

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

**Date of report:** December 26, 2015

|   |   |  |   |
|---|---|--|---|
| <b>Auditor Information</b>  |   |  |   |
| <b>Auditor name:</b> Michael Radon  |   |  |   |
| <b>Address:</b> P.O. Box 892 Bondsville, MA 01009   |   |  |   |
| <b>Email:</b> michaelradon@yahoo.com  |   |  |   |
| <b>Telephone number:</b> 413-250-7778   |   |  |   |
| <b>Date of facility visit:</b> November 2, 3, & 4, 2015   |   |  |   |
| <b>Facility Information</b>   |   |  |   |
| <b>Facility name:</b> William S. Key Correctional Center  |   |  |   |
| <b>Facility physical address:</b> One William S. Key Blvd. Fort Supply, Oklahoma                          |   |  |   |
| <b>Facility mailing address:</b> <i>(if different from above)</i> P.O. Box 61 Fort Supply, Oklahoma 73841 |   |  |   |
| <b>Facility telephone number:</b> 580-766-2224  |   |  |   |
| <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> William Monday   |   |  |   |
| <b>Number of staff assigned to the facility in the last 12 months:</b> 77                                 |   |  |   |
| <b>Designed facility capacity:</b> 1,087  |   |  |   |
| <b>Current population of facility:</b> 1,077  |   |  |   |
| <b>Facility security levels/inmate custody levels:</b> Minimum  |   |  |   |
| <b>Age range of the population:</b> 18 to 74  |   |  |   |
| <b>Name of PREA Compliance Manager:</b> TeeKay Parker   |   | <b>Title:</b> Case Manager/PREA Compliance Manager |   |
| <b>Email address:</b> teekay.parker@doc.ok.gov  |   | <b>Telephone number:</b> 580-766-2224              |   |
| <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 Blvd. Oklahoma City Oklahoma                             |   |  |   |
| <b>Mailing address:</b> <i>(if different from above)</i> Click here to enter text.                        |   |  |   |
| <b>Telephone number:</b> 405-425-2500   |   |  |   |
| <b>Agency Chief Executive Officer</b>   |   |  |   |
| <b>Name:</b> Robert Patton  |   | <b>Title:</b> Director                             |   |
| <b>Email address:</b> robert.patton@doc.ok.gov  |   | <b>Telephone number:</b> 405-425-2505              |   |
| <b>Agency-Wide PREA Coordinator</b>   |   |  |   |
| <b>Name:</b> Millicent Newton-Embry   |   | <b>Title:</b> Agency PREA Co-ordinator             |   |
| <b>Email address:</b> millicent.newton-embry@doc.ok.gov   |   | <b>Telephone number:</b> 405-425-7074              |   |

## AUDIT FINDINGS

### NARRATIVE

The Oklahoma Department of Corrections in conjunction with the American Correctional Association scheduled a PREA audit for the William S. Key Correctional Center at One William S. Key Blvd., Fort Supply, Oklahoma, the date of the audit visit was November 2-4, 2015. Michael Radon, Certified PREA auditor was notified prior to the scheduled audit and within acceptable time frames received a thumb-drive which included the PREA audit questionnaire, existing PREA policies and procedures and other supportive documentation which helped in assisting compliance verification for the upcoming PREA site visit.

The PREA Resource Audit Instrument for adult prisons and jails was the tool to be utilized for this audit. The seven sections reviewed and utilized were:

1. The PREA audit questionnaire
2. The auditor compliance tool
3. Guide for the audit tour
4. Specific interview protocols
5. Summary report
6. Process map and
7. Checklist of documentation.

Prior to the the facility site visit materials received were reviewed. First reviewed was the PREA audit questionnaire which gave this auditor a better understanding of the facility to be audited and their current status with PREA standards.

Sunday, November 1, 2015 the auditor flew into Oklahoma City, Oklahoma and was met by Millicent Newton-Embry and traveled to Fort Supply, Oklahoma, that evening a meet and greet occurred with facility staff with informal introductions. Transportation was provided to and from the facility by Millicent Newton-Embry, Agency-Wide PREA Coordinator.

