

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim Final

Date of Report January 3, 2019

Auditor Information

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Company Name: KEA Correctional Consulting LLC	
Mailing Address: P.O. Box 1872	City, State, Zip: Castle Rock, CO 80104
Telephone: 484-999-4167	Date of Facility Visit: June 18-21, 2018

Agency Information

Name of Agency: Core Civic		Governing Authority or Parent Agency (If Applicable): NA	
Physical Address: 10 Burton Hills Blvd.		City, State, Zip: Nashville, TN 37215	
Mailing Address: Same as Above		City, State, Zip: Same as Above	
Telephone: 615-263-3000		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: Reflected in the narrative of this report.			
Agency Website with PREA Information: https://www.corecivic.com			

Agency Chief Executive Officer

Name: Damon Hininger	Title: President and Chief Executive Officer
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Email: damon.Hininger@corecivic.com		Telephone: 615-263-3301	
Agency-Wide PREA Coordinator			
Name: Eric Pierson		Title: Senior Director PREA Programs and Compliance	
Email: eric.Pierson@corecivic.com		Telephone: 615-263-6915	
PREA Coordinator Reports to: Steve Conry, Vice President, Correctional Programs		Number of Compliance Managers who report to the PREA Coordinator 63	
Facility Information			
Name of Facility: Cimmaron Correctional Facility			
Physical Address: 3200 South Kings Highway Cushing, OK 74023			
Mailing Address (if different than above): Same as Above			
Telephone Number: 918-225-3336			
The Facility Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Facility Mission: Same as Core Civic			
Facility Website with PREA Information: http://www.corecivic.com/facilities/cimmaron-correctional-facility			
Warden/Superintendent			
Name: Raymond Byrd		Title: Warden	
Email: raymond.Byrd@corecivic.com		Telephone: 918-225-3336	
Facility PREA Compliance Manager			
Name: Greg Jones		Title: Investigator	
Email: greg.Jones@corecivic.com		Telephone: 918-225-3336	

Facility Health Service Administrator

Name: Safieh Rashti	Title: Health Services Administrator
Email: safieh.Rashti@corecivic.com	Telephone: 918-225-3336

Facility Characteristics

Designated Facility Capacity: 1752	Current Population of Facility: 1632
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Number of inmates admitted to facility during the past 12 months	1201
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Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	1114
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Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	1201
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Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:	
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Age Range of Population: 18-70	Youthful Inmates Under 18: 0	Adults: 1632
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Are youthful inmates housed separately from the adult population?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA
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Number of youthful inmates housed at this facility during the past 12 months:	0
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Average length of stay or time under supervision:	NA
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Facility security level/inmate custody levels:	Medium Security
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Number of staff currently employed by the facility who may have contact with inmates:	246
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Number of staff hired by the facility during the past 12 months who may have contact with inmates:	128
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Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		16
Physical Plant		
Number of Buildings: 11	Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:	7	
Number of Open Bay/Dorm Housing Units:	0	
Number of Segregation Cells (Administrative and Disciplinary):	30	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):		
323 cameras, 4 DVRs, and 90-day Retention		
Medical		
Type of Medical Facility:	Observation	
Forensic sexual assault medical exams are conducted at:	Stillwater Medical Center	
Other		
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	43	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	1	

Audit Findings

Audit Narrative

The Prison Rape Elimination Act (PREA) on-site audit of the Cimarron Correctional Facility (CCF) was conducted June 18-21, 2018, by K. E. Arnold from Castle Rock, CO, a United States Department of Justice Certified PREA Auditor for both juvenile and adult facilities. Pre-audit preparation included review of all materials and self reports electronically uploaded to an encrypted thumb drive and mailed to the auditor's address via United States Postal Service. The same was securely packaged.

The documentation review included, but was not limited to Oklahoma Department of Corrections (ODOC) and Core Civic (CC) facility policies, staff training slides, completed forms regarding both staff and inmate training, MOUs, organizational chart(s), CC and ODOC PREA brochures, inmate education materials, photographs of PREA related materials (e.g. posters, etc.), executed Human Resources documents associated with relevant PREA standard(s), and staff training certifications. This review prompted several questions and informational needs that were addressed with the CCF PREA Compliance Manager (CCF PCM) and Quality Assurance Manager (QAM). The majority of informational needs were addressed pursuant to this process.

The auditor contacted Just Detention International (JDI) to inquire as to any reports or complaints received regarding CCF. Via e-mail, the auditor was advised there were no issues known to them regarding CCF.

The auditor received four letters from individual inmates prior to the on-site audit. One of the inmates who submitted a letter is no longer housed at CCF. The auditor interviewed the remaining three inmates as part of the interview process.

The auditor met with the Acting Warden, CCF PCM and Investigator, QAM, and Chief of Unit Management (CUM) at 7:00AM on Monday, June 18, 2018. The auditor provided an overview of the audit process and advised all attendees the same would be facilitated in the least disruptive manner possible. Additionally, the auditor advised attendees of the tentative schedule(s) for the conduct of the audit. Between 7:40AM and 12:15PM, the auditor toured the entire facility with the CCF Acting Warden, CCF-PCM, QAM, and CUM in attendance.

It is noted the rated capacity of CCF is 1752 inmates and the institutional count on June 18, 2018 was 1632 inmates.

During the on-site audit, the Auditor was provided a conference room from which to review documents and facilitate confidential interviews with staff. Inmate interviews were facilitated in private offices located within each housing unit. The auditor randomly selected (from an inmate roster provided by the

CCF QAM) and interviewed 22 inmates on-site pursuant to the Inmate Interview Questionnaire. With the exception of one pod, at least one inmate (representative of the total sample of inmate interviewees) was interviewed from each living pod throughout the facility.

According to the CCF PCM, there were no inmate(s), confined in the facility at the time of the on-site audit, who were Limited English Proficient (LEP). Similarly, the CCF PCM advised there were no inmate(s) confined in the facility during the on-site audit who were housed in Segregation for high risk of sexual victimization or youthful inmates.

It is noted the 22 random inmate interviewees were generally questioned regarding their knowledge of a variety of PREA protections and their knowledge of reporting mechanisms available to inmates for reporting sexual abuse and sexual harassment. Overall, random interviewees presented reasonable knowledge of PREA policies and practices. Of note, the auditor inquired as to the basis for their knowledge and several random inmates advised they had received training by CCF staff.

Thirteen random staff selected by the auditor from a staff roster provided by the CCF QAM, were interviewed. The Random Sample of Staff Interview Questionnaire was administered to this sample group of interviewees. Interviewees were questioned regarding PREA training and overall knowledge of the agency's zero tolerance policy, reporting mechanisms available to inmates and staff, the response protocols when an inmate alleges abuse, and First Responder duties.

The following specialty staff questionnaires were utilized during this review including:

Agency Head
Warden or Designee
PREA Coordinator (1), CCF PCM (1)
Designated Staff Charged with Monitoring Retaliation (1)
Incident Review Team (1)
Human Resources (1)
Investigator (1)
Intermediate or Higher Level Facility Staff (2)
Medical Staff (1)
Mental Health Staff (1)
SAFE/SANE Staff- (1)
Intake (1)
Staff Who Perform Screening for Risk of Victimization and Abusiveness (2)
Security and Non-Security Staff Who Have Acted as First Responders (8)
Staff Who Supervise Inmates in Segregated Housing (1)
Non-medical Staff Involved in Cross-Gender Strip or Visual Searches (1)
Contractors Who Have Contact With Inmates (2)

The Contract Administrator interview was not conducted as CCF does not employ staff in that capacity.

It is noted CC is the umbrella company for CCF.

The following inmate interviews were facilitated in addition to the random inmate interviews. The interview sets are noted below:

Disabled and Limited English Proficient Inmates (8) plus (0), inclusive of three with Cognitive Disabilities

Inmate Who Reported Sexual Victimization During Risk Screening (6)

Inmates Who Reported a Sexual Abuse (1)

Transgender/Intersex(3)

Lesbian, Gay Bisexual (3)

Of note, one interviewee was administered both the Transgender/Intersex and the Inmate Who Reported a Sexual Abuse Questionnaires. A second interviewee was administered both the LGB and Inmate Who Reported Sexual Victimization During Risk Screening Questionnaires.

The auditor reviewed 17 Staff Training records and one Contractor Staff Training Record, 21 inmate files, 15 staff HR files (inclusive of one contractor file), eleven PREA investigative files, and other records reflected throughout the following narrative, prior to the audit, during the audit, and subsequent to completion of the same.

On June 18, 2018, the auditor was processed into the facility at the facility Front Entrance. The auditor did note PREA third-party notification (telephonic reporting information) posted in the Front Entrance.

Similarly, PREA Hotline notification numbers were painted on walls in each area, inclusive of the Visitation Room, throughout the facility. Ethics Liaison posters (staff private reporting mechanism) were posted in the Staff Assembly Area. PREA Audit Notices were prevalent throughout the facility, inclusive of the housing units, pods, program areas, etc. It is also noted a reminder regarding opposite gender staff announcements is painted above the doorway in each pod.

During the facility tour, the auditor observed, among other features, the facility configuration, location of cameras, staff supervision of inmates, unit layout (inclusive of shower areas), placement of PREA posters and informational resources, security monitoring, and inmate programming.

There are four housing units (A/B/C/D) (two pods each) and an Annex on one compound while there are two units (four pods inclusive of a Segregation Unit and an Intensive Supervision Unit in E Unit) and three pods in F Unit (on the other compound). There are two tiers in pods throughout the facility. At least one Correctional Officer (CO) is assigned each pod and an additional CO is assigned to a Control Center within the units. The auditor notes COs were visible in the pods.

Throughout the tour, the auditor observed numerous PREA posters in housing units, program areas, Food Service, staff offices/gathering places. Clearly, inmates have access to continual education regarding PREA processes. Additionally, PREA Audit Notices were generously posted throughout the facility.

The auditor noted ample camera surveillance (323 cameras, 4 DVRs, and 90-day retention) in all areas, inclusive of programs and operations areas. No cameras are present in the Visitation Room Strip Room and windows are now frosted for privacy purposes. The auditor identified the need to frost three inmate rest room windows for privacy reasons and CCF staff completed the same expeditiously. At least one camera is positioned in programs classrooms.

The auditor observed the Central Control Center (manned by two female COs at the time), particularly focusing on camera placements and the degree of inmate exposure in their cells and shower areas. The Central Control Center COs provided the auditor several different views of housing unit/pod/program/operational area cameras and he found no evidence of inmate exposure in violation of PREA standards and expectations. There are no cameras in housing unit inmate cells.

It is also noted cameras are mounted in key areas outside buildings and recreation areas. The auditor observed staff supervision of the recreation area(s) and the central location of the same, thereby facilitating perpetual supervision whenever staff, of all disciplines, are on the compound.

The auditor tested one of the PREA Hotlines in a housing unit and confirmed the same was operational.

Facility Characteristics

CCF operates pursuant to contract with ODOC and accordingly, daily security/programmatic and PREA operations are focused primarily on both ODOC policies, procedures, and practices. Inmates, sentenced in State of Oklahoma Courts, are housed at CCF.

The facility was originally built in 1997 with a capacity of 1000 beds and an additional 752 beds were added in 2008. The facility is owned and operated by CC.

Programming opportunities are abundant as observed by the auditor. Educational, Vocational Trade, Addiction Treatment, Life Skills, and spiritual/religious opportunities are available to the inmate population.

The CC Mission Statement reads as follows.

We help government better the public good through:

Core Civic Safety - We operate safe, secure facilities that provide high quality services and effective re-entry programs that enhance public safety.

Core Civic Community - We deliver proven and innovative practices in settings that help people obtain employment, successfully reintegrate into society, and keep communities safe.

Core Civic Properties - We offer innovative and flexible real estate solutions that provide value to government and the people they serve.

Summary of Audit Findings

Number of Standards Exceeded: 2

As standard provision 115.31(c) requires additional PREA training every two years, CCF exceeds the standard based on the provision of annual PREA training.

The Agency Head interviewee advises CC accesses information from several sources, using incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, and response policies, practices, and training. Specifically, he advises that a 5-1 Incident Reporting System is implemented wherein incidents and reports are, minimally, reviewed by Corporate and designated facility staff within a 24-hour period. Monthly, a report of PREA related incidents details frequency, location(s) of incidents within the facility, amongst other criteria. Pursuant to this procedure, Corporate and facility staff collaborate to diagnose any PREA-related issues, concerns, etc. These proactive steps, in addition to SART review findings and continual monitoring of data, are utilized to attain optimal efficiency in terms of sexual safety of inmates at CC facilities. The auditor finds CCF to exceed 115.88(a) in view of the above.

Number of Standards Met: 41

Number of Standards Not Met: 0

See below

Summary of Corrective Action (if any)

The auditor finds CCF to be non-compliant with 115.52(b)(1) and (3) based on the following narrative. Specifically, the referenced grievance was rejected as no informal action was taken and verbiage reflects time limits associated with the grievance submission.

Pursuant to the auditor's review, one grievance wherein alleged sexual abuse occurred, at least partly as the result of assignment of a violent inmate to his cell, was filed. According to a CC memorandum dated April 16, 2018, the grievance was rejected for the following reason:

No informal action, "Request to Staff" response, or evidence of submission attached.

Additionally, the document reflects the following:

Under no circumstances will the grievance be accepted after 60 days of the incident or the date of the response to the "Request to Staff" unless ordered by a court, the director, chief medical officer, or their designee.

In view of the above, the auditor finds CCF to be non-compliant with 115.52(b)(1) and (3).

Accordingly, a 180-day corrective action is imposed with respect to this finding. The maximum completion date with respect to corrective action is February 1, 2019 however, the auditor may close the finding at any point during the corrective action period based on his review of evidence submitted by the CCF PCM.

During the corrective action period, the CCF PCM will ensure the Grievance Coordinator receives additional and appropriate training regarding all facets of 115.52. A copy of the training plan and training certification will be forwarded to the auditor for review.

In addition to the above, the CCF PCM will forward a copy of the Grievance Log and any grievances related to alleged sexual abuse throughout the corrective action period. Grievance Logs and relevant rejected grievances will be forwarded to the auditor on a monthly basis. Relevant grievances will be forwarded to the auditor as they arise.

The second non-compliance finding centers on Standard 115.65. Background information, as well as, the finding and corrective action are articulated throughout the following paragraphs.

According to the Acting Warden, the facility has a plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. The Acting Warden further relates the 14-2C Checklist is used to document the actions of involved staff throughout the incident. First Responders, Medical and Mental Health staff responses, administration of a forensic examination (if applicable), Security Supervisor response, transport, notifications to OFAI/ODOC/Corporate staff, and investigation initiation are documented on this form. This document is reviewed by multiple executives and appropriate stakeholders.

The auditor's review of one Sexual Abuse Incident Check Sheet dated November 23, 2017 and accompanying administrative/criminal sexual assault investigation reveals some non-compliance with 115.65. While the First Responders (Security Staff) appear to have acted in accordance with scripted policy and procedure once notified of the alleged incident, the auditor is concerned with timeliness of reporting and response to the incident once contract staff were initially notified of the alleged incident.

Of note, the auditor's review of several investigations did not result in the same or similar fact patterns and accordingly, the finding is not systemic, in nature. Rather, the auditor's finding suggests a performance issue.

In view of the above, the auditor finds CCF to be non-compliant with 115.65(a). Accordingly, CCF is subject to a 180-day period of corrective action, concluding on February 1, 2019. However, the corrective action period can be closed sooner if deemed appropriate by the auditor.

During the corrective action period, the CCF PCM will ensure all contractors and volunteers are re-trained regarding timely reporting responsibilities, inclusive of the proper authorities to whom allegations of sexual abuse are reported. Copies of training certifications, reflecting the training provided and the "I understand" caveat, will be forwarded to the auditor. A recent staff/contractor/ and volunteer roster will be forwarded to the auditor to enable comparison against completed training certifications. Any policy, procedural memorandum, Post Order modifications, in addition to the training syllabus, must also be forwarded to the auditor for review.

Copies of all sexual abuse PREA investigations, inclusive of checklists, will be forwarded to the auditor throughout the corrective action period. The auditor will review the same and determine when practice(s) are satisfactorily institutionalized.

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
 Yes No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA

- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) X Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the Pre-Audit Questionnaire (PAQ), the Warden self reports the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly. According to the Warden, the policy outlines procedural implementation of the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment, the policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment, and sanctions for those found to have participated in prohibited behaviors. Finally, a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates, is included in this policy.

The Zero Tolerance policy is clearly articulated in Oklahoma Department of Corrections (ODOC) OP-030601 entitled Prison Rape Elimination Act (PREA), pages 1,2, and 5. Additionally, all other requirements articulated in this provision are likewise addressed throughout Core Civic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 1-33.

Pursuant to the PAQ, the Warden self reports the agency employs or designates an upper-level, agency-wide PREA Coordinator (CCPC) with sufficient time and authority to develop, implement, and oversee agency efforts to comply with PREA standards in all of its facilities. The Senior Director, PREA Programs and Compliance, is designated as the CCPC pursuant to the CC Organizational Chart. According to the auditor's review of the CC Organizational Chart, the CCPC reports to the Vice President, Operations Administration.

