mental health care practitioners, 100%, who regularly work at the John H Lilley Correctional Center have received the required training that was stipulated in this agency policy. The auditor interviewed, and discussed with health care staff/mental health care staff, their training and background with PREA. They were knowledgeable, caring, and professional in response to specialized interviews and informal interviews that were conducted.

Compliance was based on training, information from the Pre-Audit Questionnaire, policy, interviews and discussions with staff.

### **Standard 115.41 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)

The Oklahoma Department of Corrections, through its policy OP-030601 PREA, addresses inmate screening for risk of victimization and abusiveness. Having reviewed intake and the forms required, it was clear from the staff that the use of the Self-Assessment Form, the Self Reporting Form and the interviews during the intake screening all assisted in establishing individual assessments for the risk of victimization or the risk of abusiveness. PREA information takes place within 72 hours and orientation within the first 30 days.

846 inmates who entered John H Lilley Correctional Center within the 12 past months were screened for risk of sexual victimization or risk of sexually abusing other inmates.

John H Lilley Correctional Center is a small/medium size facility with a population of minimum custody who presented themselves as positive, generally cooperative, and better behaved than those at more secure institutions. This population gave a positive review on both their training, safety and security. Simply, the inmates felt safe and secure as a group and many commented on their interest in being released/"getting out".

The assessment tools, including the Self-Assessment Form, the Self Report Form, and the newly arrived Security Review Form were thorough and comprehensive. The screening was not only thorough and comprehensive for risk of victimization and abusiveness, but also assisted in job assignments and housing. Assessment is a team effort with Security, Healthcare, Unit Management, program staff and administrative staff all involved in the process.

The standard is found in compliance based on inmate and staff interviews, review of policy and forms, and the observation of the process.

#### **Standard 115.42 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)

Use of screening information is a coordinated effort between Unit Management, Mental Health, Security, program, and administrative staff (including industries, and agriculture) such that the auditor through interviews, discussions and observation of the process can attest to the total team effort and the thoroughness of the review. Moreover, as a minimum security facility, security begins with this assessment and review process.

Interviews with intake and health care staff and observation of the process supports the appropriate use of screening information and compliance with this standard. Healthcare staff were concerned with privacy and confidentiality, balancing the use of screening information with the need to know responsibility. Ultimately it was observed that safety and security were primary concerns.

The facility makes individualized determinations to ensure the safety of each inmate. There was one transgender inmate (interviewed by the auditor). At the facility, inmates, as a general statement, felt safe and secure, knew how to report sexual abuse or sexual harassment, and felt that there were staff or others that they could go to for assistance if needed.

Discussions with key staff revealed that the facility was prepared to appropriately make housing and program assignments for each individual on a case to case basis ensuring the safety of each inmate. It was interesting to note the Warden's philosophy that "everyone needs to be somewhere and we can make a place for them here if minimum custody and willing to work with us". The auditor assessed compliance.

#### **Standard 115.43 Protective custody**

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

The Oklahoma Department of Corrections 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 have been made. Again, policy OP-030601 PREA, directs

this standard.

In the past 12 months, there have been zero (0) number of inmates at risk of sexual victimization who were held in involuntary segregated housing for 1 to 24 hours or longer awaiting the completion of assessment.

As stated above, in previous standards, the screening process and the use of screening information is comprehensive, thorough, and the need for involuntary segregation for sexual abuse risk has not been necessary. Individual treatment, and the safety of each individual is a concerted team effort. Again, the auditor also wishes to repeat that this is a minimum security facility and inmate behavior is decidedly better than in medium or close security institutions regarding sexual abuse. Additionally, there are only a maximum of 12 confinement/segregated housing beds available for security use.

The Pre-Audit Questionnaire, policy, observation, and interviews with staff and inmates confirm compliance.