On Monday morning, November 2, 2015, the facility visit began with another formal meet and greet occurring in the Wardens' conference room in the administration building. The PREA auditor explained that the audit was to consist of observation and assessment of the facility and its' operations to verify compliance with PREA standards. Also included would be inmate supervision, technology, security procedures, intake, reception screening and a complete facility visit.

The tour began at approximately 8:30 a.m. and continued until early afternoon. Monday afternoon into the early evening the documentation review audit began as well as staff and inmate interviews. Tuesday morning November 3, 2015 the audit continued with other areas of the facility being toured and key department areas for support services. This auditor noted that PREA expectations were being met even with the challenge of maintaining the ageing physical plant. The facility is ongoing with regards to addressing the use of technology.

Continued documentation review occurred throughout the day as well as designated staff and inmates interview protocols being completed. In summary, it was determined that the facility was well aware of PREA and its' implications in a corrections setting. There were no red flags or apparent deficiencies for the 43 PREA standards which were audited.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

The William S. Key Correctional Center is located at One William S. Key Blvd., Fort Supply, Oklahoma approximately one hundred and fifty miles northwest of Oklahoma City, Oklahoma. The William S. Key Correctional Center (WSKCC) is a minimum security facility with an open campus, no perimeter fence. The perimeter is set by a series of red lines painted along sidewalks; all other areas are off limits. Inmates have access to areas where the red indicates. The perimeter is patrolled by one vehicle twenty four/seven.

The physical plant is located on a 3552 acre parcel with a series (12 primary structures/5 auxiliary structures) of brick buildings with concrete walkways between allowing inmates to gain access to their available areas. WSKCC is comprised of the following: Master control, armory, administrative and support, chapel, five housing units, educational and library building, health services, vocational building, laundry supply, dining and food service, motor pool, fire house and an agricultural support building.

The five housing units for WSKCC are as follows: A & A West Unit. A Unit has a capacity of 176 offenders, A West Unit houses 135 offenders, both units house Key to Life Program participants.

C Unit is general population and has a capacity of 325 offenders.

D & DN Unit is a general population unit and has a capacity of 437 offenders.

The facility has ten (10) exterior zoom-pan-tilt cameras, monitored by Central Control. The facility also has twenty-nine (29) interior fixed cameras, three (3) of these located/monitored through the Restrictive Housing Unit. The Master Control Center monitors the remaining twenty-six (26) cameras. The main entrance to the facility is controlled and managed by the main control unit. Two-way radios are used to maintain communication with Central Control.

Recreation for the facility is located in the basement of C Unit, and is manned by one staff member supervising twenty-five orderlies.

Recreation for offenders consists of the following: Horseshoes, soccer, volleyball, basketball, foosball, softball, track & field events, pool, darts, shuffleboard, ping pong as well as miscellaneous board games.

Employees of the Oklahoma Department of Corrections supply medical care at WSKCC. The clinic is open from 6:00 a.m. to 6:00 p.m. Monday through Friday, as well as 7:00 a.m. through 6:00 p.m. weekends and holidays. All medical, mental health and dental records are kept in electronic form. Medical staff consists of the following: one full-time administrator, two full-time RN's, five full-time LPN's, a part-time physician, and a contracted physician.

The medical unit is located in one building which is made up of six offices for staff, one triage room, one lab room, one dental clinic, and two clinical exam rooms. Ancillary services are contracted, there are no inpatient wards in the facility. All offenders may access medical via a sick call clinic Monday through Friday 8:30 a.m. through 11:15 a.m. and 12:30 p.m. through 3:15 p.m. Mental Health Services are available to offenders on-site Monday through Friday from 8:00 a.m. through 5:00 p.m.