Pursuant to interview with the CCPC, the auditor learned he does feel he has sufficient time to manage all of his PREA related responsibilities. Each facility has a PREA Compliance Manager (PCM), numbering in excess of sixty.

As Senior Director, he oversees the Director who facilitates reviews of all PREA investigations. The Director tracks any follow-up regarding reviewed PREA investigations. The Director is now working on an enhanced PREA training program for implementation at the facilities.

The CCPC's primary focus is audit preparation. Specifically, he reviews each Pre-Audit Questionnaire (PAQ) for sufficiency and comprehensiveness prior to forwarding the same to PREA auditors. The CC Quality Assurance Department (QA) currently facilitates mock audits of each facility. The CCPC reviews each mock audit report and coordinates corrective action with Wardens and facility PCMs. He posts common audit deficiencies on a shared website so stakeholders can assume a proactive approach, as opposed to, reactive in terms of PREA-related matters. Additionally, the CCPC coordinates all corrective action following each PREA audit.

Finally, the CCPC reviews each facility PREA Staffing Plan and signs the same. Assistance with relevant MOU development is also a primary responsibility, with approval being conferred by the CC Legal Department.

Pursuant to the PAQ, the Warden self reports there is a designated PCM at Cimarron Correctional Facility (CCF). According to the Warden, he does have sufficient time and authority to coordinate the facility's efforts to comply with PREA standards. The auditor's review of a memorandum authored by the Warden reflects the facility Investigator is designated as PCM at CCF. According to the CCF Organizational Chart, the Investigator/PCM reports directly to the Warden (CEO).

The CCF PCM interviewee advises he does have sufficient time to manage his PREA related responsibilities. He is able to monitor the multiple PREA functions in conjunction with his responsibilities as Investigator. Additionally, he works closely with other staff to effectively monitor PREA functions.

In view of the above, the auditor finds CCF to be substantially compliant with 115.11.

Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) Yes No NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports the agency has not entered into or renewed a contract for the confinement of inmates on or after August 20, 2012 or since the last PREA audit, whichever is later. CC is a private provider of detention/confinement services and does not contract with other companies/ etc. to house inmates designated to CC custody and control.

The auditor finds CCF to be substantially compliant with 115.12. No deviations from standard provisions were identified.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be iso-

lated) in calculating adequate staffing levels and determining the need for video monitoring?
X Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? X Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? X Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? X Yes No NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? X Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? X Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? X Yes No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
X Yes No NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? X Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? X Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? X Yes No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports CC requires each facility to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect inmates against sexual abuse. Since the last PREA audit, the average daily number of inmates is reported as 1612 and the staffing plan is predicated on a daily average of 1786 inmates.

CC Agency Policy Supplement (APS) ODOC OP-030601 entitled Oklahoma (OK) PREA, pages 4 and 5, section III(C)(2)(a-k) addresses 115.13(a).

The auditor reviewed Staffing Plans and an Annual PREA Staffing Plan Assessment dated March 9, 2018. All requisite criteria are addressed in the Annual PREA Staffing Plan Assessment and the same is reviewed and approved by the CCF PCM, Warden, CCPC, and CC Vice President Facility Operations. The auditor finds the Annual Staffing Plan and Assessment to be compliant with 115.13(a) and (c).

Pursuant to the Acting Warden, the facility does have a staffing plan. Adequate staffing levels to protect inmates against sexual abuse and video monitoring are considered in the plan. The staffing plan is documented and maintained electronically at the Quality Assurance Manager's Office (QA), Shift Supervisor's Office, Assistant Warden Operations Office (AWO), and Master Scheduler's Office.

When assessing adequate staffing levels and the need for video monitoring, the facility plan considers the following:

- a. Anytime inmates are in an area, we attempt to place a staff member for physical presence. Electronic monitoring is not a replacement for a body. Housing areas are staffed.

- b. There has been no judicial findings of inadequacy during this audit period.
- c. There has been no findings of inadequacy from federal investigative agencies.
- d. There has been no findings of inadequacy from internal or external oversight bodies. Self monitoring and CC Corporate audits are very comprehensive, addressing all functional institutional departments.
- e. Eleven cameras were added during the last year. In regard to components of the facility's physical plant, annual Corporate review provides a snapshot of facility needs. The PREA Staffing Plan forces annual review of staffing, ensuring adequate coverage throughout the facility. Sexual Abuse Review Team (SART) reviews are also utilized to diagnose and identify issues. Administrative Duty Officer (ADO) and Field Duty Officer (FDO) rounds also address staffing and coverage issues. Video reviews, facilitated by supervisory correctional staff and Unit Managers also provide snapshots of "blind spots", etc. Management By Wandering Around (MBWA) by all management staff can result in the discovery of key information in terms of sexual safety at CCF.
- f. Inmate population considerations include assessment of Security Threat Group (STG) presence within the facility, gender-specific issues, level of violence in the units and on the yards.
- g. The number and placement of supervisory staff is acceptable. Supervisory staff to security staff ratio is adequate. Unit Management is critical within the housing units as oversight and supervision is amplified.
- h. Increase staffing to cover programs during high traffic/visibility periods. A Programs Officer is assigned to both yards. If the activity level is low, the Programs Officers will be reassigned to higher traffic areas.
- i. CCF is under contract with ODOC and accordingly, Oklahoma PREA standards/policies (as applied in ODOC and Oklahoma Statutes are employed at CCF. Additionally, some scripted CC policies and procedures, unique to CCF, are employed.
- j. The prevalence of substantiated and unsubstantiated incidents of sexual abuse is considered in the staffing plan and any corresponding requests for increased staffing. If the number of substantiated/unsubstantiated cases increases, staffing increase requests are considered.
- k. Any other factors outside the scope of the above would be considered in staffing plan development.

In regard to daily checks for compliance with the staffing plan, shift supervisors are tasked to closely monitor the same. The ADO facilitates a weekly roster review. The Chief of Security reviews rosters to ensure no deviations. Additionally, Staffing Plan compliance is closely monitored on a daily basis pursuant to Executive Staff rounds.

Pursuant to the CCF PCM, CCF has a staffing plan which considers several factors when assessing adequate staffing levels and the need for video monitoring. The following are considerations as related to the staffing plan.

In regard to generally accepted detention and correctional practices, are proper staff rounds being made? Is staffing commensurate with assigned staff responsibilities? Are best practices being implemented?

In regard to judicial findings of inadequacy, there are none at CCF. If there were any judicial findings, the Warden, CCPC, and the CCF PCM, minimally, would dissect the finding(s) and make changes accordingly.

The same procedure would be implemented if there were any findings of inadequacy from federal investigative agencies and internal or external oversight bodies. Of note, there were no such findings during this audit period.

Corporate monitors PREA and no findings have been identified during Corporate reviews. Regarding the American Correctional Association (ACA), there has been no PREA related audit findings.

In regard to the physical plant, Executive Staff and the CCF PCM walk the facility, evaluating blind spots, etc. Additionally, the ADO and FDO facilitate unannounced PREA rounds, considering blind spots, amongst other PREA- related issues. New cameras have been installed during the past year.

Direct supervision is required in each pod pursuant to the contract with ODOC. STGs, number of violent inmates, etc. are closely monitored.

We have sufficient supervisory staff between unit management and security supervisors. Unit Managers are staged in the units and correctional supervisors are dispersed throughout the facility. The supervisor:staff ratio appears to be sufficient.

When considering staffing needs based on programs occurring on a particular shift, deployment of additional staff in program areas may be necessary to monitor volunteer programs.

CC contracts with ODOC for housing of ODOC inmates at CCF. Accordingly, operations are based on Oklahoma laws, regulations, and standards.

SART reviews and investigation findings provide necessary considerations regarding substantiated and unsubstantiated incidents of sexual abuse.

If other relevant factors present themselves, consideration is given to the same when developing the Annual Staffing Plan.

Pursuant to a memorandum dated April 2, 2018, the Warden asserts documentation regarding deviation from the staffing plan has been inappropriate and accordingly, a plan has been implemented whereby the ADO assesses staffing plan compliance during staffing plan shift reviews. Actual staffing is compared against the staffing plan. In those cases where there is deviation from the staffing plan, the ADO will advise the CCF PCM of the same and he will initiate proper reporting in accordance with CC policy.

The auditor has been advised there were no deviations from the Staffing Plan during the last 12 months. The information provided above serves as the process being employed to ensure appropriate reporting in the event of Staffing Plan deviations.

CC APS ODOC OP-030601 entitled PREA, page 5, section III(C)(3) and (4)(b) addresses the procedure for documentation of non-compliance with the PREA Staffing Plan. The CCF Chief of Security (COS) is responsible for identification of non-compliance with the staffing plan and he/she reports the same to the CCF PCM. He, in turn, reports the specifics of the deviation, inclusive of any corrective action, to the CCPC within seven calendar days of the date of the deviation.

Pursuant to interview with the Acting Warden, all instances of non-compliance with the PREA Staffing Plan would be documented. Specifically, the deviation would be documented in a 5-1 packet as a Reportable Incident and forwarded to the CCPC.

The auditor's observation of staffing during the facility tour and during non-regular business hours reveals substantial compliance with 115.13. COs are assigned to each pod and in high security areas, there are generally additional COs assigned.

It is noted that camera surveillance and the use of mirrors is good in each unit and pod. According to the Acting Warden, changing some fixed cameras to PTZ cameras will be requested and implemented during the next budget cycle.

Pursuant to the PAQ, the Warden self reports that at least once every year, the facility, in collaboration with the CCPC, reviews the staffing plan to determine whether adjustments are needed to the staffing plan; the deployment of monitoring technology; or the allocation of facility resources to commit to the staffing plan to ensure compliance with the same.

CC APS ODOC OP-030601 entitled PREA, page 5, section III(C)(3) and (5) and (b)(i-iii) addresses the elements required in 115.13(c).

Pursuant to the CCPC, he is consulted regarding any assessments of, or adjustments to, the staffing plan for CCF. Specifically, he is a reviewer and co-signer for the CCF Annual Staffing Plan pursuant to policy.

Pursuant to the PAQ, the Warden self reports that intermediate-level or higher level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Rounds are documented and cover all shifts. Facility policy does prohibit staff from alerting other staff of the conduct of such rounds.

CC APS ODOC OP-030601 entitled PREA, page 6, section III(D)(1) and (b) addresses the elements required in 115.13(d), inclusive of the staff prohibition from alerting other staff members that the rounds are occurring, unless the announcement is related to the legitimate operational functions of the facility.

The auditor's review of 11 documents entitled Supervisor Unannounced PREA Rounds and Staff Visit Log (covering housing units) and five of the same documents (covering service areas), all completed on different dates, generally reveals consistency in terms of Executive Staff, ADO/FDO, and designated non-Security supervisory presence in the respective areas. Additionally, the auditor's review of several unit logs reveals consistency in terms of Security Supervisor presence and Unannounced PREA Rounds in the housing units on each shift. These rounds are generally denoted in blue ink. The auditor's random review of various housing unit logs throughout the facility also validates institutionalized practice as described above.

Pursuant to the two intermediate or higher facility level staff interviewees, they facilitate unannounced sexual safety rounds. Both interviewees advise they complete unannounced rounds each shift, documenting the same in blue ink in the pod log books. They document such rounds as "Unannounced PREA Rounds".

Both interviewees advise that staff never know where they are as they do not share the information prior to making rounds. Changing direction, touring a unit and then stopping/moving to other areas/functions within the facility are common strategies employed to break routine.

Interviewees advise they frequently reinforce, with staff, that alerting each other as to the supervisor's location and rounds is not acceptable. Historically, such admonishments have been facilitated primarily during shift briefings.

In view of the above, the auditor finds CCF to be substantially compliant with 115.13.

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].)
 - Yes No NA

- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].)
 - Yes No NA

- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)
 - No NA Yes

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Youthful inmates are not housed at CCF. By memorandum dated February 27, 2018, the Warden validated the same.

The auditor's review of page 5 of the contracting solicitation for ODOC reflects the contract applies to adult male Maximum and Medium security inmates.

In view of the above, the auditor finds CCF to be substantially compliant with 115.14.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 - Yes No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.)
 - Yes No NA

- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.)
 - Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female inmates? Yes No

115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? Yes No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports cross-gender strip or cross-gender visual body cavity searches of inmates are not conducted at CCF. The Warden further self-reports no cross-gender strip or cross-gender body cavity searches of inmates were conducted at CCF during the last 12 month period.

ODOC OP-040110 entitled Search and Seizure Standards, page 4, section II(D)(1)(a) specifies that strip or visual body cavity searches will be facilitated by gender specific staff unless in exigent circumstances or when performed by medical practitioners. As previously mentioned, CCF is a private contract facility engaged in a business relationship with ODOC. Accordingly, primary compliance with ODOC policy, as well as relevant CC policy, is requisite to the agreement.

Pursuant to the non-medical staff involved in cross-gender strip or visual searches interviewee, female staff do not conduct cross-gender strip or visual searches at CCF. When questioned regarding circumstances wherein cross-gender strip or visual searches might be warranted, the interviewee preferred that when an inmate has a weapon in his possession, he is demonstrating self-injurious or assaultive behavior, or he is observed secreting drugs in his rectum.

Pursuant to the auditor's review of the CC website, only male inmates are housed at CCF. Accordingly, the conduct of cross-gender pat searches of female inmates at CCF is not applicable to 115.15(b).

Pursuant to the PAQ, the Warden self reports facility policy requires all cross-gender strip searches and cross-gender visual body cavity searches to be documented. As female inmates are not housed at CCF, policy provisions regarding cross-gender pat searches of female inmates are not applicable.

ODOC OP-040110 entitled Search and Seizure Standards, section II(D)(1)(c) addresses 115.15(c).

The auditor received no complaints from any inmate interviewees regarding cross-gender strip or visual body cavity searches being conducted. Furthermore, the auditor found no documentary evidence validating the conduct of such searches.

Pursuant to the PAQ, the Warden self reports policies and procedures have been implemented at CCF that enable inmates to shower, perform bodily functions, and change clothing in the absence of non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). The Warden further relates policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit.

ODOC OP-030601 entitled PREA, page 6, section II(C)(2 and 5) addresses 115.15(d).

During the facility tour and random inmate interviews, the auditor was sometimes advised the existing curtains were recently installed. The Acting Warden and other staff advised the shower curtains

were installed within the last few months in response to a recommendation from a Corporate PREA review. Prior to the curtains observed by the auditor, half curtains were utilized and the same allegedly could allow viewing of genitalia from the second tier. It is noted that the showers do have walls between several of the stalls however, some showers head configurations facilitate open view. The current shower curtains preclude viewing of showering inmate genitalia by either staff or inmates.

During the facility tour, the auditor reviewed cameras in the Central Control Center. At the time of the tour, female staff were assigned in the same. Reportedly, these are the only facility cameras wherein housing and program area interior areas are monitored. The auditor's review of these cameras validated the afore-mentioned statement. The auditor noted the cameras monitored in the Central Control Center did not capture video of cell interiors nor showering/toileting areas. It is noted each cell contains a toilet.

During the facility tour, the auditor observed the QAM (female) announce her presence when entering housing units. The auditor also observed other female staff enter housing units during the tour, announcing "Female on the pod". Of note, the following is painted above pod doors, "Opposite Gender Must Announce Upon Entry".

Seventeen of the 22 inmate interviewees advise female staff announce their presence when entering housing units. Of those who advise female staff do not announce their presence, half advised such staff announce most of the time.

In regard to query as to whether inmates are ever naked in full view of female staff while toileting, showering, or changing clothing, all of the 22 random inmate interviewees assert in the negative. Some interviewees advise such viewing is now addressed with the new shower curtains as mentioned above.

All of the 13 random staff interviewees advise female staff announce their presence when entering a housing unit. Random staff interviewees (male) also validate the assertions of female interviewees.

All 13 random staff interviewees advise inmates are able to dress, shower, and toilet without being viewed by staff of the opposite gender.

According to the CCF PCM and pursuant to the auditor's observation during the facility tour, only male staff are assigned to medical/mental health/suicide observation posts in the Medical Department. While female Nurses are assigned to the Medical Department, they have minimal observation of inmates while changing clothes or toileting.

Pursuant to the PAQ, the Warden self reports there is a CCF policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the

inmate's genital status. According to the Warden, no such searches have been conducted during the past 12 months.

ODOC OP-040110 entitled Search and Seizure, page 4, section II(D)(1)(c) and ODOC OP-030102 entitled PREA, page 3, section II(B) addresses 115.15(e).

Ten of the 13 random staff interviewees advise the facility prohibits staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Two random staff interviewees advise they aren't sure about policy in this regard.

Of the three transgender/intersex inmate interviewees, two of the three didn't believe they were strip searched solely for the purpose of determining genital status. The other transgender/intersex interviewee asserts he can't really say. It is noted all incoming inmates at CCF are strip searched.

Pursuant to the PAQ, the Warden self reports 100 percent of all security staff have received training on conducting cross-gender pat-down searches and searches of transgender/intersex inmates in a professional and respectful manner, consistent with security needs.

The auditor's review of the CC Facilitator Guide regarding Search Procedures reveals the same clearly addresses proper conduct of searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. The auditor's review of one PAQ staff training record validates receipt of this training prior to assuming duties involving contact with inmates.