### **Standard 115.51 Inmate 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)

The Oklahoma Department of Corrections has established policy and procedures allowing for multiple ways for inmates to report privately to agency officials about sexual abuse or sexual harassment, retaliation by other inmates for reporting, and staff neglect or violation of responsibilities that may have contributed to such incidents. This information is available in the inmate handbook, the ODOC policy, OP-030601 PREA, posters and flyers located in inmate areas throughout the facility, and through the sexual abuse/sexual harassment hotline dial\*73 on inmate telephones. Additionally, a summary of how to report incidents of sexual abuse/sexual assault is listed on the agency's PREA website. ODOC accepts and investigates all reports regarding allegations or knowledge of sexual abuse of offenders from third parties, including family, friends, clergy, vendors, contractors, or any other person having knowledge of such an incident. The agency PREA information further states and instructs how to send an email, or to call the PREA reporting line, and how to call the Office of the Inspector General. Additionally, notification can be made to the facility administrator, or can be verbally reported to any staff member. Finally, reporting can be accomplished by notifying the Oklahoma State Bureau of Investigation (OSBI). For reporting purposes and procedures notifying the OSBI, there is a Memorandum of Understanding between the ODOC and the Oklahoma State Bureau of investigation.

The staff is approachable, accessible, and available for safety and care of inmates and to assist with PREA. This accessibility was further confirmed by the employees' knowledge of their duties and responsibilities as first responders, which was related to the PREA auditor.

Based on observations by the auditor at John H Lilley Correctional Center, interviews with inmates that conveyed their ability to report privately and the\*73 hotline dial number, the auditor assesses this standard as compliant.

Based on the information and procedures outlined in the policy, the inmate handbook and posters, based on the accessibility of staff, and based on the interviews with inmates.

### **Standard 115.52 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)

The agency has an administrative procedure for dealing with inmate grievances regarding sexual abuse, along with a policy and procedure for filing grievances alleging that the subject is at risk of imminent sexual abuse. The operating policy OP-090124 Offender Grievance

Process, outlines the Assistance for Filing a Grievance Regarding Allegations of Sexual Abuse (11/21/2014). This procedure is also outlined for the inmate in the Inmate Handbook, John H Lilley Correctional Center.

The agency policy OP 090124, allows an inmate to submit a grievance regarding the allegations of sexual abuse at any time. The agency grievance process also allows third parties, including fellow inmates to assist other inmates in filing a request for administrative remedy relating to allegations of sexual abuse. This policy also establishes procedures for filing emergency grievances alleging that an inmate is subject to substantial risk of imminent sexual abuse.

In the past 12 months, according to the Pre-Audit Questionnaire, the following information is detailed, there have been zero (0) number of grievances alleging sexual abuse filed by inmates in which the inmate declined third-party assistance, containing documentation of the inmate's decision to decline. There have been zero (0) number of grievances that alleged sexual abuse filed in the past 12 months. There have been zero (0) number of grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months. There have been zero (0) number of grievances alleging substantial risk of imminent sexual abuse in the past 12 months that reached final decision and there have been zero (0) number of inmate grievances in the past 12 months alleging sexual abuse that resulted in disciplinary action by the agency against the inmate for filing a grievance.

Based on the Pre-Audit Questionnaire, the policy mentioned above, and review by the auditor this standard is assessed as compliant.

### **Standard 115.53 Inmate 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)

The John H Lilley Correctional Center provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. The victim advocate organizations addresses and telephone numbers are given to the inmates enabling reasonable communication between inmates and these organizations in as confidential a manner as possible.

The agency has attempted to enter into MOU's or other agreements with community service providers and is still in the process of working on those agreements.

Through the PREA policy of ODOC OP-030601, the institution informs inmates of local outside support services as well as institutional support services and further advises them of rules regarding privacy, confidentiality, and disclosures.

Based on interviews with inmates and staff concerning access to outside confidential support services, observation of the posters throughout the facility, the inmate handbook, and review of the agency PREA policy, the auditor finds this standard in compliance.