WSKCC mission statement is "To provide custody and control for minimum security male offenders; provide meaningful work opportunities through institutional support and agri-services; provide community support through prisoner public works program. William S. Key Correctional Center provides substance abuse treatment through self-help and Key to Life Programs; Re-Entry through faith based programs, education and, Career-Tech activities to release a more productive citizen. William S. Key Correctional Center Health Services provides constitutional health care and supportive education to all offenders in an efficient cost-effective manner."

## **SUMMARY OF AUDIT FINDINGS**

In closing, of the 43 PREA standards for audit prison and jails, 41 standards were found to be compliant and to meet expectations. Two standards were found non-applicable; no youthful offenders (115.14) and non-union operation (115.66).

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)

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

OP-030601

Memorandum of Appointment of PREA Coordinator – Millicent Newton-Embry  
Memorandum of Appointment of PREA Manager – WSKCC PCM (PREA Compliance Manger)  
Organizational Chart – Office of Inspector General  
Organizational Chart – WSKCC

Policy and review of policy implementation reviewed and observed supporting compliance.

**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)

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OP-030401

OP-030402

OP-090109

CCA (2): Davis, Cimarron

GEO (1) Lawton

County Jails (15) Choctaw County, Comanche County, Cotton County, Craig

County, Ellis County, Greer County, Jefferson County

Detention Center, Jefferson County Sheriff, Leflore County,

Marshall County, Nowata County, Oklahoma County,

Okmulgee County, Roger Mills County, Tillman County

Contract examples reviewed on site supporting compliance.

**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)

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OP-030601

Diagrams showing camera locations (show whether pan or tilt)

PREA Coordinator Approved of Camera Locations (Annual Review – Pan/Tilt/Zoom Cameras Identified)

Facility Brochure (showing security level)

Facility Brochure (To Indicate Security Level)

Position Budgeting Report (shows all staff)

Master Roster-Current and Proposed (w/Priority Post Chart for Proposed)

Program List with times

Unit Logs (showing unannounced rounds) – all shifts

Facility tour, operational documentation reviewed and staffing plans and post orders supporting compliance.

#### **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)

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Non-applicable

OP-030601

Facility Specific Criteria (DOC 060204A)

MEMO to Auditors (WSKCC has no Youthful Offenders)

Observation

#### **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)

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OP-030601  
OP-030102  
OP-040110

Auditor Memo-WSKCC has not received any cross gender, transgender or intersex offenders this audit period. WSKCC is a male facility.

Policy and practices reviewed with staff and inmate interviews supporting 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)

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OP-030601  
OP-060201  
WSKCC Offender Handbook w/ Corresponding Initial Orientation Verification, (Sample Pages  
PREA Information (Spanish Version)  
WSKCC PREA Initial Orientation (Spanish Version)  
Spanish Zero Tolerance Acknowledgement  
Interpreter’s List (employees)  
Job Roster with Activity/Housing Summary from Medical (showing disabilities) (Pull Heat)  
Pictures of PREA Poster (English and Spanish)

Facility tour, existing documentation in Spanish reviewed and discussed in inmate interviews.

**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)

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OP-110105  
OP-110210  
PREA Audit Report

OP-110235

OP-110237

State of Oklahoma Terms and Conditions (General)

"Applicant Questionnaire & Background Investigation Form" (Attachment A – OP-110210), with Corresponding Request for Record (Employee & Contractor)

Criminal Background Checks – All Employees with Five or More Years of Service

WSKCC does not maintain contractor applications, the agency/department contracting does.

WSKCC has not had any contractor services done in ten years.

HR interviews, employee personnel file review, and staff interviews supporting compliance.

### **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)

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OP-150101

Policy review and capitol planning reviewed and discussed with leadership interviews supporting 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)

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OP-030601

OP-040117

OP-140118

MSRM 140118-01

Position Statement SANE Education and Certificate

"Sexual Assault Report" (Attachment C – OP-030601)

PREA Checklist (Attachment H OP-030601)

Serious Incident Database Report (attachment K-1, OP-050108)

Memorandum of Understanding – Rape Counselor

Memorandum of Understanding – SANE

Interviews with “Specialized staff” and documentation verifying compliance with standard.