Twelve of the 13 random staff interviewees advise they received training regarding cross-gender pat searches and searches of transgender and intersex inmates in a professional and respectful manner. One random staff interviewee relates she was not sure whether she received the training, in question. The auditor found no deviations regarding receipt of this training as the same is provided during PREA Orientation and Annual PREA training.

In view of the above, the auditor finds CCF to be substantially compliant with 115.15.

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? X Yes No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? Yes No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? Yes No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?
X Yes No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? X Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports there are 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.

ODOC OP 030601 entitled PREA, page 14, section VI, addresses 115.16(a-c). Of note, the above ODOC citation clearly stipulates if literacy problems, intellectual disabilities/disabilities (visual/hearing impairments) exist, the inmate will be assisted in understanding the material. All inmate education will be provided by staff. Approved community or facility volunteers may also be utilized.

According to the Agency Head interviewee, the agency has established procedures to provide inmates with disabilities and inmates who are limited English proficient (LEP) 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. Specifically, Language Line is used, when necessary, to communicate with LEP inmates. Generally speaking, staff translators can also be used. TTY units are available in every facility and Braille is available in some facilities.

The auditor interviewed seven inmates who presented with physical disabilities (wheelchair bound, hearing and/or vision disabilities, and low intellectual functioning). All of these interviewees advise the facility provides information about sexual abuse and sexual harassment they are able to understand. Many interviewees advise they watch the PREA video, some advise staff read PREA information to them, some advise they read materials, they are cognizant of reporting telephone numbers as the same is painted on the pod walls, and PREA information is broadcasted weekly on the CCTV system.

Pursuant to the PAQ, the Warden self reports the agency has established procedures to provide LEP 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.

Pursuant to the afore-mentioned ODOC policy citation, inmates whose primary language is not English will normally be provided a copy or translation of the orientation materials in their own language.

Of note, the auditor's review of a comprehensive document entitled Oklahoma Prison Rape Elimination Act Zero Tolerance Acknowledgment for Inmates, presented in both English and Spanish, reveals inmates receive substantial education regarding their PREA rights. The document addresses zero tolerance for sexual abuse/sexual harassment, inmate's right to be free from sexual abuse/sexual harassment/retaliation, available incident reporting procedures, availability of treatment and counseling services in the event of sexual abuse, and investigation requirements. Additionally, the document reflects the inmate viewed the PREA video and understands the information provided in both the document, as well as, the video. The PREA video is presented in English and Spanish. The auditor's review of the CCF Inmate Handbook reveals the same is comprehensive and written in both English and Spanish.

The auditor was advised no LEP inmates are confined at CCF at the time of the audit. The auditor was not able to locate any LEP inmates during the course of inmate interviews and accordingly, no such interviews were conducted.

The auditor reviewed the contract between CC and Language Line Interpreter Services for provision of services to non-English speaking inmates. Services for numerous languages are provided pursuant to this service.

Pursuant to the PAQ, the Warden self reports agency policy prohibits use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under 115.64, or investigation of the inmate's allegation(s).

The Warden further advises the facility documents the limited circumstances in individual cases where inmate interpreters, readers, or other types of assistants are used.

Reportedly, there were 128 instances, within the past 12 months, wherein inmate interpreters, readers, or other types of inmate assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties, or the investigation of the resident's allegations. When questioned further, the CCF PCM relates there were 0 incidents of such inmate interpreters, readers, or other types of inmate assistant usage during the last 12 months.

While the previously cited ODOC policy addresses 115.16(c), CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page14, section 14-2.3(I)(2)(c) more specifically addresses 115.16(c) in totality.

All 13 random staff interviewees advise, to the best of their knowledge, inmate interpreters, inmate readers, or other types of inmate assistants have not been used in relation to sexual abuse or sexual harassment allegations, since they have assumed duties at CCF. It is noted only one of the random staff interviewees was able to identify a circumstance under which such interpreters, readers, or inmate assistants can be utilized (as applicable to 115.16(c)).

The auditor finds CCF to be substantially compliant with 115.16.

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? Yes No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? Yes No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? Yes No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated

allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports agency policy prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who:

Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution;

Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or

Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

CC APS OP-030601 entitled Oklahoma PREA, page 3, section III(B)(1)(a-c) addresses 115.17(a) in totality.

The auditor's review of Self Declarations of Sexual Abuse/Sexual Harassment forms for one employee and one contractor (completed within the last 12 months) reveals compliance with this provision to the extent the three questions are specifically asked, and staff and contractors affirmatively respond, in writing, to complete the form. Additionally, review of completed criminal record background checks (facilitated by First Advantage) validates compliance with respect to these individuals. The auditor's on-site random review of 14 employee Human Resources (HR) files, ten of which apply to 115.17(a) based on hiring date, and one contractor, also validates the three questions are asked of the applicant and he/she must affirmatively respond to each. Similarly, completed criminal record background checks validate hiring in the absence of affirmative responses to the three questions.

The auditor's review of 24 promotion files similarly validates promotion applicant compliance with 115.17(a). The form utilized (14-2H) similarly reflects the applicants signature and date, as well as, his/her personal responses to the three questions. Of note, 12 of the 24 documents are untimely in terms of proximity to the promotion effective date, generally within 1-18 days. Three were com-

pleted within months of the promotion effective date. The auditor recommends emphasis be employed to ensure timeliness in this regard.

Pursuant to the PAQ, the Warden self reports agency policy requires consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

CC APS OP-030601 entitled Oklahoma PREA, page 3, section III(B) addresses 115.17(b) in totality.

The HR interviewee advises the facility considers prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with inmates. Specifically, the 14-2H (comprised of four questions) is administered on interview day. Information regarding previous incidents of sexual harassment may be gleaned pursuant to previous employer inquiries.

The auditor's review of the previously referenced Self Declarations of Sexual Abuse/Sexual Harassment forms for one employee and one contractor reveals compliance with this provision to the extent the three questions and an additional question regarding substantiated allegations of sexual harassment, are specifically asked and staff applicants/promotions, and contractors affirmatively respond, in writing, to the questions. Additionally, the same document was present in the files of 10 random staff and one contractor randomly selected for review. Of the afore-mentioned 24 promotional applicant files, all 14-2H Forms reflect the question regarding sexual harassment, as described above, with response checked.

As previously mentioned, the afore-mentioned 14-2H Form captures the existence of sexual harassment in the employee's history. That document is a CC document and accordingly, the same is maintained in the HR file. Staff complete a 14-2H form annually.

The CC Form 3-20-2B form captures validating information from former institutional employers regarding substantiated allegations of sexual harassment. The criminal record background check generally does not address sexual harassment and accordingly, it is difficult to validate the applicant's statement based on the same.

Pursuant to the PAQ, the Warden self reports agency policy requires that before new employees, who may have contact with inmates, are hired, a criminal background record check is conducted and consistent with federal, state, and local law, best efforts are made to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

The Warden further self reports that during the past 12 months, 128 persons who may have contact with inmates have had criminal background record checks completed. This equates to 100% of staff hired during this time frame.

CC APS OP-030601 entitled Oklahoma PREA, page 4, section 3(a)(i and ii) addresses 115.17(c) in totality.

According to the HR interviewee, the facility performs criminal record background checks or considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with inmates and all employees who may have contact with inmates who are considered for promotions. Criminal record background checks are not completed for promotions. First Advantage (a privately contracted company) facilitates criminal record background checks for CCF.

The auditor's review of Verification of Prior Employment forms for one newer employee and one contractor reflects some compliance with 115.17(c). Specifically, the previous employer was questioned as to whether there were any substantiated incidents of sexual abuse against the applicant and whether the applicant resigned during a sexual abuse investigation against him/her. These questions were applicable to prior institutional employers.

The name of the employee applicant is documented on the forms, in question. Additionally, the name(s) of the respondents, are documented on the forms.

On-site random file review findings are articulated in the narrative for 115.17(a) above. It is noted that eight of the files reviewed pertain to staff hired during the last PREA audit period. Of note, the previous auditor identified no findings regarding non-compliance with prior institution employer follow-up. All random employee files reviewed (hired within the last 12 months) reveal completion of a criminal record background check prior to assumption of duties with inmates.

Clearly, CC has implemented a revised form to glean information from previous employers, more accurately reflective of the criteria established in 115.17(a). Based on random employee file reviews for those hired during the last 12 months, two of three files reflect completion of the requisite form.

Pursuant to the PAQ, the Warden self reports agency policy requires a criminal background record check is completed before enlisting the services of any contractor who may have contact with inmates.

The Warden further self reports 16 contracts for services where criminal background record checks were conducted on staff covered in the contract who might have contact with inmates. The Warden self reports criminal background checks were conducted for 100% of the contracts for services wherein contractors might have contact with inmates.

CC APS OP-030601 entitled Oklahoma PREA, page 4, section 3(b) addresses 115.17(d) in totality.

The auditor's review of one PAQ background investigation packet validates compliance with 115.17(d). The criminal background investigation was completed in a timely manner and prior to

the entry-on-duty date. Criminal background investigation findings regarding the on-site random review of contractor HR files, are articulated above in terms of review and approval.

Pursuant to the PAQ, the Warden self reports agency policy requires either criminal record background checks be conducted at least every five years for current employees and contractors who may have contact with inmates, or that a system is in place for otherwise capturing such information for current employees.

CC APS OP-030601 entitled Oklahoma PREA, page 4, section 3(c) addresses 115.17(e) in totality.

According to the HR interviewee, HR has a Background Log for staff and contractors bearing name/ start date/ and position. A task log is accessed monthly to track criminal record background investigation due dates to ensure five year re-investigations are conducted.

The auditor's review of three of four random staff HR files (as applicable to this provision) reflects timely conduct of five-year criminal record background investigations.

CC APS OP-030601 entitled Oklahoma PREA, page 4, section 2 (a and b) addresses 115.17(f) in totality. This policy stipulates all applicants and employees who may have direct contact with inmates/detainees shall be asked about previous misconduct as outlined in 115.17(a) in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The 14-2H Self-Declaration of Sexual Abuse/Sexual Harassment form will be completed as part of the hiring process and as part of the promotion process. The 14-2H form shall be completed by current employees on an annual basis to serve as verification of an employee's fulfillment of his/her continuing affirmative duty to disclose any sexual misconduct as described . The 14-2H form shall be retained in each employee's personnel file.

Pursuant to the HR interviewee, as reflected in the above policy citation, the relevant questions are asked on the 14-2H Form. The 14-2H is administered to staff during their Orientation training phase and as part of the promotion process.

The HR interviewee further relates the facility imposes a continuing affirmative duty to disclose any such previous misconduct as described at 115.17(a). This affirmative duty is addressed in staff PREA training, as well as, on the 14-2H.

Pursuant to conversation with the Acting Warden, it was learned the equivalent of the 14-2H is completed annually as part of Annual In-Service training. The document is part of a testing process each employee completes on-line. If affirmative responses are documented for any of the four questions as described above, an error message will direct the employee to contact a designated telephone number and completion of the test will be disallowed.

The auditor and Training Manager did contact the afore-mentioned telephone number, receiving a message directing the employee to provide information related to their responses. The Ethics Division was also mentioned in the pre-recorded message.

Subsequently, the auditor and Training Manager contacted the Ethics Division. The individual, to whom the auditor spoke, advised the information staff provides triggers an inquiry and investigation by a private investigation firm. Results of the investigation are shared with Corporate Office Human Resources staff and, if necessary, the facility Warden, for disciplinary/removal consideration, if appropriate.

The auditor did validate completion of this process for the 14 random staff whose files he reviewed on-site. All certifications are reflected on the employee's electronic training record.

Pursuant to the PAQ, the Warden self reports agency policy states material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination.

CC APS OP-030601 entitled Oklahoma PREA, page 4, (NOTE:) addresses 115.17(g) in totality.

CC APS OP-030601 entitled Oklahoma PREA, page 4, section 3(d) addresses 115.17(h) in totality.

The HR interviewee asserts when a former employee applies for work at another institution and upon request from that institution, CCF provides information on substantiated allegations of sexual abuse or sexual harassment involving the former employee, unless prohibited by law.

In view of the above, the auditor finds CCF to be substantially compliant with 115.17.

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
- Yes No NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or

updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.) Yes

No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports the facility has not made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.

CC APS OP-303601 entitled Oklahoma PREA, page 8, section H(1) addresses 115.18(a) in totality.

Pursuant to the PAQ, the Warden self reports the facility has not installed or updated video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.

CC APS OP-303601 entitled Oklahoma PREA, page 8, section H(2) addresses 115.18(b) in totality.

According to the Agency Head interviewee, when designing, acquiring, or planning substantial modifications to facilities, CC commences the process through land purchase(s) and then subsequent construction. A design team facilitates most of the preparation and standards compliance work. Architects are well versed in PREA. Lines of sight are assessed to enhance inmate sexual and personal safety and camera surveillance needs to address blind spots. The same protocol is utilized with regard to expansion and renovations. Requests for changes must be approved by the design team. The design team is part of the Real Estate Group.

Pursuant to the Acting Warden, camera surveillance serves as a deterrent to sexual abuse and harassment. The same offsets "blind spots" and serves as a great investigative tool. Camera surveillance serves as a "cradle to grave" tool, intended to track an individual (staff or inmate) as he/she traverses throughout the facility.

As noted throughout this narrative, the addition of cameras did occur during the last 12 months however, there has not been a camera surveillance system upgrade.

The auditor finds CCF to be substantially compliant with 115.18.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
X Yes No NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports the facility is responsible for conducting administrative sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct).

According to the Warden, the Office of the Inspector General (OIG) and ODOC Office of Fugitive Apprehension and Investigation (OFAI) facilitates criminal investigations of sexual abuse.

When conducting administrative investigations, the CCF PREA Investigator follows a uniform evidence protocol.

ODOC OP-030601 entitled PREA, page 24, section XI(D) and ODOC OP 040117 entitled Investigation, pages 2-4, sections II, III, and IV address 115.21(a).

Eleven of the 13 random staff interviewees advise they are aware of the uniform evidence protocol utilized to ensure maximum possibility of obtaining usable evidence for prosecution. Specifically, seven interviewees related, minimally, they would separate the victim and perpetrator, secure the crime scene, and ensure both the victim and perpetrator do not destroy physical evidence by bathing, brushing teeth, changing clothes, cleaning the area of the assault, eating, defecating, and urinating. Three of these eleven interviewees advise they would request the victim not destroy physical evidence as described above, while ensuring the perpetrator doesn't destroy physical evidence. Additionally, many advised they would report the incident to the shift supervisor and some advise of reporting to Medical. It is noted all interviewees were in possession of a CC card bearing the instructions as required by Standard 115.64(a).

Of the 13 random staff interviewees, seven advise that the Investigator facilitates administrative sexual abuse investigations and two advise ODOC OIG staff facilitate criminal sexual abuse investigations at CCF.

Pursuant to the PAQ, the Warden self reports youth are not confined at the facility and accordingly, the requirement the protocol be developmentally appropriate for youth, is not applicable to CCF.

The Warden further self reports the protocol was adapted from or is otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

While the auditor finds no ODOC policy which specifically addresses 115.21(b), CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 24, section 14.2.4(O)(4)(b) is applicable.

The auditor's review of the CCF MOU with Stillwater Medical Center (forensic examinations are conducted at this facility) reveals the exact verbiage of 115.21(b) regarding evidence requirements.

Pursuant to the PAQ, the Warden self reports all inmates who experience sexual abuse are afforded access to forensic medical examinations at an outside medical facility. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFE) or Sexual Assault Nurse Examiners (SANEs). Efforts to provide SANEs or SAFEs are documented. In the past 12 months, two forensic medical examinations were conducted and the same were conducted by a SANE/SAFE Nurse.

ODOC OP-140118 entitled Emergency Care, page 4, section I(C)(c)(1-3) and page 5, sections (c and d) address 115.21(c).

According to the SANE Nurse interviewee, she is one of ten SANE Nurses who conduct sexual abuse forensic examinations at Stillwater Medical Center. All ten Nurses are on call on a twenty-four hour/seven days per week (24/7) basis. In view of the above, the unavailability of SANE Nurses does not happen. Infection prophylaxis is offered as part of the process.

Pursuant to the PAQ, the Warden self reports the facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means and the efforts are documented. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified staff member.

ODOC OP-030601 entitled PREA, page 24, section D addresses 115.21(d).

The auditor's review of an MOU between CC and the Stillwater Domestic Violence Services Incorporated (SDVSI) reflects commitment from SDVSI to provide advocacy services to inmates who experience sexual assault at CCF. The same appears to encompass the intent and requirements of 115.21(d). According to the CCF PCM, there are no properly trained CCF Victim Advocate (VA) staff

NOTE: SDVSI will be referenced as Wings of Hope throughout this report.

The CCF PCM interviewee asserts, if requested by the victim, a victim advocate or qualified community-based organization staff member accompanies and provides emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. This subject-matter is addressed in the MOU with SDVSI, as previously referenced. According to the CCF PCM, inmates are advised of the afore-mentioned subject-matter during Orientation.