### **Standard 115.54 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)

The agency ODOC and JLCC, through the agency, provides a method to receive third-party reports of inmate sexual abuse and sexual harassment.

Third-party reporting is accomplished as outlined in policy, OP-030601 PREA, which directs, family and friends can report allegations of sexual abuse, sexual harassment, and retaliation on an inmate's behalf to the Inspector General's office and to the Oklahoma State Bureau of Investigation. Ways to report incidents of sexual abuse are available on the Internet through the ODOC website and posted publicly at the facility. There is also posting of this information on bulletin boards for the inmates and in the inmate handbook. Additionally, third-



party reporting can take place through the grievance process, as outlined in policy, OP-090124 Offender Grievance Process, Emergency Grievances.

This third-party reporting is also consistent with standard 115.51, How to Report Instances of Sexual Assault or Sexual Abuse and standard 115.61, Staff and Agency Reporting Duties.

Based on the policies and procedures, website information, and based on inmate interviews and staff interviews that indicated they were aware of third-party reporting and how to report, this substantiates compliance.

### **Standard 115.61 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)

The Oklahoma Department of Corrections policy OP-030601 PREA, clearly outlines staff and agency reporting steps. All staff are required to report immediately and in accordance with policy, any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred at a facility whether or not it is part of the agency.

Agency policy also prohibits staff from revealing any information related to sexual abuse reports to anyone and can only relate information to the extent necessary to make treatment, assist an investigation, or other necessary security/management decisions.

Staff are aware of their responsibilities to report and have been appropriately trained. Training is documented.

Formal and informal interviews with random and specialized staff, review of the policy, review of training materials, and information posted at JLCC, confirm compliance.

### **Standard 115.62 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)

John H Lilley Correctional Center, and the auditor in his assessment of PREA compliance, notes that the facility and its staff and inmates were interested in preventing sexual abuse/sexual harassment at the facility. This is based on the observation of operations during the three-day audit, interviews with staff and inmates, and review of the agency/facility policy and procedure.

The ODOC policy OP-030601 PREA, states in its "zero-tolerance" subsection that when the agency learns an offender is subject to actual risk of imminent sexual abuse, it shall take immediate action to protect the inmate. The first responder Correctional officer duties include initial reports and separation of offenders. The policy goes on to present a thorough and comprehensive basis for protection.

In the past 12 months, there have been zero (0) number of times that the facility has determined that an inmate was subject to a substantial risk of imminent sexual abuse. However, staff is knowledgeable and prepared to handle any such instances of imminent sexual abuse/assault. Staff is appropriately trained and the training is documented.

Based on the above policy and comments, the auditor assesses compliance.

### **Standard 115.63 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)

Upon receiving an allegation that an inmate was sexually abused while confined at another facility, it is required by policy that the Warden of the facility that received the inmate must immediately notify the facility where the sexual abuse occurred. This is directed by policy, OP-030601 PREA. The policy also requires that notification be made within 72 hours. The agency/institution documents such notifications. The allegations received from other facilities are investigated as also required by this policy.

During the past 12 months, the facility received one (1) allegation that an inmate was abused while confined at another facility. The auditor reviewed this incident and the appropriate notification was made by JLCC to the facility from which the inmate was received.

In the past 12 months, there were zero (0) number of allegations of sexual abuse that the John H Lilley Correctional Center received from other institutions/facilities.

Based upon the information in the Pre-Audit Questionnaire, policy review, and interviews with the Warden, the Agency PREA Coordinator, and the Investigator from OIG, the auditor assesses compliance.

### **Standard 115.64 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)

The ODOC in its PREA policy, OP-030601 outlines the procedures and action for first responders to an allegation of sexual abuse. This policy establishes procedures to be followed and duties to be performed as a first response.

A correctional officer/first responder is trained to:

- 1) separate the alleged victim and abuser,
- 2) preserve and protect any crime scene evidence,
- 3) request that the alleged victim not take any actions that could destroy physical evidence if abuse occurred within a time frame that still allows for collection of physical evidence, and
- 4) ensure that the alleged abuser does not take any action that could destroy physical evidence if abuse occurred within a time frame that still allows for collection of physical evidence.