PREA Audit Report



**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)

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OP-030601  
OP-040117  
"Sexual Assault Report" (Attachment C – OP-030601)  
Documentation of Completed Investigation  
Section 3 – Policy and Procedures Website  
Section 4 – Policy and Procedures Website

Verified practice with interviews of investigative staff and leadership supporting 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)

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OP-030601  
PREA Training PowerPoint  
Volunteer PREA Training Roster and Acknowledgements  
Staff PREA Training Roster and Acknowledgements

Interviews with staff, review training records, and training rosters/cross referenced with staff supporting compliance.

**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)

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OP-030601  
OP-090211  
OP-100101  
PREA Power Pont  
“Course Roster for Volunteer Training” (Reflecting PREA)  
Zero Tolerance Acknowledgements

Reviewed training records with existing contractors/volunteers supporting 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)

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OP-030601  
OP-060201  
“Offenders Guide to Sexual Misconduct” (Attachment B – OP-030601)  
WSKCC Initial Orientation Handout and Verification w/ Movement Sheet showing arrival date – English and Spanish  
WSKCC Offender Handbook, relevant pages, (English and Spanish)  
WSKCC In-Depth Orientation Checklist Verification (with corresponding inmate movement English / Spanish)  
PREA Video Zero Tolerance Acknowledgment with Corresponding Inmate Movement Sheet (English and Spanish)  
Photos of Poster Posted on Units (PREA and ZERO Tolerance)

Observed intake and new arrival inmate interviews, facility tour, random inmate interviews supporting 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)

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OP-030601  
PREA Audit Report

OP-040117  
Specialized PREA Investigation Training PowerPoint  
Specialized Training Course Roster

Verified investigative certification training with investigative staff interviews supporting compliance.

**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)

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OP-030601  
PowerPoint “Medical/Dental/Mental Health PREA Training  
Specialized Training Course Roster

Reviewed training records and medical and mental health staff interviews supporting compliance.

**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)

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OP-030601  
OP-030102  
Cell Assessment Form (Attachment A – OP-030102)  
Self-Report Form (Attachment B – OP-030102)

Observed screening process, inmate and staff interviews supporting compliance.

**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)

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OP-030601  
Cell Assessment Form (Attachment A – OP-030102)  
Self-Report Form (Attachment B – OP-030102)  
Offender Movement Sheet  
Memo to Auditor

Reviewed screening decisions inmate files, staff case conferences supporting 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)

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OP-030601

Policy and procedure verified through facility tour and inmate interview regarding safety.

### **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)

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OP-030601  
Zero Tolerance Acknowledgements  
Memorandum of Understanding – DOC/OSBI  
Offender Handbook (English & Spanish Version) PREA Relevant Pages  
WSKCC Initial Orientation Handout w/ Corresponding Verification (English & Spanish Versions)

Inmate and counseling staff interviews, reviewed documentation of inmate reports supporting compliance.

PREA Audit Report

**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)

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OP-090124

Reviewed process and verified operational performance during site visit.

**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)

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OP-030601

Memorandum of Understanding-Community Service Provider

Mandatory Reporting Map and Law(115.53(b)

Contact Information from Community Service Provider that is given to Offenders

Support service providers interviewed and verified supporting 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)

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OP-030601

Oklahoma Department of Corrections PREA Resource Page - Website – PREA Reporting Information  
Photo of Poster “Third Party Posting”

Facility tour postings, visiting hours and phone availability supporting 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)

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OP-030601

Sample of report from medical/mental health  
Sample of report to Dept. of Human Services for 18 year old, if applicable  
Sample of report from OSBI to IG investigators

Documentation reviewed and verified, staff interviews supporting 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)

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OP-030601

Cell Assessment Form (Attachment A – OP-030102)  
MEMO No Occurrence

Practice plan reviewed supporting compliance. No occurrence at the time of this audit.