According to the inmate who reported a sexual abuse interviewee, he was not allowed to contact anyone once he reported the sexual abuse. The auditor's review of relevant documentation reflects the interviewee did not request the services of a victim advocate as reflected in the following paragraph.

Pursuant to the PAQ, the Warden self reports that if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

Although the auditor finds no ODOC policy which specifically addresses the verbiage of 115.21(e), CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 25, section 14.2.4(O)(4)(e) addresses the same.

Reportedly, there has been no such occurrences during the last 12 months wherein a victim requested that a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

According to the CCF PCM interviewee, the requirements for Victim Advocates (VAs) are scripted in the afore-mentioned MOU with Wings of Hope. The auditor's review of the MOU reveals the same primarily addresses confidentiality issues related to provision of services to CCF inmates impacted by sexual abuse.

Pursuant to the PAQ, the Warden self reports if the agency is not responsible for investigating administrative or criminal allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs 115.21(a through e) of the PREA standards.

ODOC OP 030601 entitled PREA, page 23, section XI(A)(3) and (B) addresses 115.21(f). As previously mentioned, CC contracts with ODOC and therefore, works in conjunction with ODOC staff on all matters PREA. With the exception of those provisions seemingly not addressed in ODOC policy as reflected throughout this report, the auditor's cursory review of ODOC policies regarding this provision appear to be in line with standard expectations.

In view of the above, the auditor finds CCF to be substantially compliant with 115.21.

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No

- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] Yes No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. According to the Warden, 33 allegations of sexual abuse and sexual harassment were received during the last 12 months and all were, minimally, administratively investigated. Two of these allegations were referred for criminal investigation. The Warden further self reports all of administrative and criminal investigations were completed.

Pursuant to the auditor's review of two Sexual Assault investigative files regarding investigations conducted by OFAI in October and November, 2017, respectively, it is apparent proper protocols were followed. OFAI referred both matters for prosecution consideration. The OFAI investigator's role is clearly documented in the reports.

ODOC OP-030601 entitled PREA, page 5, section II generally addresses 115.22(a). Specifically, according to the policy, every allegation of sexual assault, misconduct, and harassment is thoroughly investigated.

Based on the auditor's limited review of nine completed administrative investigations on-site, it is apparent the same are reflective of compliance with 115.22(a) and (b). The allegations were clearly sexual abuse or harassment, in nature.

According to the Agency Head interviewee, an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. Administrative investigations are completed by a PREA trained investigator and whenever the Inspector General (IG) arm of the partner is tasked with facilitation of criminal investigations, they are generally PREA trained pursuant to the contract.

In regard to the protocol relative to administrative/criminal sexual abuse or sexual harassment investigations, the Agency Head interviewee asserts the allegation triggers the rest of the investigative process. Medical examination and allegations the victim incurred physical harm may trigger a forensic examination as ordered by Medical professionals. The allegation is generally reported to the COS, Warden, and PCM. Notifications to the facility Investigator and/or criminal investigating agency would ensue.

The Agency Head interviewee continued, stating First Responders ensure the victim and perpetrator are separated and perpetrator, if known, is isolated. The victim would likewise remain under staff's physical supervision. Generally, physical evidence is collected by the criminal investigator in a criminal matter. If criminal, the criminal investigator determines interview status and whether the facility Investigator assists. CC investigative staff would assist the criminal investigator in any way needed, inclusive of research and preservation of camera footage, inmate/staff file reviews, review of reports submitted by staff, review of inmate statements (if applicable), and coordination of investigative activities. Additionally, CC officials would support prosecution efforts of both staff and inmates.

The administrative investigation is generally completed by the facility Investigator. He/she employs essentially the same protocol however, he/she does interview witnesses and assesses victim, perpetrator, and witness credibility. Finally, the Investigator writes an investigative report.

Pursuant to the PAQ, the Warden self reports the agency has a policy that requires allegations of sexual abuse and sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The Warden further self reports agency policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website or made publicly available via other means. The agency documents all referrals of sexual abuse or sexual harassment for criminal investigation.

ODOC OP-030601 entitled PREA, page 19, section X(A) addresses the sexual assault investigation issue.

This policy stipulates all incidences of sexual abuse/assault/ or harassment, including third party and anonymous reports, will be reported to the OIG. The facility head/district supervisor/unit head will ensure immediate verbal notification to the IG or IG Duty Officer, if physical evidence can be gathered. If physical evidence is not present due to the assault occurring more than 120 hours prior to notification or the event is defined as abusive sexual contact or sexual harassment rather than a non-consensual sexual act, notification will be made by 9:00AM the following business day to the IG.

According to the investigative staff interviewee, agency policy requires that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. According to the interviewee, the ODOC OFAI facilitates criminal investigations of sexual abuse or harassment.

The auditor's review of the CC website revealed ODOC OP-030601 entitled PREA and CC Policy 14-2 are posted on the same. Accordingly, the verbiage, as articulated previously, is available on the website. Additionally, the specific duties of both CC and ODOC investigators is present.

In view of the above, the auditor finds substantial compliance with 115.22 and accordingly, CCF is deemed to be compliant.

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No

- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?
 Yes No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? Yes No

115.31 (c)

- Have all current employees who may have contact with inmates received such training?
 Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports the agency trains all employees who may have contact with inmates regarding the ten topics listed in 115.31(a).

ODOC OP-030601 entitled PREA, pages 11 and 12, section V(A-C)(1-7) addresses the PREA topic training requirements as articulated in 115.31(a).

The auditor's limited review of the CC PREA Overview Curriculum/accompanying workbook, and ODOC PREA slides, reveals the requisite 10 topics are covered with narratives and slides. This interactive program appears to be informative and appropriate to the adult learner. All requisite staff PREA training, as applied to [115.31(a)], is available at CCF.

The auditor's review of three training records included with the PAQ reflected compliance with 115.31(a).

Twelve of the 13 random staff interviewees advise they have received PREA training regarding the topics articulated in 115.31(a) above. One random staff interviewee asserts he is not sure if he had received the dynamics of sexual abuse and harassment in confinement topic. Minimally, all random staff interviewees hired since the last PREA audit received such training during the Academy and prior to assumption of duties with inmates. Minimally, all random staff interviewees assert they received Annual In-Service training regarding the afore-mentioned topics.

The auditor's review of 17 staff training files reveals substantial compliance with 115.31(a). Specifically, 16 of the 17 files reviewed reveal documentation substantiating receipt of requisite training during the Academy and/or annual In-Service training. Two files were absent some In-Service training records. Of note, documentation in each case did include the "I understand" caveat.

Pursuant to the PAQ, the Warden self reports training is tailored to the gender of the inmates assigned to the facility. The Warden further self reports employees who are reassigned from facilities housing opposite gender inmates are given additional training.

ODOC OP-030601 entitled PREA, page 12, section V(D) addresses 115.31(b).

Reportedly, no staff were transferred, reassigned, or promoted from a female facility to CCF during the last three years.

Pursuant to the PAQ, the Warden self reports that 246 staff (100%) employed by the facility, who may have contact with inmates, were either trained or retrained in PREA requirements. Between trainings, staff are notified of all new and/or revisions to existing policies. Staff have received training, under these circumstances, regarding an LGBTI card. Such training has been provided during staff recalls and incident debriefings. According to the Warden, employees who may have contact with inmates receive refresher training on an annual basis.

ODOC OP-030601 entitled PREA, page 12, section V(C)(2) addresses 115.31(c). This provision stipulates all employees and volunteers receive annual PREA training.

Pursuant to the PAQ, the Warden self reports the agency documents that employees who may have contact with inmates understand the training they have received through employee signature or electronic verification.

ODOC OP-030601 entitled PREA, page 13, section V(E)(2) addresses 115.31(d).

The auditor's limited review of the three training records included with the PAQ reflects compliance with 115.31(d). Specifically, the "I understand" caveat, as articulated in 115.31(d), is reflected in the document. Additionally, the employee's signature and date are affixed to the same document.

The auditor finds CCF to have exceeded standard expectations with respect to 115.31. Specifically, as reflected above, PREA In-Service training is provided to staff on an annual basis. Pursuant to 115.31(c), refresher training is mandated every two years.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? Yes No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

□ **Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports all contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. The Warden further self reports that 50 volunteers and individual contractors, who have contact with inmates, have been trained in the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response.

ODOC OP-030601 entitled PREA, page 11, section V(B) addresses 115.32(a).

The auditor's review of the PREA Training for ODOC Volunteers training slides reveals substantial compliance with 115.32(a). Additionally, the auditor's review of one signed and dated Oklahoma PREA Volunteer/Contractor Training Acknowledgment reveals substantial compliance with 115.32(a). The volunteer attended the requisite PREA training prior to assignment within the facility. Volunteers attend a formal PREA class.

Of note, pursuant to ODOC policy, the Agency Volunteer Coordinator (ODOC) manages and oversees all volunteer selections, the conduct of criminal record background investigations, and requisite training, inclusive of PREA, for all volunteers. The Agency Volunteer Coordinator also assigns volunteers to facilities.

Reportedly, contractors are provided the same training as CCF staff receive. Additionally, Food Service contractors complete a Trinity created DVD training.

According to two contractor interviewees, they are trained relative to their responsibilities regarding sexual abuse and sexual harassment, prevention, detection, and response per agency policy and procedure. Additionally, both interviewees advise they have been notified of the agency's zero-tolerance policy on sexual abuse and sexual harassment, as well as, informed about how to report such incidents.

The auditor's review of two contractor training files reveals timely training in one case. With respect to the other file, the Training Administrator was unsure whether the other contractor signed the training record in an untimely manner following completion of the training. Of note, the training record reflects the participant understands the information provided. He/she signs and dates the document.

Pursuant to the PAQ, the Warden self reports the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. The Warden further self reports all volunteers and contractors, who have contact with inmates, have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

ODOC OP-030601 entitled PREA, page 12, section V(B)(1) addresses 115.32(b). This policy stipulates all contractors, who have contact with inmates, receive Pre-Service PREA training.

The auditor's review of TKC (Trinity- contractual Food Service provider) PREA Power Point slides reflects compliance with 115.32(b), at a minimum.

Pursuant to the PAQ, the Warden self reports the agency maintains documentation confirming that volunteers/contractors understand the training they have received.

ODOC OP-030601 entitled PREA, page 13, section V(E)(2) addresses 115.32(c).

The auditor finds CCF is substantially compliant with 115.32.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.33 (c)

- Have all inmates received such education? Yes No

- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?
 Yes No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? Yes No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions?
 Yes No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports 1201 inmates were admitted to CCF during the last 12 months whose length of stay was 30 days or more. According to the Warden, 1114 (93%) of these

inmates received comprehensive PREA education within 30 days of Intake. The Warden further self reports the remaining 87 inmate admissions have since received the requisite comprehensive PREA education.

Pursuant to the PAQ, the Warden self reports inmates receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. The Warden further self reports 1201 inmates were admitted to CCF during the last 12 months, of which 100% were provided the requisite information at intake.

ODOC OP-030601 entitled PREA, page 14, section VI(A) addresses 115.33(a).

During pre-audit preparations, the auditor determined inmates view the PREA video (English and Spanish) and receive the CCF Inmate Handbook/ODOC Inmate's Guide to Sexual Misconduct (available in English and Spanish). An in-depth orientation is conducted within seven days of Intake.

The auditor's review of an Oklahoma PREA Act Zero Tolerance Acknowledgments for Inmate form reflects timely completion of the above. The inmate signs and dates this document, attesting to his understanding of the zero tolerance policy regarding sexual assault and reporting procedures relative to the same.

The auditor's review of the CCF Inmate Handbook, CC Preventing Sexual Abuse and Misconduct brochure, and the ODOC Inmate's Guide to Sexual Misconduct brochures confirms the zero tolerance policy of CCF regarding sexual abuse and sexual harassment and the various options for reporting incidents or suspicions of sexual abuse or sexual harassment.

According to the staff Intake interviewee, she provides inmates with information about the zero tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment during Intake. Each new admission receives a "New Arrival Packet" consisting of information regarding the PREA Hotline and CC Brochure. If necessary, she asserts she would read information to blind inmate(s) and, with respect to deaf inmates, they would read Intake materials. In the event of an inmate who is low functioning or presents with mental health concerns, she would invoke the services of mental health staff for the purpose of PREA education. She further relates each inmate admitted to CCF receives the same PREA education content.

Of the 22 random inmate interviewees, 20 advise they received a "New Arrival Packet" at Intake. Generally, the "New Arrival Packet" consisted of flyers and brochures. A few interviewees advised they thought they reviewed the PREA video and received the Inmate Handbook during Intake. Minimally, with the exception of the afore-referenced few interviewees, they reviewed the video during Orientation, which occurred generally within one week of Intake.

The auditor's review of 17 of 21 inmate files reveals requisite PREA information is provided in a timely manner during Intake. Of note, four CCF Intake Interview Forms were missing in the four non-compliant files.

Of note, the CCF Inmate Handbook is not issued until Orientation. At Intake, the Intake Interview Form is completed and signed by the inmate, attesting to his receipt of relevant PREA materials. An additional Acknowledgment form is signed during Orientation.

Pursuant to the PAQ, the Warden self reports all inmates, received within the last 12 months, have been educated within 30 days of Intake. The Warden further self reports agency policy requires inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse/sexual harassment, retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents to the extent that the policies and procedures for the new facility differ from those of the previous facility.

ODOC OP-030601 entitled PREA, page 14, section VI(A) addresses 115.33(b).

As previously reflected in the narrative for 115.33(a), policy requires all inmate admissions to CCF receive the PREA Orientation education.

According to the staff Intake interviewee, inmates are provided Orientation within seven days of Intake at CCF. Orientation entails inmate training regarding the inmate's right to be free from sexual abuse/sexual harassment, their right to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The interviewee further related the PREA video is presented during Orientation.

Nineteen of the 22 random inmate interviewees advise they participated in a PREA Orientation program however, some advise they do not recall receiving one component of this training. Some of the random inmate interviewees also advised they did not receive Orientation within one week of Intake. Accordingly, the auditor followed with a review of their inmate files to either validate or refute their statements. The remaining interviewees advise they received the Orientation within one week of Intake and all relevant topics, as articulated in 115.33(b), were presented.

Pursuant to the auditor's review of the previously referenced 21 random inmate files, 17 inmates received timely PREA Orientation in accordance with relevant policy.

ODOC OP-030601 entitled PREA, page 14, section VI(A)(4) addresses 115.33(c). Additionally, ODOC OP-030601 entitled PREA, page 15, section B(1-7) addresses 115.33(c). Finally, ODOC OP-060201 entitled Initial Reception of Inmate, page 8, section C(1) stipulates inter-facility transfers will be provided an initial orientation.

Pursuant to the PAQ, the Warden self reports education is available in accessible formats for all inmates, including those specific groups listed in the verbiage of 115.33(d).

ODOC OP-030601 entitled PREA, page 15, section VI addresses 115.33(d).

As reflected in the narrative for 115.16(b), the agency has established procedures to provide inmates with limited English proficiency 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. The auditor's review of the contract between CC and Language Line Interpreter Services for provision of services to non-English speaking inmates reveals compliance with provision expectations.

There are no MOUs between CCF and local service providers relevant to the disabilities referenced in this provision.

A discussion regarding findings from affected inmates regarding this subject-matter is clearly articulated in the narrative for 115.16. As previously indicated in that narrative, inmates experienced no concerns regarding effective presentation of PREA information and their ability to understand.

Pursuant to the PAQ, the Warden self reports the agency maintains documentation of inmate participation in PREA sessions.

ODOC OP-030601 entitled PREA, page 15, section (a) addresses 115.33(e). The Oklahoma PREA Act Zero Tolerance Acknowledgments form is used to document initial PREA Orientation at Intake and the Initial Orientation Verification form is used to document the in-depth PREA Orientation provided within seven days of Intake.

The auditor's review of random inmate files validates CCF compliance with 115.33(e). Clearly, requisite certifications are signed and dated by inmate participants.

Pursuant to the PAQ, the Warden self reports the agency ensures key information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks, or other written formats.

ODOC OP-030601 entitled PREA, page 14, section VI(A) and page 16, section D addresses 115.33(f).

As addressed in earlier narrative provisions related to 115.33, written materials, presented in both English and Spanish, are provided to inmates during Intake and Orientation.

During the facility tour, the auditor observed numerous PREA posters, printed in both English and Spanish, in each housing pod, program and operational areas, and areas of congregation. In addition to the above, the auditor observed posters, telephone numbers for the "Ethics Hotline", and other PREA related information, hung in staff assembly areas. The auditor is convinced PREA is well publicized at CCF and both staff and inmates have significant information at their fingertips regarding PREA issues/procedures.

In view of the above, the auditor finds CCF to be substantially compliant with 115.33.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) X Yes No NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] X Yes No NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] X Yes No NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] X Yes No NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] X Yes No NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] X Yes No NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.

ODOC OP-030601 entitled PREA, page 13, section F(1) and (2) addresses 115.34(a) and (b). This policy stipulates IG investigators (ODOC) shall receive training in conducting sexual abuse investigations in a confinement setting.