Following these immediate security steps, the officer completes reporting duties to ensure the appropriate safety and investigative procedures/process.

In the past 12 months there have been four (4) allegations that an inmate has been sexually abused. A correctional officer was the first responder in each case and the policy/procedure was followed (only one case fell within a timeframe that allowed for the collection of physical evidence).

The PREA policy also details that if the first responder is not a security officer there are also steps to be followed. Most importantly, the non-security responder notifies his/her immediate supervisor and security (to assist with the security/first responder duties) and then assists and completes reports as appropriate.

Based on random formal interviews with staff on each shift, the investigative staff, and higher and intermediate level supervisors; and based on review of policies and informal interviews with staff, the standard is assessed in compliance.

### **Standard 115.65 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)

Standard 115.65 Coordinated Response, stipulates that the facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse. This plan addresses coordination between first responders, medical and mental health practitioners, investigators, and facility leadership. John H Lilley Correctional Center has a policy Field Memorandum, FM-030601-01, it directs a coordinated response.

The Warden has used the agency PREA policy OP-030601 as the foundation for the institutional policy. In addition to the local mental health, medical, investigators, security, and first responders, the Warden has also directed that the Institutional PREA Compliance Manager, the Alternate Compliance Manager, and Retaliation Monitors, participate in this team/coordinated response.

A review of the policies mentioned above, interviews with team members, and interviews with the Warden and key staff, confirm a coordinated response and compliance with the standard.

### **Standard 115.66 Preservation of ability to protect inmates 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)
- Not Applicable

The ODOC reports that there is no collective bargaining agreement entered into or renewed since August 2012 that would relate to the preservation of ability to protect inmates from contact with abusers. There is not a contract union organization at John H Lilley Correctional Center. Thus, this standard is not applicable.

### **Standard 115.67 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)

The ODOC agency/JLCC policy protects all inmates and staff who report sexual abuse or sexual harassment and who cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff.

Personnel policies (Human Resource policies #110xxx-series) covering sexual harassment and sexual misconduct also protect against staff retaliation.

Designated staff members are appointed by the Warden to monitor retaliation. The Security Chief monitors inmate retaliation, the PREA Manager at the facility and the Warden and Deputy Warden monitor staff retaliation.

There have been zero (0) incidences of staff and/or inmate retaliation in the past 12 months.

A review of the policies, the establishment of these protections, and staff and inmate interviews confirm knowledge of these protections. The auditor assesses compliance with this standard.

### **Standard 115.68 Post-allegation protective custody**

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

ODOC/JLCC has policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives have been made. Any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirements of 115.43.

As indicated in this report, JLCC is a minimum security facility with very limited segregation cells, thus, any protective custody in any segregation status and/or any involuntary protective custody would be used very sparingly and very judiciously. Interviews with the Warden and higher and intermediate level staff confirmed this.

There have been zero (0) number of inmates who allege to have suffered sexual abuse, who were held in involuntary segregated housing in the past 12 months.

Agency policy, OP-030601 PREA, prohibits the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives have made a determination that there is no available alternative from separation of likely abusers. Based on this and the information above, the auditor assesses compliance.

### **Standard 115.71 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)

John H Lilley Correctional Center follows the ODOC PREA policy-030601, and Security Investigations policy OP-040117, in regards to investigations. These policies direct procedures as follows:

- 1) general investigatory guidelines,
- 2) sexual assault investigations,
- 3) IG investigations,
- 4) general procedures for conducting investigations and inquiries,
- 5) departmental polygraph program and
- 6) department computer and digital forensic examinations (these numbered titles are taken from the indexes of the above two policies).

Further, in these two policies, there is information and direction for investigative techniques, prosecutions, tracking of confidential sexual assault predators, medical and mental health responsibilities, and review team responsibilities.