**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)

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

OP-030601

Existing agency policy reviewed with leadership and observed an inmate transfer documentation.

#### **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)

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

OP-030601

OP-040117

Incident Notification Checklist (Attachment H – OP-050108)

Reviewed supportive documentation ,staff training, post orders reviewed supporting 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)

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

WSKCC 030601-01

Response plan reviewed during site visit, staff interviews verifying compliance.

#### **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)

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

Practice and plan in effect for safety and protection from inmate abusers; facility tour, cell and building placements supporting compliance.

### **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)

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

OP-030601

Protection against Retaliation – Offenders (Attachment I, OP-030601)

Protection against Retaliation – Staff (Attachment J, OP-030601)

Existing documentation reviewed during site visit, staff and leadership interviews.

### **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)

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

OP-030601

Policy and practice verified through review of documentation and leadership interviews.



### 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)

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

OP-030601  
OP-040117 PREA Investigation Example  
OP-110105  
OP-040117 PREA Investigation - Example  
Documentation of Evidence Gathered (Interview)  
Specialized Training PowerPoint (IG Investigations)  
Specialized Training Rosters (IG Investigations)

Investigative staff interviews verified training and knowledge of investigative practices.

### 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)

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

OP-030601  
OP-040117

Administrative procedures reviewed and verified through interviews with agency staff.

### 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)

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

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

OP-030601

Practice in place verified by inmate interviews and supportive documentation supporting compliance.

#### **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)

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

OP-030601

OP-110215

OP-110415

HR staff interviews, unit staff random interviews and employee handbook supporting compliance.

#### **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)

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

OP-030601

OP-090211

Volunteer Alert form (Attachment F – OP-090211)

Volunteer Code of Conduct (Attachment K – OP-090211), relevant pages

Incident Notification Checklist (Attachment H – OP-050108)

Review of existing documentation, HR interviews, and volunteer interviews supporting compliance.

#### **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)

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

OP-060125  
 Acts Constituting Rule Violations (Attachment A – OP-060125)  
 Misconduct Report

Inmate handbook reviewed including expectations, sanctions, inmate interviews and supporting documentation.

**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)

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

OP-030601  
 Intra-Facility Health Screening Form (DOC 140113B)  
 Cell Assessment Form (Attachment A)  
 Self Report Form (OP-030102B)

Assessment practices observed and reviewed, inmate and staff interviews supporting 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)

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

OP-030601  
 OP-140118  
 Offender’s Guide to Sexual Misconduct (Attachment B – OP-030601)  
 PREA Audit Report

Medical and mental health staff interviews, supporting documentation and plan for emergency services supporting 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)

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

OP-030601  
OP-140118  
PREA Response Checklist (Attachment E – OP-030601)  
Offenders Guide to Sexual Misconduct (Attachment B- OP-030601)  
Zero Tolerance Acknowledgement (Attachment E – OP-030601) English  
Zero Tolerance Acknowledgement (Attachment E – OP-030601) Spanish

Documentation reviewed during site visit and medical mental health staff interviews support 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)

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

OP-030601  
Documentation of Sexual Assault/Abuse Incident Review (OP-030601 Attachment K)  
Sexual Abuse Response Team Members  
PREA Meeting Minutes

Incident review committee meetings in place and verified during site visit verifying compliance.

**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)

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

OP-030601

Practice of data collection verified during site visit.

#### **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)

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

OP-030601

PREA Aggregate Data - 2013  
2013 Data Analysis / Corrective Action  
PREA Aggregate Data - 2012  
2012 Data Analysis / Corrective Action  
Public Access to Department of Corrections Website / PREA Information  
Example of redacted material

Supportive documentation of examples of data being used for planning and corrective action reviewed at the time of the site visit.

#### **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)

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

OP-030601

OP-040117

Public Access to Department of Corrections Website / PREA Information  
PREA Aggregate Sexual Abuse Data

PREA Audit Report

Data storage verified at the time of the site visit supporting 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.

Michael Radon

December 26, 2015

Auditor Signature

Date