The auditor's review of the CCF PREA Investigator's training records reveals he completed Annual In-Service PREA training throughout the three year audit period, as well as, a three hour PREA Investigator training and Operation Diamondback Investigators training. The auditor's review of slides from the PREA Investigators Training reflects discussions regarding techniques for interviewing sexual abuse victims, Miranda and Garrity rights, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The slides are a combination National Council on Crime and Delinquency (NCCD), the Bureau of Justice Assistance (BJA), and the Moss Group.

The investigative interviewee asserts he has received training specific to conducting sexual abuse investigations in confinement settings. Reportedly, he received PREA Resource Center specialty training presented by the Moss Group.

According to the investigative interviewee, the Specialized Investigative course (presented by the Moss Group) was entitled Investigating Sexual Abuse in a Confinement Setting. The Operation Diamondback Investigators program was comprised of primarily classroom work. Relevant PREA definitions, interviewing techniques, analysis of victim behavior, standards of evidence, and participation in a mock scenario were some of the topics addressed during the training.

The investigative interviewee asserts the specialized course included the following:

Techniques for interviewing sexual abuse victims;
Proper use of Miranda and Garrity Warnings;
Sexual abuse evidence collection in confinement settings; and
The criteria and evidence required to substantiate a case for administrative or prosecution referral.

Pursuant to the PAQ, the Warden self reports the agency maintains documentation showing investigators have completed the required training. The Warden further self reports CCF currently employs one PREA Investigator and he completed the required training.

The auditor's review of one staff training record and certificate for completion of the National Institute of Corrections (NIC) course entitled PREA: Investigating Sexual Abuse in a Confinement Setting confirms substantial compliance with 115.34(c). This certificate pertains to the facility Investigator.

In view of the above, the auditor finds CCF to be substantially compliant with 115.34.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) Yes No NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?
 Yes No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? X Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? X Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. According to the Warden, 23 medical and mental health care practitioners work regularly at the facility and have contact with inmates, received the requisite training. Reportedly, this equates to 100% who work regularly at the facility and have received training.

ODOC OP-030601 entitled PREA, page 13, section F(1) addresses 115.35(a).

PREA Specialty Training for Medical and Mental Health Staff is presented via E-Learning. This training is provided by CC. The auditor's review of slides related to this training reveals compliance with 115.35(a).

According to the medical/mental health interviewees, both completed specialized training regarding sexual abuse and sexual harassment. The training did cover the following topics:

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

Pursuant to the PAQ, the Warden self reports agency staff at this facility do not conduct forensic examinations. Of note the medical and mental health interviewees also assert forensic examinations are not conducted at CCF.

As reflected in the narrative for 115.21(c), CC has entered into an MOU with a local medical facility regarding the provision of forensic examinations.

The auditor's review of one Employee Education and Training Record reveals completion of the requisite training. This document pertains to a Licensed Practical Nurse (LPN) and includes both specialty training and Annual In-Service PREA training.

In addition to the above, the auditor's random on-site review of three additional individual records, inclusive of a contract LPN, reflects successful completion of the Specialty and Annual In-Service training by medical staff.

According to the medical staff interviewee, she completed annual PREA training on December 1, 2017. Review of the training files of the mental health interviewee reflects completion of Annual PREA Training on March 1, 2018.

In view of the above, the auditor finds CCF to be substantially compliant with 115.35.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? Yes No

- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? Yes No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
 Yes No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? Yes No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Request? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? Yes No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? X Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other inmates.

ODOC OP-030102 entitled Inmate Housing, pages 2 and 3, section II(A)(1) addresses 115.41(a).

Pursuant to the staff who perform screening for risk of victimization and abusiveness interviewee, she does screen inmates upon admission to CCF for risk of sexual abuse victimization or sexual abusiveness (PREA screening) toward other inmates.

Sixteen of the 22 random inmate interviewees advise they received a PREA screening. All of these interviewees, with the exception of two, advise they received the PREA screening at Intake and the two remaining inmates advise they don't recall the date of the screening. Three additional random inmate interviewees arrived in excess of 12 months prior to the on-site audit and accordingly, they were not asked questions regarding initial PREA screening and reassessment.

Pursuant to the PAQ, policy requires inmates be screened for risk of sexual victimization or risk of abusing other inmates within 72 hours of their intake. In the past 12 months, the Warden self reports 1201 inmates entered the facility (either through intake or transfer) whose length of stay in the facility was 72 hours or more, were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of entry into the facility. This equates to 100% of those inmates screened.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 13, section 14-2.3(H)(1)(a) addresses 115.41(b). This policy stipulates PREA screening shall be conducted within 24 hours of admission to the facility. Additionally, ODOC OP-030102 entitled Inmate Housing, pages 2 and 3, section II(A)(1) addresses 115.41(b). It is noted the ODOC Cell Assessment Form (included in this policy and used as a PREA Assessment Tool at Reception Centers, as well as, CCF) clearly reflects the assessment must be completed within 72 hours of Intake.

Pursuant to the staff who performs screening for risk of victimization and abusiveness interviewee, she screens inmates for risk of sexual victimization or risk of sexually abusing others within two hours of arrival at CCF.

The auditor's review of one Offender Management System (OMS- system utilized by CC and ODOC for offender and process tracking) screen reflects an inmate was admitted to CCF on December 22, 2017 and the Initial Screening Tool was administered to the inmate on the same date. The record also reflects completion of the previously mentioned ODOC Cell Assessment Form at CCF.

On-site review of the previously mentioned 21 random inmate files reveals 20 initial PREA screenings were found to be timely as prescribed by the afore-mentioned CC policy. Accordingly, the auditor finds CCF to be substantially compliant with 115.41(b).

Pursuant to the PAQ, the Warden self reports the risk assessment is conducted using an objective screening instrument.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 13, section 14-2.3(H)(1)(c) addresses 115.41(c). Additionally, ODOC OP-030102 entitled Inmate Housing, page 3, section II(A)(2) addresses 115.41(c). This policy appears to primarily refer to PREA Assessment at an ODOC Reception Center. Another attachment is referenced in this policy (Self Report Form) and the same is considered in making initial placement housing at the Reception Center.

The auditor's review of the PREA Assessment Questionnaire Information reveals the same is, for the most part, based on objective criteria.

The auditor's review of the PREA Assessment Questionnaire Information reveals the intake screening considers, at a minimum, the following criteria to assess inmates for risk of sexual victimization:

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

Of note, other subjective questions are asked pursuant to the Initial Screening Tool. Additionally, as reflected on the afore-mentioned form and pursuant to CC Policy 14-2 entitled Sexual Abuse Pre-

vention and Response, page 13, section 14-2.3(H)(1)(b), the inmate's file, ODOC Cell Assessment Form, and other source documentation are reviewed to validate the screening tool findings and inmate interview.

The auditor's review of the Initial Screening Tool reveals the intake screening and 30-day Reassessment minimally consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive. Prior convictions and administrative disciplinary actions are considered.

Pursuant to the staff who performs screening for risk of victimization and abusiveness interviewee, the initial PREA screening considers, minimally, whether the inmate was abused as a child or in prison or the community, the inmate's age, inmate's sexual orientation, appearance, and build.

In response to a query regarding the process for conducting the initial PREA screening, the staff who performs screening for risk of victimization and abusiveness interviewee advised the inmate is processed through Intake and ultimately placed in a cell. She removes inmates one-by-one to a back room for screening. The OMS CC Screening Tool is used. OMS generates "alerts" to ensure known predators and victims and suspected victims and predators are not housed together. The "alerts" are a by-product of the screening tool.

Pursuant to the PAQ, the Warden self reports policy requires the facility reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. The Warden further self reports 1114 inmates who were admitted to the facility during the last 12 months for 30 days or more, were reassessed for their risk of sexual victimization or of being sexually abusive, within 30 days of admission, based upon any additional, relevant information received since Intake. Reportedly, this equates to 100% reassessments of all Intakes during the last 12 months.

ODOC OP-030102 entitled Inmate Housing, page 7, section IV(A)(1)(f) addresses 115.41(f).

Pursuant to the staff who performs screening for risk of victimization and abusiveness interviewee, she was unsure of the reassessment time frame as the same is facilitated by Case Managers. According to a Case Manager who was also interviewed as a staff who facilitates screening for risk of victimization and abusiveness, reassessments are conducted within 20-30 days of the initial screening. A spreadsheet is used to track re-assessment due dates.

Eighteen of the 22 random inmate interviewees advised they had not received a PREA Reassessment within 30 days of arrival. Two of the interviewees, who responded in the affirmative, advised they received the reassessment within 30 days of initial assessment while one advised he didn't recall and one asserted the reassessment was completed within two months of initial assessment.

The auditor's review of the previously referenced 30-day PREA reassessment regarding the same inmate reveals compliance with the time line established in 115.41(f). Specifically, the reassessment was facilitated well within 30-days of Intake.

Pursuant to the auditor's previously referenced on-site review of 21 random inmate files, many of the same relative to random inmate interviewees, only one inmate was reassessed outside the requisite 30-day window. Additionally, documentation supporting reassessment was not present in one of the inmate files. Accordingly, these findings refute the statements of inmate interviewees referenced in preceding paragraphs.

Of particular note, however, the majority of reassessments were completed within two weeks of the initial screening. Thus, accumulation of additional documentation and evidence may be precluded or unlikely in such circumstances. The auditor recommends staff assume a vigilant approach in facilitation of reassessments to allow more extensive review of new commitments, but still complying with the 30-day window.

Pursuant to the PAQ, the Warden self reports policy requires an inmate's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

ODOC OP-030102 entitled Inmate Housing, page 7, section IV(A)(1)(g) addresses 115.41(g). This policy stipulates the same form will be utilized for assessment following referral for any of the identified reasons. Additionally, the exact verbiage of this provision is reflected in the previously referenced ODOC Cell Assessment Form.

Pursuant to the staff who performs screening for risk of victimization and abusiveness interviewee (Case Manager), she reassesses inmate risk levels, as needed, due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. If the affected inmate received a related Misconduct Report, she would automatically reassess. Perpetual 30-day Case Management reviews include a review of PREA issues and Misconduct Reports.

The auditor found no evidence substantiating deviation from either policy or standard in regard to the subject-matter of this provision.

Pursuant to the PAQ, the Warden self reports the policy prohibits disciplining inmates for refusing to answer (or for not disclosing complete information related to) questions regarding:

Whether or not the inmate has a mental, physical, or developmental disability;
Whether or not the inmate is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;
Whether or not the inmate has previously experienced sexual victimization; and
The inmate's own perception of vulnerability.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 13, section 14-2.3(H)(3)(a through d) addresses 115.41(h).

Pursuant to both staff who perform screening for risk of victimization and abusiveness interviewees, inmates are not disciplined for any of the reasons articulated in the preceding two paragraphs. The auditor found no evidence of deviation from either policy or provision.

CC APS OP-030601 entitled PREA, page 3, section III(A)(2) addresses 115.41(i).

According to the CCPC, CCF PCM, and both staff who perform screening for risk of victimization and abusiveness interviewees, the agency has outlined who should have access to an inmate's risk assessment within the facility in order to protect sensitive information from exploitation. According to the CCF PCM, such information consumption is generally limited to Unit Managers, Case Managers, the PCM, Chiefs of Security, Assistant Wardens, and Warden. One of the risk screener interviewees advises affected Sergeants and ADO staff are also included in the informational loop and the other interviewee advises the list of individuals who have access to PREA screening information is posted in the Records Office. Such information is shared on a "Need to Know" basis only.

In view of the above, the auditor finds CCF to be substantially compliant with 115.41.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? Yes No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? Yes No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate re-assessed at least twice each year to review any threats to safety experienced by the inmate? Yes No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? Yes No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian,

gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports the facility uses information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

ODOC OP-030601 entitled PREA, page 20, sections B(1)(a-c) and page 21, sections (d), (e), and (h) address standard provisions 115.42(a-g). The Cell Assessment Form and Self Report Form are completed, addressing issues presented in standard provisions 115.42(a-f). Additionally, ODOC OP-030102 entitled Inmate Housing, page 4, section III(A-C) addresses 115.42(a). According to the CCPC, the contract with ODOC requires compliance with ODOC policies, as opposed to, CC policies.

According to the CCF PCM interviewee, the PREA Assessment Tool and associated OMS alerts are used to ensure potential predators/predators are not housed with potential victims/victims. Housing assignments are key to ensuring inmate safety and the security and good order of the facility.

According to the staff who performs screening for risk of victimization and abusiveness interviewees, inmates are housed in accordance with OMS alerts. Auditor Note: OMS alerts are previously described in the narrative for 115.41. This system is used to ensure safe housing/program assignments, etc. Pursuant to the PAQ, the Warden self reports the facility makes individualized determinations about how to ensure the safety of each inmate.

Pursuant to the PAQ, the Warden self reports the facility makes housing and program assignments for transgender and intersex inmates in the facility on a case-by-case basis.

According to the CCF PCM, transgender/intersex inmates are not placed in a specific unit or pod designated for LGBTI inmates. If there are any known separatees (e.g. either individual inmates or gang members), the inmates will be diverted from those units wherein known separatees are housed. Inmate safety is the primary placement consideration. CCF staff do consider whether placements present management or security problems, as reflected in the preceding sentences.

Two of the three transgender/intersex inmate interviewees advise staff asked them questions regarding their safety. Additionally, interviewees assert they have not been placed in a housing area designated for only transgender/intersex inmates although, one interviewee advised it appears the particular unit in which he is housed appears to be the first unit to which transgender/intersex inmates are housed. Movement to other pods appears to be contingent upon what happens in the pod to which he was initially assigned. Auditor Note: The unit to which the interviewee is assigned is clearly a general population unit, not comprised solely of LGBTI inmates. Two of the interviewees advise they do not believe they were strip-searched solely for determination of genitalia. Finally, all three interviewees assert they are allowed to shower in the absence of other inmates showering at the same time.

It is noted ODOC assigns transgender/intersex inmates to facilities.

According to the CCF PCM, transgender/intersex inmate housing and programming placements are reassessed every six months to review any threats to safety experienced by the inmate. The staff who perform screening for risk of victimization and abusiveness interviewee (Case Manager) likewise asserts such reviews are completed every six months and are properly documented on the afore-mentioned Cell Assessment Form.

It is noted the standard provision requires such reviews to be conducted twice per year. The auditor's review of three transgender/intersex inmate files reveals at least one such review was facilitated during the recent period since arrival and there is still sufficient time remaining to complete the second review in a timely manner. Accordingly, the auditor finds CCF to be substantially compliant with 115.42(d).

According to the CCF PCM, transgender/intersex inmate's views with respect to his or her own safety are given serious consideration in placement and programming assignments. The staff who perform screening of risk of victimization and abusiveness interviewee (Case Manager) confirms this statement.

According to the CCF PCM and staff who performs screening for risk of victimization and abusiveness interviewees, transgender/intersex inmates are given the opportunity to shower separately from other inmates during the 6:00PM Count. Other inmates are not allowed to shower during this period of time. While inmate cleaners or porters may be out of cell working during this period of time, they are not showering and reportedly, they are under staff supervision. Of note and as previously mentioned, transgender/intersex inmate interviewees advise other inmates do not shower during this period of time.

Reportedly, all of the transgender inmates currently housed at CCF have requested separate showers. This information is shared with unit teams pursuant to staff recall meetings. The auditor did observe adequate facilities to accommodate such requests during the facility tour. It is noted Transgender/Inter-

sex inmate interviewees did advise inmate orderlies/porters are often out of cell during their shower period.

Reportedly, all of the transgender inmates currently housed at CCF have requested separate showers. This information is shared with unit teams pursuant to staff recall meetings. The auditor did observe adequate facilities to accommodate such requests during the facility tour.

According to the CCPC, facility staff in all CC facilities are keenly aware designated facilities, wings, etc. are unacceptable for the housing of lesbian, gay, bisexual, transgender, or intersex inmates unless the agency is subject to a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates.

The CCF PCM interviewee advises the facility is not subject to a consent decree, legal settlement, or legal judgment requiring that it establish a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex inmates.

All of the four gay and bisexual inmate interviewees advise they have not been placed in housing areas only for gay, bisexual, transgender, or intersex inmates. This is consistent with the auditor's observation during the facility tour, conversations with staff and inmates, and interview findings.

In view of the above, the auditor finds CCF to be substantially compliant with 115.42.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? Yes No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? Yes No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? Yes No

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? Yes No
- Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? Yes No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? Yes No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports the agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers.

ODOC OP-030601 entitled PREA, page 18, section IX(A) addresses 115.43(a).

The Warden self reports 0 inmates at risk of sexual victimization were held in involuntary segregated housing within the past 12 months for one to 24 hours awaiting completion of assessment.

According to the Acting Warden, agency policy prohibits placing inmates at a high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing, in lieu of other housing areas, unless an assessment has determined there is no alternative means of separation from potential abusers.

ODOC OP-030601 entitled PREA, page 18, section IX(B)(1-3) addresses 115.43(b).

According to the staff who supervise inmates in segregated status interviewee, access to recreation, education, Mental Health (MH), Medical, and Laundry services would be granted to such inmates similarly situated. However, work opportunities would be limited based on the nature of the unit and mission. Staff bring all services and programs to inmates. Any and all denials or deprivations of any program/service would be documented in logs or on Segregation Activity Records (SARs). SARs are individual records unique to each inmate.