All case records associated with claims of sexual assault, including incident reports, investigative reports, offender notification, and case disposition are retained in the Office of Inspector General investigation files.

Compliance was based on policy, the direction and document review and interviews with the OIG Investigator, and the Agency PREA  
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Coordinator, which confirmed compliance with this standard of criminal and administrative agency investigations.

**Standard 115.72 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)

The ODOC policy of the-030601 PREA stipulates that a preponderance of the evidence is the standard for determining whether or not an allegation is substantiated or unsubstantiated or unfounded. The policy is quoted "there shall not be any standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated".

Policy and formal interviews with the Warden, the Agency PREA Coordinator, and the OIG Investigator confirm compliance.

**Standard 115.73 Reporting to inmates**

- 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)

The PREA policy, OP-030601, of the Oklahoma Department of Corrections, directs that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded following an investigation. There have been in the past 12 months two (2) criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency. Two inmates were notified, verbally or in writing, of the results of these investigations. Review of these notifications with the Agency PREA Coordinator, and the Institutional PREA Manager confirmed compliance.

The agency has a policy that all notifications to inmates described in this standard are documented. Again, two (2) notifications have been made and documented.

Staff and inmate interviews, both formal and informal, confirm that they are aware that at the conclusion of an investigation/finding, offenders must be notified and also support compliance in meeting this standard.

**Standard 115.76 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)

Disciplinary sanctions for staff are outlined in the personnel policy of the Oklahoma Department of Corrections, Human Resource policy OP-110415, Progressive Disciplinary Procedures, and the policy OP-110215, Individual Conduct of Employees, Code of Conduct.

The Code of Conduct indicates "employees of the agency will, at all times, conduct themselves in a manner befitting the office or position that the employee holds. Employees will uphold the correctional employee oath, as well as the public trust, and will reflect the highest ethical standards." Further, this code specifically stipulates that employees will "refrain from conduct which constitutes violation of the agency sexual abuse/sexual harassment policy" PREA.

The presumptive disciplinary sanction for staff who engage in sexual abuse of an offender is termination. This is further outlined in the policy under prohibited conduct, addressing inappropriate sexual conduct, invasion of privacy, sexual assault, and goes further to describe duties and responsibilities in regard to PREA.

As indicated in the Pre-Audit Questionnaire, there have been zero (0) number of staff from the facility in the last 12 months that have been terminated or disciplined, short of termination, for violation of the agency sexual abuse or sexual harassment policies. Additionally, there have been zero (0) number of staff from the facility who have been reported to law enforcement or licensing boards for violating agency sexual abuse or sexual harassment policies.

Compliance is based on the policies noted above, the Code of Conduct, information supplied in the Pre-Audit Questionnaire, and interviews with Human Resources and Administrative staff.

### **Standard 115.77 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)

Corrective action for contractors and volunteers is outlined in the ODOC policies OP-030601 PREA, and OP-090211, Volunteer Services; and in the Volunteer Code of Conduct, Attachment A of policy OP-090211.

These policies direct that "volunteers must maintain a professional relationship with offenders at all times, and appropriate relationships will be the cause for removal of the volunteer from volunteer status. Sexual misconduct, or any other violation that suggests criminal activity by volunteers, will result in information being forwarded to local jurisdictions for charges to be filed."

The Volunteer Code of Conduct stipulates "as partners with the Oklahoma Department of Corrections, volunteers are expected to maintain a standard of conduct that upholds the public trust and reflects the highest ethical standards." The code further goes on to outline eight steps of proper behavior, meeting responsibilities, and appropriate performance. Volunteers/contractors have all been trained and are aware of these policies. Volunteers and contractors signed acknowledgment forms, and this documentation is maintained.

In the past 12 months there have been zero (0) number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of inmates.

Compliance is based on the Pre-Audit Questionnaire, policies above, discussion and interviews with volunteers, staff, and specialized staff.