ODOC OP-030601 entitled PREA, page 18, section IX(C) addresses 115.43(c).

Pursuant to the PAQ, the Warden self reports in the past 12 months, 0 inmates at risk of sexual victimization were assigned to involuntary segregated housing for longer than 30 days while awaiting placement.

According to the Acting Warden, inmates at high risk for sexual victimization or who have alleged sexual abuse would be placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. He asserts CCF has not had such a case in the last year.

According to the staff who supervise inmates in segregated status interviewee, inmates are generally not placed in involuntary segregated housing as a means of separation from likely abusers, unless it is during the initial stages of the incident. Placement in segregated housing is generally based on Protective Custody (PC) reasons, as requested by the inmate. Placement in involuntary segregated housing as a means of separation from likely abusers would generally be limited to 30 days.

ODOC OP-030601 entitled PREA, page 18, section IX(D)(1 and 2) addresses 115.43(d).

Pursuant to the PAQ, the Warden self reports if an involuntary segregation housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population.

ODOC OP-030601 entitled PREA, page 19, section IX(E) addresses 115.43(e).

The staff who supervises inmates in segregated status interviewee advises perpetual 30 day reviews would be conducted for inmates assigned to involuntary segregated housing for purposes articulated throughout 115.43, to determine if continued segregated housing placement is needed.

In view of the above, there is no available documentary evidence with respect to this standard.

Based on the evidence reviewed and articulated above, the auditor finds CCF to be substantially compliant with 115.43.

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? Yes No

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports the agency has established procedures allowing for multiple internal ways for inmates to report privately to agency officials about:

Sexual abuse or sexual harassment;
Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment; and
Staff neglect or violation of responsibilities that may have contributed to such incidents.

OP-030601 entitled PREA, page 15, section B(5) addresses 115.51(a) in totality. This policy stipulates inmates/detainees who are victims of sexual abuse/sexual harassment, as defined in this provision, retaliation from staff or inmates for reporting incidents as defined in this provision, or staff neglect for violation of responsibilities as defined in this provision have the option to report an incident to a designated employee or any other employee. Other reporting methods include: facility/district head; third party contacts; GTL hotline; sick call request to staff; anonymous; Office of the Inspector General; or the Oklahoma State Bureau of Investigation.

The auditor's review of the CC brochure entitled Preventing Sexual Abuse and Misconduct, the CCF Inmate Handbook, and the ODOC Inmate's Guide to Sexual Misconduct reveals several methods of inmate reporting (relevant to this provision) are documented therein.

The auditor's review of one sexual abuse investigation dated February 16, 2018 substantiates the fact inmates do have opportunities and methods to report such incidents. In this case, it appears the inmate personally reported the incident to staff.

Reportedly, there is no documentation (covering the past three years) that addresses inmate use of the PREA Hotline for PREA reporting purposes.

All 13 random staff interviewees advised of multiple methods of reporting as defined in 115.51(a). Responses included the following:

Report in-person to staff, inclusive of Medical.

Submit a letter to the Warden/other staff.

Call the PREA Hotline at the telephone number painted on walls throughout the facility.

Call the OK DOC Hotline.

Third Party Report.

All 22 random inmate interviewees were able to cite at least one method of reporting. Of note, random inmate interviewees overwhelmingly cited the PREA Hotline numbers that are painted on at least one wall in each pod and in other areas of the facility, as well as, reflected on posters.

Responses regarding reporting methods, as articulated by random inmate interviewees, were as follows:

Report to staff.

Report via PREA Hotline.

Third Party Report.

Submit letter to the Warden and other staff.

Submit Grievance.

Pursuant to the PAQ, the Warden self reports the agency provides at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency. The Warden further self reports the agency has a policy requiring inmates detained solely for civil immigration purposes, be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security.

ODOC OP-030601 entitled PREA, pages 10 and 11, section B(1)(b) addresses 115.51(b).

When questioned regarding inmate placement of anonymous telephone calls to Wings of Hope, the CCF PCM responded such calls can be made. Specifically, use of an inmate telephone "pin number" is not associated with such calls. Additional Hotline calls may be placed to the ODOC Inspector General.

Fifteen of the 22 random inmate interviewees advise they are allowed to make a report without giving their name. Half of the remaining inmates did not know if the same could be accomplished while the remainder asserted such reports could not be accomplished.

During the facility tour, the auditor accessed the PREA Hotline using an inmate telephone and the telephone number previously described and painted on the pod wall(s). The call was successfully placed.

It is noted inmates are not housed at CCF solely for the purpose of civil immigration purposes.

Pursuant to the PAQ, the Warden self reports the agency has a policy mandating staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. The Warden further self reports staff are required to immediately document verbal reports.

ODOC OP-030601 entitled PREA, page 19, section X(A) addresses 115.51(c).

All 13 random staff interviewees advise when an inmate alleges sexual abuse or sexual harassment, he can do so verbally, in writing, anonymously, and from third parties. Eleven of 13 random staff interviewees assert they immediately document verbal reports of sexual abuse and sexual harassment while two assert documentation must occur within 24 hours of notification.

All 22 random inmate interviewees assert they can make reports of sexual abuse or sexual harassment both in person or in writing. Eighteen of the 22 random inmate interviewees assert someone else can make the report for the victim so he does not need to be named.

Pursuant to the PAQ, the Warden self reports the agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates.

ODOC OP-030601 entitled PREA, page 19, section X(A) addresses 115.51(d).

Pursuant to the auditor's review of the CC website, it has been determined staff can facilitate private reporting of inmate sexual abuse/harassment through employee hotline numbers.

It is reported confidential reporting pursuant to the Ethics Division is posted throughout the facility and staff are trained regarding this private method of reporting during various training sessions.

All 13 random staff interviewees advise that staff can privately report sexual abuse and sexual harassment by any of the following:

Submission of an e-mail or written report to the Warden/PCM/Administrative Duty Officer/supervisory staff.

Closed door verbal reports to the same staff.

Inmate Hotline(s).

Staff Ethics Hotline.

Telephone call to supervisor.

In view of the above, the auditor finds CCF to be substantially compliant with 115.51.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. X Yes No NA

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) X Yes No NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) X Yes No NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) X Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) X Yes No NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) X Yes No NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) X Yes No NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an

inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
 Yes No NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
 Yes No NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) X Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports the agency does not have an administrative procedure for dealing with inmate grievances regarding sexual abuse.

As previously referenced in the narrative for 115.42, the CCPC asserts the contract requires adherence with ODOC policies. Accordingly, ODOC OP-090124 entitled Inmate/Offender Grievance Process, pages 5, 15 and 16 addresses the majority of 115.52, with the exception of 115.52(d).

ODOC OP-090124 entitled Inmate/Offender Grievance Process, page 15, section VIII(A) addresses 115.52(a).

Pursuant to the PAQ, the Warden self reports agency policy or procedure allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. The Warden further self reports agency policy does not require an inmate to use an informal grievance process, or otherwise to attempt to resolve with staff an alleged incident of sexual abuse.

ODOC OP-090124 entitled Inmate/Offender Grievance Process, page 15, section VIII(A) and (2) addresses 115.52(b).

Pursuant to the PAQ, the Warden self reports agency policy and procedure allows an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The Warden further self reports agency policy and procedure requires that an inmate grievance alleging sexual abuse will not be referred to the staff member who is the subject of the complaint.

ODOC OP-090124 entitled Inmate/Offender Grievance Process, page 15, section VIII(A) and (4) addresses 115.52(c).

Reportedly and based on the auditor's review of relevant materials provided to the inmate during intake and orientation, the majority of specific grievance procedures identified in 115.52 are not articulated in writing to the inmate population. Disciplinary action, in the absence of filing in bad faith,

is addressed in the Handbook however, other essential provisions are not reflected in the same. The auditor strongly recommends inclusion of all relevant procedures as articulated in 115.52, in the Handbook.

Pursuant to the PAQ, the Warden self reports agency policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. The Warden further self reports 0 grievances were filed within the last 12 months wherein sexual abuse was alleged.

ODOC OP-090124 entitled Inmate/Offender Grievance Process, page 15, section VIII(A)(1-3) and page 16, section 4 and B address 115.52(d). Incidents of sexual abuse are defined as Emergency Grievances and are to be submitted in accordance with the following timeline:

Upon receipt of a grievance marked “emergency” or “sensitive”, the reviewing authority will have 24 hours to determine if it is, in fact, an emergency or sensitive grievance. If so, an expedited review will be conducted and a response provided to the inmate/offender within 48 hours of receipt, excluding weekends and holidays. The inmate/offender may appeal that response as provided for in section VII of this procedure. The ARA will provide an expedited response to all verified emergency or sensitive grievances within 72 hours of receipt of the grievance, excluding weekends and holidays.

From a policy perspective, the above clearly exceeds the verbiage of the standard provision.

Pursuant to the auditor's review, one grievance wherein alleged sexual abuse occurred, at least partly as the result of assignment of a violent inmate to his cell, was filed. According to a CC memorandum dated April 16, 2018, the grievance was rejected for the following reason:

No informal action, "Request to Staff" response, or evidence of submission attached.

Additionally, the document reflects the following:

Under no circumstances will the grievance be accepted after 60 days of the incident or the date of the response to the "Request to Staff" unless ordered by a court, the director, chief medical officer, or their designee.

In view of the above, the auditor finds CCF to be non-compliant with 115.52(b)(1) and (3).

Accordingly, a 180-day corrective action is imposed with respect to this finding. The maximum completion date with respect to corrective action is February 1, 2019 however, the auditor may close the finding at any point during the corrective action period based on his review of evidence submitted by the CCF PCM.

During the corrective action period, the CCF PCM will ensure the Grievance Coordinator receives additional and appropriate training regarding all facets of 115.52. A copy of the training plan and training certification will be forwarded to the auditor for review.

In addition to the above, the CCF PCM will forward a copy of the Grievance Log and any grievances related to alleged sexual abuse throughout the corrective action period. Grievance Logs and relevant rejected grievances will be forwarded to the auditor on a monthly basis. Relevant grievances will be forwarded to the auditor as they arise.

December 31, 2018 Update:

The auditor's review of training documentation reveals the Grievance Coordinator (GC) and PCM completed training relative to the grievance process and filing of sexual abuse allegations pursuant to the same. The training was presented on November 13, 2018 and encompassed all provisions of 115.52. Policy was specifically addressed with relevant provisions highlighted. Additionally, the actual standard and all provisions were addressed with attendees.

The auditor's review of grievance logs from June, 2018 through December, 2018 do not reflect any grievances filed regarding sexual abuse allegations. This period covers the time frames from Interim Report preparation through Final Report completion.

In view of the above, the auditor finds the process is institutionalized and accordingly, CCF is substantially compliant with 115.52.

The auditor's review of the afore-mentioned grievance reflects compliance with the provision once the grievance was filed. Accordingly, facility practice is commensurate with policy and provision.

Pursuant to the PAQ, the Warden self reports agency policy and procedure permits third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates. The Warden further self reports agency policy and procedure requires that if the inmate declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the inmate's decision to decline. Zero grievances alleging sexual abuse were filed by inmates in the past 12 months in which the inmate declined third-party assistance, ensuring documentation of the inmate's decision to decline.

ODOC OP-090124 entitled Inmate/Offender Grievance Process, page 16, section VIII(C)(1-3) and page 5, section F address 115.52(e).

Pursuant to the PAQ, the Warden self reports the agency has a policy and established procedures for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. The Warden further self reports the agency policy and procedure for emergency

grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. Zero emergency grievances alleging substantial risk of imminent sexual abuse were reportedly filed within the past 12 months. Agency policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within five days.

ODOC OP-090124 entitled Inmate/Offender Grievance Process, page 15, section VIII(A)(1) and page 16, section VIII(D) address 115.52(f). Additionally, ODOC OP-090124 entitled Inmate/Offender Grievance Process, page 15, section VIII(B) addresses 115.52(f).

Pursuant to the PAQ, the Warden self reports the agency has a written policy that limits its ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith. The Warden further self reports that, during the last 12 months, there were 0 instances of inmate discipline for incidents of this nature.

ODOC OP-090124 entitled Inmate/Offender Grievance Process, page 5, section D(3) addresses 115.52(g).

In view of the above, the auditor finds CCF is now substantially compliant with 115.52.

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No

- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports the facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by:

Giving inmates mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national advocacy or rape organizations;
Giving inmates mailing addresses and telephone numbers (including toll-free hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration purposes; and
Enabling reasonable communication between inmates and these organizations in as confidential a manner as possible.

ODOC OP-030601 entitled PREA, page 24, section D addresses both 115.53(a) and (c).

The auditor's review of the CCF Handbook reflects information regarding contact with Wings of Hope for counseling services related to sexual abuse. The automated toll-free telephone number for Wings of Hope is reflected on that page. Clearly, inmates are afforded the opportunity to be educated regarding follow-up services.

It is noted inmates are not housed at CCF exclusively for civil immigration purposes, as previously articulated in this report.

Of the 22 random inmate interviewees, seven were aware there are services available outside of the facility for dealing with sexual abuse, if needed. Only three interviewees could identify the kind of

services available to inmates. All three interviewees cited counseling and Victim Advocacy services and one of the three cited law enforcement.

In addition to the above, two interviewees advise this information is available on the PREA broadcast the inmate population is able to view and in the CCF Inmate Handbook. Two interviewees also assert the telephone number is free to call.

Seven interviewees advise inmates could speak to people from these services anytime. Two additional interviewees advise contact could be made either during recreation or anytime the inmate is out of his cell. Of note, several inmates spoke to the latter question however, they couldn't speak to the preceding three questions.

According to the inmate who reported a sexual assault interviewee, CCF does not provide mailing addresses and telephone numbers for outside services. He further relates he is unaware of the circumstances under which he can talk to people who provide these services.

Pursuant to the PAQ, the Warden self reports the facility informs inmates, prior to giving them access to outside support services, the extent to which such communications will be monitored. The Warden further self reports the facility informs inmates, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.

While the auditor is unable to find any relevant ODOC policy addressing 115.53(b), CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 10, section 14-2.3(F)(3) addresses the same, in totality. Based on findings, CCF staff adhere to the afore-mentioned policy and the same is clearly commensurate with the provision.

The auditor's review of page 20 of the CCF Inmate Handbook addresses both confidentiality and mandatory reporting.

According to 14 of the 22, random inmate interviewees, they believe the dialogue with people from these services remains private. Of these 14 interviewees however, seven advise the conversations could be told to or listened to by someone else. Reasons for such sharing of information include protection of the victim, for law enforcement use (4), on a "Need to Know" basis, and suicidal ideations (3).

According to the inmate who reported a sexual abuse interviewee, he does not know if he can communicate (talk or write) with those people from community or outside sources in a confidential way. He does not know if his conversations with them can be told to or listened to by someone else.

As reflected above, the auditor finds inmates have sufficient education methods and materials from which to educate themselves should they so desire.

Pursuant to the PAQ, the Warden self reports the facility maintains MOUs or other agreements with community service providers that are able to provide inmates with emotional support services related to sexual abuse. The Warden further self reports the facility maintains copies of the agreement(s).

The auditor's review of the MOU between CCF and Wings of Hope is sufficiently detailed and is deemed to be compliant with 115.53. All relevant details are captured within the document.

In view of the above, the auditor finds CCF is substantially compliant with 115.53.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports the agency or facility provides a method to receive third-party reports of inmate sexual abuse or sexual harassment. The Warden further self reports the agency or facility publicly distributes information on how to report inmate sexual abuse or sexual harassment on behalf of inmates.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 18, section 14-2.3(L)(4) addresses 115.54(a) in totality. This policy stipulates the facility shall post this information on the facility PREA link. Of note, the auditor did not find a facility PREA link however, he did peruse the CC PREA link.

Pursuant to the auditor's review of the CC website, any inmate sexual abuse/sexual harassment reporter may report anonymously to the Warden (via letter). The facility address and name of the Warden are clearly documented on the website. Additionally, reporters may contact the National

Sexual Assault Hotline and an additional CC Ethics hotline [hosted by a third-party hotline provider (number posted on the CC website)]. Reports can also be reported online to the CC Ethics Division. It is also noted review of the ODOC website also provides third party reporting information.

The auditor did observe third-party reporting information painted on one wall each in the Visitation Room and in the Front Lobby. Additionally, third-party reporting information is reflected on posters located in the Front Lobby.

In view of the above, the auditor finds CCF to be substantially compliant with 115.54.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No

- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? X Yes No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? X Yes No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? X Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports the agency requires all staff to report immediately and according to agency policy:

Any knowledge, suspicion or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency;

Any retaliation against inmates or staff who reported such an incident; and

Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

ODOC OP-030601 entitled PREA, page 19, section X(A)(1-3) addresses 115.61(a).

All 13 random staff interviewees relate agency policy requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Minimally, all interviewees advise these issues must be reported to the Shift Supervisor immediately. Medical and the CCF PCM would be brought into the informational loop however, the scope of dissemination is very limited.

Pursuant to the PAQ, the Warden self reports that apart from reporting to designated supervisors or officials and designated local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

ODOC OP-030601 entitled PREA, page 10, section 3 and page 33 addresses 115.61(b).

ODOC OP-030601 entitled PREA, page 11, section C(2) addresses 115.61(c).

According to the medical and mental health interviewees, disclosure of confidentiality limitations and duty to report is provided to inmates prior to initiation of services. Minimally, this requirement is both policy and licensure requirement driven. Similarly, reporting any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of the same, is policy driven. The mental health interviewee advised she has become aware of such incidents during this audit cycle and she reported the same to the appropriate authority.

ODOC OP-030601 entitled PREA, page 10, section 5 addresses 115.61(d). That policy stipulates the following:

In accordance with state law (Title 10A, Section 1-2-101), any employee who has reasonable cause to know or to suspect that an inmate under the age of eighteen (18) has been subject to physical or sexual abuse or who has observed the inmate being subjected to circumstances of physical and/or sexual abuse shall immediately report or cause to be reported such situation to the Oklahoma Department of Human Services. Such report shall be made using the Child Abuse Hotline, 1-800-522-3511. All reports shall be documented using the "Serious Incident Database Report" form and forwarded through the chain of command to the OIG and Agency PREA Coordinator.

Reportedly, there were no instances within the last three years wherein such notifications regarding a vulnerable adult were necessary.

According to the Acting Warden, there are no individuals housed at CCF under the age of 18. Vulnerable adult reporting is addressed in ODOC policy. According to the CCPC, if an inmate under the age of 18 or a vulnerable adult were housed at a CC facility, he would ensure facility staff notify either Child Protective Services or Adult Protective Services or applicable agency, based on the situation.

ODOC OP-030601 entitled PREA, page 19, section X(A) addresses 115.61(e). This policy stipulates all incidences of sexual abuse/assault or harassment, including third party and anonymous reports, will be reported to the OIG.

According to the Acting Warden, the Investigator is notified of all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports during regular business hours. This is a local practice. The Shift Supervisor, Captains, or ADO notify the facility Investigator in the event of sexual abuse/harassment investigations.

The auditor's review of the CC PREA Overview Facilitator's Guide reveals a focus on proper reporting procedures pursuant to 115.61(a), (b), and (e).

In view of the above, the auditor finds CCF to be substantially compliant with 115.61.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports when the agency or facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate (e.g. it takes some action to assess and implement appropriate protective measures without unreasonable delay). The Warden further self reports that in the past 12 months, there were 0 instances wherein the facility determined an inmate was at substantial risk of imminent sexual abuse.

ODOC OP-030601 entitled PREA, pages 5, 20, and 21, sections II, B(1 and 2)(a)(1-4) and (3-8) address 115.62(a).

The Agency Head interviewee advises immediate isolation of the potential victim is the initial response to a report of substantial risk of imminent sexual abuse. It may be feasible to move the potential victim to another housing unit within the facility, dependent upon the circumstances. The potential perpetrator may be placed in Segregation status. The contractual requirements of the partner will dictate the ability to transfer both the potential victim and potential perpetrator. Minimally, we would work with on-site contract monitors to make the best decision under the circumstances.

In response to the same general question, the Acting Warden asserts the potential victim and potential perpetrator would be separated. Involuntary Segregation is not preferable and as such, placement on the other compound/in Medical/transfer to another facility may be options. Minimally, the potential victim would be removed from the danger zone.

When queried regarding steps taken should the interviewees learn an inmate is at risk of imminent sexual abuse, 12 of the 13 random staff interviewees advised the potential victim would be immediately removed from the danger zone. The incident would then be reported to the Shift Supervisor.

Minimally, the potential perpetrator would be monitored with potential placement in Segregation, dependent upon the circumstances and evidence known at the time.

In view of the above, the auditor finds CCF to be substantially compliant with 115.62.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.63 (c)

- Does the agency document that it has provided such notification? Yes No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports the agency has a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The Warden further self reports in the past 12 months, there were 0 allegations received at the facility where an inmate was abused while confined at another facility.

ODOC OP-030601 entitled PREA, page 23, section XI(A) addresses 115.61(a).

Pursuant to the PAQ, the Warden self reports agency policy requires the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.

ODOC OP-030601 entitled PREA, page 23, section XI(A)(1) addresses 115.61(b).

Pursuant to the PAQ, the Warden self reports the facility documents that it has provided such notification within 72 hours of receiving the allegation.

ODOC OP-030601 entitled PREA, page 23, section XI(A)(2) addresses 115.61(c).

Pursuant to the PAQ, the Warden self reports the facility requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. The Warden further self reports in the past 12 months, 0 allegations of sexual abuse were received from other facilities regarding incidents alleged to have originated at CCF.

ODOC OP-030601 entitled PREA, page 23, section XI(A)(3) addresses 115.61(d).

The Agency Head interviewee advises if another agency or facility within another agency refers allegations of sexual abuse or sexual harassment that occurred within a CC facility, the Warden is generally the administrator who receives the call. Subsequent to receipt of such a call, the Warden would advise the facility Investigator to open an investigation. Dependent upon the circumstances, the Investigator would initiate an administrative investigation or contact ODOC OFAI to initiate a criminal investigation.

The Acting Warden asserts OFAI would be contacted and they would initiate the investigation if the alleged inmate victim is not at CCF. If the alleged inmate victim is at CCF, the Investigator would initiate the investigation. According to the Acting Warden, he received a report on June 21, 2018 regarding a sexual assault that allegedly occurred at CCF and the alleged inmate victim is currently housed at another facility. The Acting Warden advised ODOC OFAI will commence the investigation at the other facility.

According to the CCF Investigator, the investigation referenced in the preceding paragraph is ongoing.

In view of the above, the auditor finds CCF to be substantially compliant with 116.63.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
X Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? X Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? X Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? X Yes No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? X Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports the agency has a first responder policy for allegations of sexual abuse. The Warden further self reports agency policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to:

1. Separate the alleged victim and abuser;
2. Preserve and protect any crime scene until appropriate steps can be taken to collect the evidence;
3. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and
4. If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, includ-

ing, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking , drinking, or eating.

According to the PAQ, in the past 12 months, there were three allegations that an inmate was sexually abused. In three of these incidents, the first security staff member to respond to the report separated the alleged victim and abuser. In the past 12 months, there were two allegations where staff were notified within a time period that still allowed for the collection of physical evidence. In all three incidents of sexual abuse, the first security staff member; preserved and protected any crime scene until appropriate steps could be taken to collect any evidence, requested that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking drinking or eating, if applicable; and ensured the alleged abuser did not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if applicable.

ODOC OP-030601 entitled PREA, page 20, section B(2)(a)(1-4) and page 21, section 4 address 115.64(a). The steps articulated in these policy provisions follow a chronological sequence with specific duties assigned (e.g the crime scene is secured by the highest ranking authority on-site and the safety of the victim is likewise ensured by this individual).

The seven random security staff interviewees and one random non-security staff interviewees advised they would minimally take the following actions as a first responder, in some variation, to an allegation of sexual abuse:

Report incident to supervisor.

Separate the alleged victim and abuser.

Secure the crime scene to protect evidence.

Ensure both the victim and perpetrator do not take any actions that could destroy physical evidence (such as washing, brushing teeth, changing clothes, urinating defecating, smoking, drinking, or eating).

Escort victim to Medical.

As previously mentioned in the narrative for 115.21, all interviewees were in possession of the CC card bearing all directions, with the exception of ensuring both victim and perpetrator do not destroy physical evidence. The CC card clearly directs staff to request the victim to refrain from destroying physical evidence while ensuring the perpetrator does not destroy the same.

Of note, three of the seven random staff First Responders correctly articulated the language reflected on the previously mentioned CC Card.

While the auditor does not find sufficient basis to find CCF non-compliant with 115.64 based on the afore-mentioned issue, there is cause to re-train staff regarding the same. As all staff receive the same First Responder training, refresher appears to be an appropriate remedy.

In view of the above, the CCF PCM will ensure all staff receive training regarding the four steps to be employed by First Responders, emphasis added regarding requesting the victim to refrain from destroying physical evidence. Of note, First Responder refresher training must be completed on or before November 2, 2018.

The CCF PCM will provide a roster of all staff to the auditor and he will randomly select staff names. The CCF PCM will provide training certifications substantiating provision of the relevant training for each selectee. Additionally, the CCF PCM will provide a copy of the training syllabus to the auditor.

January 1, 2019 Update:

The auditor has reviewed the training syllabus, inclusive of relevant ODOC policy, regarding First Responder duties. Three hundred twenty-one staff were trained on September 18, 2018 and September 20, 2018 regarding this subject-matter. The four tenets of the standard, with accentuation on requesting the victim not destroy physical evidence and ensuring the perpetrator not destroy physical evidence, were clearly addressed during Staff Recall Training.

The auditor is satisfied CCF has addressed the requested training.

According to the inmate who reported a sexual abuse interviewee, a staff person did not come to assist him until one and one-half hours after the sexual abuse incident. He asserts he reported the incident and was left in the cell with the alleged perpetrator. He reported the alleged incident by handing a note to a Nurse and she then departed the unit. According to the interviewee, the Nurse came back, talked to COs, and three COs subsequently removed him from the cell, escorting him to Medical.

The interviewee relates he doesn't think staff who first reported to the scene responded quickly. Upon arrival at the cell, responding staff removed him from the cell, cuffed from behind, and escorted him to Medical.

The auditor's review of the relevant investigation reveals timely action by First Responders once they were notified of the alleged incident. Similarly, timely action appears to have been initiated by Supervisory Security Staff once notified.

Pursuant to the PAQ, the Warden self reports agency policy requires that if the first responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. The Warden further self reports of the allegations made that an inmate was sexually abused within the last 12 months, 0 non-security staff members were first responders.

ODOC OP-030601 entitled PREA, page 20, section B(2)(b) addresses 115.64(b).

Reportedly, non-security staff receive the same PREA training as security staff. Accordingly, there would be no variance in terms of response.

The auditor finds CCF to be substantially compliant with 115.64.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse amongst staff first responders, medical and mental health practitioners, investigators, and facility leadership.

CCF-SOP-1 entitled Coordinated Response to Incident of Sexual Abuse, pages 1-3 addresses 115.65(a) in totality.

The auditor's review of completed documents entitled Sexual Abuse Incident Check Sheet reveals the chronological steps articulated in the afore-mentioned policy citations, the required activities, date/time of completion of these activities, and the names/numbers of the alleged victim and perpetrator, are completed.

According to the Acting Warden, the facility has a plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. The Acting Warden further relates the 14-2C Checklist is used to document the actions of involved staff throughout the incident. First Responders, Medical and Mental Health staff responses, administration of a forensic examination (if applicable), Security Supervisor response, transport, notifications to OFAI/ODOC/Corporate staff, and investigation initiation are documented on this form. This document is reviewed by multiple executives and appropriate stakeholders.

The auditor's review of one Sexual Abuse Incident Check Sheet dated November 23, 2017 and accompanying administrative/criminal sexual assault investigation reveals some non-compliance with 115.65. While the First Responders (Security Staff) appear to have acted in accordance with scripted policy and procedure once notified of the alleged incident, the auditor is concerned with timeliness of reporting and response to the incident once contract staff were initially notified of the alleged incident.

Of note, the auditor's review of several investigations did not result in the same or similar fact patterns and accordingly, the finding is not systemic, in nature. Rather, the auditor's finding suggests a performance issue.

In view of the above, the auditor finds CCF to be non-compliant with 115.64(a). Accordingly, CCF is subject to a 180-day period of corrective action, concluding on February 1, 2019. However, the corrective action period can be closed sooner if deemed appropriate by the auditor.

During the corrective action period, the CCF PCM will ensure all contractors and volunteers are re-trained regarding timely reporting responsibilities, inclusive of the proper authorities to whom allegations of sexual abuse are reported. Copies of training certifications, reflecting the training provided and the "I understand" caveat, will be forwarded to the auditor. A recent staff/contractor/ and volunteer roster will be forwarded to the auditor to enable comparison against completed training certifications. Any policy, procedural memorandum, Post Order modifications, in addition to the training syllabus, must also be forwarded to the auditor for review.

Copies of all sexual abuse PREA investigations, inclusive of checklists, will be forwarded to the auditor throughout the corrective action period. The auditor will review the same and determine when practice(s) are satisfactorily institutionalized.

January 1, 2019 Update:

The auditor has reviewed the training syllabus, inclusive of relevant ODOC policy, regarding sexual abuse/harassment reporting responsibilities for staff, contractors, and volunteers. Staff, contractors, and volunteers are clearly required to report such incidents to their supervisor or higher level staff. Three hundred twenty-one staff were trained on September 18, 2018 and September 20, 2018 regarding this subject-matter during Staff Recall Training.

In addition to the above, the auditor's review of training materials provided to contractors and volunteers clearly addresses supervisors to whom immediate reports of sexual abuse/harassment are to be directed. The information is captured in several formats, most visible in Power Point slides.

The auditor's review of 47 volunteers, 20 medical staff contractors, 11 food service contractors and three contractors engaged in shower painting, Oklahoma PREA Volunteer/Contractor Training Acknowledgments reveals completion of this training during October, November, and

December, 2018. The documents clearly reflect the participant's understanding of the subject-matter presented.

The CCPC advises the above training documents encompass all contractors and volunteers who provide services at CCF.

The auditor is clearly satisfied requisite training across all staff disciplines, contractors, and volunteers has been completed.

The auditor's review of 11 sexual abuse/harassment investigations (the majority are sexual abuse investigations) reveals eight of the 11 incidents occurred prior to the September 18 and 20, 2018 training referenced above. With respect to the three incidents occurring subsequent to receipt of training, there are no repeats in terms of failure to report in a timely manner. With respect to the eight investigations, one report was received in an untimely manner.

In this one scenario, the reporting staff member reported to her supervisor by e-mail. While the incident was determined to be unsubstantiated, the supervisor recipient of the e-mail did not review the same in a timely manner. Accordingly, a delay occurred between report and initiation of requisite action.

Given the fact this incident and investigation occurred prior to completion of the Interim Report, completion of requisite training as required pursuant to corrective action had not yet been completed, and no repeat findings were identified relative to review of investigations completed subsequent to the afore-mentioned incident, the auditor has determined sufficient cause exists to close the finding.

Accordingly, the auditor finds CCF to be substantially compliant with 115.65.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports neither the facility, or any other governmental entity responsible for collective bargaining on the agency's behalf, has entered into or renewed any collective bargaining agreement or other agreement since August 12, 2012, or since the last PREA audit, whichever is later.

Reportedly, there is no collective bargaining agreement at CCF.

The Agency Head interviewee advises there are five or fewer facilities under the CC umbrella which are unionized. Collective Bargaining Agreements permit the agency to remove alleged staff sexual abusers from contact with any inmate pending an investigation or a determination of whether and to what extent discipline is warranted.

In view of the above, the auditor finds CCF to be substantially compliant with 115.66.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?
X Yes No

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
X Yes No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports the agency has a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations, from retaliation by other staff and inmates. The Warden further self reports the agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. Pursuant to this policy, the Investigator is charged with retaliation monitoring at CCF.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 11, section 14-2.3(G)(3)(a)(iii through vi) addresses 115.67(a) in totality. This policy stipulates monitoring at 30/60/90 day intervals for both affected inmates and staff, with periodic status checks for inmates. In accordance with ODOC policy, ODOC Protection Against Retaliation Forms are used to document monitoring. The Investigator is designated as the individual charged with responsibility for sexual abuse/harassment monitoring at CCF. Extension of retaliation monitoring is also addressed in this policy provision.

ODOC OP-030601 entitled PREA, pages 21 and 22, section D also addresses 115.67(a) and (c).

Pursuant to the PAQ, the Warden self reports the facility monitors the conduct and treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff. The Warden further self reports the facility monitors the conduct or treatment for 90 days or more, if necessary. The facility acts promptly to remedy any such retaliation. As reflected above, the facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. Reportedly, there were zero times an incident of retaliation occurred in the past 12 months.

According to the Agency Head interviewee, staff and inmates who report sexual abuse/sexual harassment allegations are protected from retaliation pursuant to frequent retaliation monitoring check-ins (inmates/staff), in addition to a 30/60/90 day formal review schedule. Staff charged with retaliation monitoring responsibilities follow disciplinary action(s), housing unit changes, removal of perpetrator(s) from area of victim housing, transfer of alleged abuser(s), and change in programming. In regard to alleged staff perpetrators, monitoring and follow-up regarding staff conduct is a primary consideration to the inmate safety equation.

In regard to the different strategies employed to protect inmates from retaliation when allegations of sexual abuse/sexual harassment are lodged, the Acting Warden asserts formal 30/60/90 day monitoring is initiated. Inmate and staff behavior assessment including, but not limited to, increase in disciplinary actions and write-ups, isolation, personal hygiene issues that were never historically prevalent, increased call-offs are potential indicators for monitoring. Strategies to address potential retaliation include separation of victim and predator by compound/unit, transfer of inmates with ODOC approval, request for protective measures, changing staff posts, and placement of staff on administrative leave.