### **Standard 115.78 Disciplinary sanctions for inmates**

- 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)

The Oklahoma Department of Corrections, Offender Disciplinary Procedures, and policy OP-060125 Classification (and the attachments to this Classification policy) defines all offender disciplinary rule violations and specifies the allowable Range of Disciplinary Sanctions authorized by the ODOC for each violation.

The Disciplinary Policy further stipulates "Acts Constituting Rule Violations, Including Sexual Assault/Sexual Abuse, and details the offenses and stipulates the classes of each offense."

The agency ODOC prohibits all sexual activity between inmates.

As documented in the Pre-Audit Questionnaire, there have been two (2) administrative findings of inmate on inmate sexual abuse within the past 12 months. These findings and incidents were appropriately handled, extending counseling and therapy as required.

Compliance with this standard is based on the ODOC policies, the Pre-Audit Questionnaire, supporting documents, medical documents, and staff and inmate interviews.

### **Standard 115.81 Medical and mental health screenings; history of sexual abuse**

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

All inmates at John H Lilley Correctional Center who have disclosed any prior sexual victimization during screening pursuant 115.41 are offered a follow-up meeting with medical or mental health practitioners. This medical screening and follow-up is offered within 14 days.

There is limited mental health staff at JLCC and there is a vacancy that needs to be filled but it was clear that the present medical and mental health staff are committed to PREA compliance, thus assuring follow-up and treatment. In the past 12 months 100% of inmates who disclosed prior victimization during screening were afforded a follow-up meeting with medical staff. Medical and mental health staff maintain secondary materials documenting compliance. Additionally, in the past 12 months 100% of the inmates who have previously perpetrated sexual abuse were offered a follow-up meeting with a mental health practitioner. Again, this is a minimum security facility and abusers are carefully screened.

Medical and mental health staff is careful with healthcare information, and any information regarding victimization or abusiveness is only shared on a need to know basis involving treatment plans, housing and program assignments, or as otherwise required by federal, state and local law.

Based on the health and mental health screening policies of standard 115.41, review of the intake process, inmate interviews, and interviews with specialized health care staff, the auditor finds this standard in compliance.

### **Standard 115.82 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)

Access to emergency health is available 24/7 and, as stated by the Corrections Health Services Department, "Procedures for emergency care are an essential component of any effective health care system". The agency, ODOC, through its policies OP-030601 PREA and OP-140118 Emergency Care provides for timely unimpeded access to emergency health care, and crisis intervention services. Emergency care, as outlined in the Health Services Policy, provides the availability of 24 hour emergency medical, dental and mental health care as outlined and includes specific arrangements for the following:

- 1) on-site emergency first aid and crisis intervention,
- 2) emergency evacuation of the offender from the facility,
- 3) use of an emergency vehicle with protocol standards established by the Oklahoma State Department of Health,
- 4) use of a correctional facility vehicle if a community emergency vehicle is not available,



5) dedicated, and contracted use of hospital emergency rooms to provide care.

Simply, John H Lilley Correctional Center will notify on-call health care staff, call 911 Emergency Medical Services (EMS), and utilize the local hospitals, Creek Nation Hospital or Prague Hospital, as determined by EMS responders.

Treatment services are available to every victim without financial cost.

JLCC is an all-male facility, thus contraceptive services are not extended but access to emergency prophylaxis for sexually transmitted infections are available as determined by health care professionals.

Based on the policies above, and the Pre-Audit Questionnaire, and interviews with specialized staff, and the random sampling of inmates, the auditor assesses compliance.

### **Standard 115.83 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)

In the section of medical and mental health care, the standards address medical and mental health evaluation and the need, as appropriate, for treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The John H Lilley Correctional Center addresses this through the agency policy OP-030601 PREA, and the agency policy OP-140118 Emergency Care; the agency Medical Services Resource Manual policy MSRM-140118-01, Management of Alleged Nonconsensual Sexual Contact; and the ODOC's Offenders Guide to Sexual Misconduct.

The Offender's Guide to Sexual Misconduct (pamphlet/brochure) that is distributed to inmates, informs the inmate population that "help is available". In this brochure, it states "if an offender is a victim of sexual harassment or sexual assault, she/he has the right to the services described in this guide. (The medical service fee will be waived in cases of sexual misconduct.) If incarcerated, mental health staff is willing and able to help... If under community supervision and referral to an appropriate community, treatment provider will be made by a staff member."

The ODOC policy OP-030601 PREA, also states "an offender has experienced or perpetrated prior sexual victimization, whether it occurred in an institutional setting or in the community setting, staff shall ensure the offender is offered a follow-up meeting with a mental health provider".

Progress notes, treatment plans, and interviews with health care staff confirmed the ongoing medical and mental health care for sexual abuse victims. Based on this, the auditor assesses compliance.

### **Standard 115.86 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)

This standard is evaluated as meeting compliance based on interviews with the Warden, the Health Services Administrator, mental health staff, higher level staff and review with members of the Institutional PREA Review Team; and review of the meeting minutes and recommendations/motivations made by the review team.

The JLCC has a Sexual Abuse Review Team (SART) that meets monthly to review alleged sexual abuse incidents, and alleged sexual harassment incidents. The team is comprised of the Warden, Deputy Warden, the PREA Compliance Manager, Chief of Security, Unit Managers, mental health staff and the Health Care Administrator. Minutes of these meetings are documented and maintained. Two incidents were reviewed by SART.

The SART reviews the following which is included but not limited to:

- 1) the need to change policy or practice,
- 2) motivation,
- 3) physical barriers/area,
- 4) staffing levels, and
- 5) monitoring technology.

The team prepares a report of their findings and implements recommendations for improvement as determined.

### **Standard 115.87 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)

The Office of the Inspector General collects accurate, uniform data for every allegation of sexual abuse at the facilities of the Oklahoma Department of Corrections. The John H Lilley Correctional Center, each of the state facilities, and contracted facilities submit a monthly report. The data is securely retained and the agency aggregates this incident-based sexual abuse data at least annually.

The Oklahoma Department of Corrections website ODOC PREA contains this incident-based data.

The agency reports include the data necessary to answer questions from the Survey of Sexual Violence (SSV).

Based on the above, the auditor assesses compliance.

### **Standard 115.88 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)

The ODOC annual report and the monthly report from the John H Lilley Correctional Center are used by JLCC to improve the effectiveness of its sexual abuse prevention, detection, and response. Use of this information also includes enhancing the specific areas of training, identifying problem areas and taking action on an ongoing basis.

Auditor's opinion: the PREA audit process, in and of itself, contributes to this effectiveness and enhancement of operations in the facilities and agencies undergoing PREA assessment.

The Oklahoma Department of Corrections PREA data for 2012, 2013, and 2014 is included within the annual reports of sexual violence produced by the Office of the Inspector General, PREA Compliance Section.

Annual reviews and the Survey of Sexual Violence report are available on the ODOC website. The annual report and SSV report were reviewed by the auditor.

Based on this information, the auditor assesses compliance.

**Standard 115.89 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)

The Oklahoma Department of Corrections ensures that incident-based and aggregate data are securely retained and collected through its agency policy OP-030601 PREA, page 28, section X IV, which states the following: "the Office of Inspector General shall collect accurate, uniform data for every allegation of sexual abuse at facilities using a standardized instrument and set of definitions. The data shall be securely retained. Incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice."

Public access to data is available on the ODOC website (personal identifying data is removed from PREA information made publicly available on the website).

Aggregated sexual abuse data is also collected not only from facilities under the ODOC's direct control, but also from private facilities with which it contracts for the placement and supervision of prisoners/inmates.

Based on policy review and review of data collected the auditor assesses compliance.

**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.

James Curington

December 15, 2015

Auditor Signature

Date