According to the retaliation monitor interviewee, he oversees the retaliation monitoring process. He facilitates the actual monitoring visits every two weeks, documenting findings. Monitoring commences subsequent to completion of the initial investigation. He monitors both staff and inmate victims of retaliation, as well as, sexual abuse reporters.

In regard to measures employed to protect inmates and staff from retaliation, the interviewee asserts inmates may be separated by unit/compound, affected staff may similarly be reassigned to different posts to preclude contact with those retaliating, consider placement of appropriate staff on Administrative Leave, facilitate inmate programming changes, and recommend/initiate follow-up counseling and other trauma-related services.

The interviewee advises he initiates contact with inmate(s) who have reported sexual abuse. Minimally, 30/60/90 meetings and bi-weekly checks are employed.

The inmate who reported a sexual abuse interviewee asserts he does not feel protected enough against possible revenge from staff or other inmates because he reported the incident. Specifically, he asserts the Investigator never asked him about safety and retaliation following the incident.

The auditor's review of the Protection Against Retaliation Form (Attachment 1, OP-030601) reveals the inmate was reviewed in accordance with policy (30/60/90 day formal reviews and check-ins).

The policy discussion relevant to 115.67(c) is addressed in the narrative for 115.67(a), above. ODOC OP-030601 entitled PREA, page 22, section D(4)(a-f) also addresses 115.67(c).

The retaliation monitor interviewee advises that he looks for the following in terms of retaliation detection:

Behavioral changes in both staff and inmates;
Is inmate or staff always having a bad day?;
Is inmate or staff isolating?;
Is inmate accruing an inordinate amount of disciplinary reports and is staff receiving an inordinate amount of write-ups?; and
Is there a decrease in hygiene practices?

The interviewee further advises monitoring continues for a minimum of 90 days however, the same can be extended. The CCF PCM would make the call regarding continuation. In regard to a maximum length of time that retaliation monitoring can be extended, the interviewee asserts there is no maximum amount of time.

The auditor's review of two alleged sexual abuse cases reveals retaliation monitoring was initiated within three to four days of report in each case. With respect to one case, the incident allegedly occurred on November 23, 2017, retaliation monitoring commenced on November 27, 2017, and concluded on March 30, 2018. The Protection Against Retaliation- Inmates form reflects bi-weekly checks and documentation of monitoring activities. All requisite retaliation monitoring factors are reflected in this document.

As reflected in the policy narrative reflected for 115.67(a), status checks with respect to retaliation monitoring are addressed. ODOC OP-030601 entitled PREA, page 22, section D(4)(g) addresses 115.67(d)

The relevant policy provisions [for 115.67(e)] are also addressed in the narrative for 115.67(a). ODOC OP-030601 entitled PREA, pages 21 and 22, section D also addresses 115.67(e).

When an inmate who cooperates with an investigation expresses a fear of retaliation, the Agency Head interviewee asserts he receives the same benefits and treatment as articulated in the narrative for 115.67(b) above.

In view of the above, the auditor finds CCF to be substantially compliant with 115.67.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. The Warden further self reports 0 inmates, alleged to have suffered sexual abuse, were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment. If an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population. ODOC OP-030601 entitled PREA, pages 18 and 19, section IX(A-F) addresses 115.68(a).

According to the Acting Warden, agency policy prohibits placing inmates at a high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there are no alternative means of separation from potential abusers. The Acting Warden further relates inmates at high risk for sexual victimization or who have alleged sexual abuse are placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. The Acting Warden further advised ODOC policy does not require placement in Segregation for potential victims. Additionally, he asserts CCF has not had such a case in the last year.

According to the staff who supervise inmates in segregated status interviewee, access to recreation, education, Mental Health (MH), Medical, and Laundry services would be granted to such inmates similarly situated. However, work opportunities would be limited based on the nature and mission of the unit. Staff bring all services and programs to inmates. Any and all denials or deprivations of any program/service would be documented in logs or on Segregation Activity Records (SARs). SARs are individual records unique to the inmate.

According to the staff who supervise inmates in segregated status interviewee, inmates are generally not placed in involuntary segregated housing as a means of separation from likely abusers, unless it is during the initial stages of the incident. Placement in involuntary segregated housing as a means of separation from likely abusers would generally be limited to 30 days.

The staff who supervise inmates in segregated status interviewee advised perpetual 30 day reviews would be conducted for inmates assigned to involuntary segregated housing for purposes articulated throughout 115.43, to determine if continued segregated housing placement is needed.

In view of the above, the auditor finds CCF to be substantially compliant with 115.68.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? Yes No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? Yes No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? Yes No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? Yes No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports the facility has a policy related to criminal and administrative agency investigations.

ODOC OP-040117 entitled Investigations, page 2, section I(B) and pages 2, 3, section I(A) addresses various provisions of this standard.

According to the investigative staff interviewee, an investigation following an allegation of sexual abuse or sexual harassment is generally initiated within a couple hours, maximum. The Investigator receives a telephone call, generally from the Shift Commander (Captain), whenever a PREA incident occurs.

In regard to anonymous or third-party reports of sexual abuse/harassment, there is absolutely no difference in terms of the process. The reporter is deemed credible until evidence proven otherwise.

The auditor's review of 10 investigations (one included in the PAQ and nine randomly reviewed investigations during the on-site audit) reveals substantial compliance with 115.71(a).

ODOC OP-040117 entitled Investigations, page 3, section II(A)(3) addresses 115.71(b). This policy addresses specialized PREA training (Sexual Assault Investigations in a Confinement Setting) for OFAI agents. Additionally, ODOC OP-030601 entitled PREA, page 13, section F(2) addresses 115.71(b), addressing specialized PREA training for ODOC Inspector General Agents.

The auditor's review of the CCF PREA Investigator's training records reveals he completed a three hour PREA Investigator training and Operation Diamondback Investigators training, both on May 21, 2013. The auditor's review of slides from the PREA Investigators Training reflects discussions regarding techniques for interviewing sexual abuse victims, Miranda and Garrity rights, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The slides are a combination of National Council on Crime and Delinquency (NCCD), the Bureau of Justice Assistance (BJA), and the Moss Group.

According to the investigative staff interviewee, he did receive training specific to conducting sexual abuse investigations in confinement settings. Some of the training was facilitated by the Moss Group and was entitled Conducting Sexual Abuse Investigations in a Confinement Setting. Operation Diamondback was comprised of primarily classroom work. Definitions, interviewing techniques, victim behavior, standards of evidence, and mock scenarios were covered during this training.

ODOC OP-040117 entitled Investigations, pages 3 and 4, sections 5 and 6 addresses 115.71(c).

The auditor's review of a sexual abuse investigation report and criminal referral dated March 2, 2018 reflects the same was coordinated and conducted by an ODOC OFAI investigator. The alleged incident occurred on November 23, 2017 and occurred within the time frame for collection of physi-

cal evidence. A cell search, inmate interviews, and a forensic examination of the alleged victim were facilitated during this investigation. The auditor finds CCF to be in compliance with 115.71(c) based on the above.

According to the investigative staff interviewee, First Responder/preservation of evidence would be immediately initiated as a first step in the investigative process. Steps would be as follows: 1) Separate offenders (two minutes); 2) The crime scene would be secured (approximately five minutes); 3) Victim inmate escorted to Medical (five minutes); 4) Review log books (five minutes); 5) Interview victim (30-90 minutes); 6) Review video and inmate's file (two hours); and 7) Break down telephone tapes (15 minutes). If, at any point the Investigator determines the nature and quality of evidence leans toward criminal offense consideration, he terminates the interview with the victim. OFAI makes the call regarding forensic examination.

In addition to the above, report writing is included in the investigative protocol.

The investigative staff interviewee further relates he does not handle direct evidence as the same is collected by OFAI. Telephone monitoring, video review, collection of reports, and file reviews are included, but not limited to, his purview within the Investigative protocol.

ODOC OP-040117 entitled Investigations, page 4, section 6; pages 9 and 10, section V(B)(3 and 4); page 10, section C(1); and pages 10 and 11, section D(2) address 115.71(d) in entirety. Additionally, ODOC OP-030601 entitled PREA, pages 26 and 27, section 3(c) addresses 115.71(d).

As reflected above, ODOC OFAI is actively involved in the investigative process from start to finish. According to the investigative staff interviewee, ODOC OFAI handles all prosecution liaison and compelled interviews.

ODOC OP-040117 entitled Investigations, page 11, section VI(A)(2)(b) and OP-030601 entitled PREA, page 10, section 6 address 115.71(e) in entirety.

According to the investigative staff interviewee, he assesses credibility of an alleged victim, suspect, or witness by the consistency in their narrative, prior convictions/disciplinary reports, any unit management notes regarding behavior, does the inmate appear to be under the influence, is the inmate coherent, and history of lying behavior. The interviewee further advised he would not require an inmate who alleges sexual abuse to submit to a polygraph examination or truth-telling device as a condition for proceeding with an investigation.

According to the inmate who reported a sexual abuse interviewee, he was not required to take a polygraph test as a condition for proceeding with a sexual abuse investigation.

ODOC OP-040117 entitled Investigations, page 2, section I(A), (B); and page 9, section V(B)(2) addresses 115.71(f).

According to the investigative staff interviewee, he gathers reports, reviews video, assessing whether staff acted in accordance with policy and expectations. He further asserts he assesses whether actions are commensurate with the training they receive.

In regard to report preparation, the investigative staff interviewee asserts he does document administrative investigations in written reports. Included in such reports is the location of the incident, staff and/or inmate(s) involved, evidence assessment, credibility assessments of those involved, facts vs. evidence recapitulation and analysis, and an assessment of documentary evidence.

ODOC OP-040117 entitled Investigations, pages 10 and 11, section D(2) addresses 115.71(g). It is noted criminal investigations are facilitated by the ODOC OFAI, as previously indicated. According to the investigative staff interviewee, criminal investigations are documented, generally in the same manner as an administrative investigation. Of note, the auditor's review of several OFAI investigative reports validates the Investigator's statement with respect to criminal investigative reports.

Pursuant to the PAQ, the Warden self reports substantiated allegations of conduct that appear to be criminal shall be referred for prosecution. The Warden further self reports two substantiated allegations of conduct that appeared to be criminal were referred for prosecution since the last PREA audit.

ODOC OP-030601 entitled PREA, page 11, section B(1)(d); page 23, sections XI(B); and pages 26 and 27, section 3(c) addresses 115.71(h). Additionally, ODOC OP-040117 entitled Investigations, page 10, section D(1) addresses the same provision.

According to the investigative staff interviewee, he does not refer cases for prosecution as the same falls under the purview of ODOC OFAI.

Pursuant to the PAQ, the Warden self reports the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

ODOC OP-040117 entitled Investigations, pages 6 and 7, sections 5 and 7 addresses 115.71(i).

ODOC OP-040117 entitled Investigations, page 3, section II(A) addresses 115.71(j).

According to the investigative staff interviewee, when a staff member alleged to have committed sexual abuse terminates employment prior to a completed investigation into his/her conduct, the investigation continues. This is also the case when a victim who alleges sexual abuse or sexual harassment or an alleged abuser leaves the facility prior to a completed investigation into the incident. Again, ODOC OFAI is actively involved in the vast majority of such investigations and accordingly, they track and follow-up on such investigations.

If an outside agency investigates allegations of sexual abuse, the Acting Warden relates the facility Investigator checks the status of the investigation with OFAI. The CCPC relates, on a global basis, it depends on the customer as to how the agency remains abreast of the progress of an investigation facilitated by an outside agency. Designated facility staff follow-up with the outside agency on a schedule determined at the local level. The CCF PCM relates the facility Investigator remains in consistent contact with OFAI to obtain updates. The facility Investigator advises ODOC OFAI facilitates the investigation in entirety and he provides support, conducting an administrative investigation simultaneous with the criminal investigation.

In view of the above, the auditor finds CCF to be substantially compliant with 115.71.

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.

ODOC OP-030601 entitled PREA, page 6, section III addresses 115.72(a).

The auditor's review of a CCF administrative investigative report dated November 23, 2017, reflects the facility investigator found the case to be unsubstantiated pending final report by the OFAI investigator. The incident allegedly occurred on November 23, 2017. The auditor finds both OFAI and CC employed, minimally, the preponderance of evidence standard for an administrative investigation.

Pursuant to the auditor's random review of nine additional CC investigative reports, several overlapping with criminal investigative reports and findings, the CCF Investigator clearly relies upon the appropriate standard of evidence in terms of findings.

The investigative interviewee advises the standard of proof in a criminal matter is "Beyond a Reasonable Doubt". In an administrative matter, the standard of proof is "Preponderance".

In view of the above, the auditor finds CCF to be substantially compliant with 115.72.

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? Yes No

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
X Yes No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? X Yes No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports the agency has a policy requiring that any inmate who makes an allegation 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 by the agency. The Warden further self reports 2 criminal and/or administrative investigations of alleged sexual abuse were completed by facility staff during the last 12 months.

ODOC OP-030601 entitled PREA, page 28, section XII(A) addresses 115.73(a).

The Acting Warden asserts CCF staff notify an inmate who makes an allegation of sexual abuse, when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. A Notification Form is completed and issued to the affected inmate.

According to the investigative staff interviewee, agency procedures require that an inmate who makes an allegation of sexual abuse must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. The inmate who reported a sexual abuse interviewee asserts notification under these circumstances is required.

The auditor's review of one Notification of Investigation Status dated November 27, 2017 substantiates compliance with 115.73(a). The alleged incident occurred on November 23, 2017 and the notification occurred on November 27, 2017, in writing, as reflected on this form. The form was co-signed and dated by the alleged inmate victim.

The auditor's review of eight additional random inmate sexual abuse investigations reveals such notification was given in seven of those cases. Accordingly, there is substantial compliance with 115.73(a).

Pursuant to the PAQ, if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the inmate of the outcome of the investigation. The Warden further self reports two alleged inmate sexual abuse investigations were completed by an outside agency.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 25, section 14-2.3(Q)(1) addresses 115.73(b) in entirety.

Pursuant to the PAQ, the Warden self reports following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the facility subsequently informs the inmate (unless the agency has determined that the allegation is unfounded) whenever:

the staff member is no longer posted within the inmate's unit;
the staff member is no longer employed at the facility;
the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

The Warden further self reports there has not been a substantiated or unsubstantiated complaint (i.e. not unfounded) of sexual abuse committed by a staff member against an inmate at CCF within the past 12 months.

ODOC OP-030601 entitled PREA, page 28, section B(1)(a-d) addresses 115.73(c).

Pursuant to the PAQ, the Warden self reports that following an inmate's allegation he or she has been sexually abused by another inmate in an agency facility, the agency subsequently informs the alleged victim whenever:

the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

ODOC OP-030601 entitled PREA, page 28, section XII(D)(1) addresses 115.73(d).

The inmate who reported a sexual abuse interviewee advises he has not been informed if the agency learned the alleged abuser has been indicted on a charge related to sexual abuse within the facility.

Likewise, he has not learned if the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Pursuant to follow-up with the CCF PCM, the auditor has learned neither of the afore-mentioned judicial actions have occurred in this matter.

Pursuant to the PAQ, the Warden self reports the agency has a policy that all notifications to inmates described under 115.73 are documented.

ODOC OP-030601 entitled PREA, page 28, section XII(D)(2) addresses 115.73(e).

In view of the above, the auditor finds CCF to be substantially compliant with 115.73.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

CC APS 030601 entitled Oklahoma PREA, page 7, section F(a) addresses 115.76(a).

Pursuant to the PAQ, the Warden self reports one facility staff has violated agency sexual abuse or sexual harassment policies during the last 12 months. The Warden further self reports 1 facility staff has been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies.

CC APS 030601 entitled Oklahoma PREA, page 7, section F(a) addresses 115.76(b).

Pursuant to the PAQ, the Warden self reports disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The Warden further self reports in the past 12 months, 0 facility staff have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.

CC APS 030601 entitled Oklahoma PREA, page 7, section F(b) addresses 115.76(c).

Pursuant to the PAQ, the Warden self reports all terminations for violations of sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The Warden further self reports in the past 12 months, 0 staff from the facility have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

CC APS 030601 entitled Oklahoma PREA, page 7, section F(c) addresses 115.76(d).

In view of the above, the auditor finds CCF to be substantially compliant with 115.76.

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The Warden further self reports agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates. Contractors or volunteers would be reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates. No contractors or volunteers were reported to law enforcement (investigation) and/or relevant licensing bodies for engaging in sexual abuse of inmates.

ODOC OP-090211 entitled Volunteer Services, page 14, section K(2) addresses 115.77(a). It is noted that pursuant to ODOC OP-030601 entitled PREA, the terms "staff" and "employee" includes all ODOC employees, contract personnel, contract employers, and volunteers.

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

ODOC OP-090211 entitled Volunteers Services, page 14, section K(4)(a), (c), and (d) addresses 115.77(b).

During the Acting Warden's interview, he advised a contractor's or volunteer's access privileges would be pulled pending investigation into the case of any alleged violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. The contractor/volunteer would have no access to the facility and consequently, inmates.

In view of the above, the auditor finds CCF to be substantially compliant with 115.77.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? X Yes No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? X Yes No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? X Yes No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? X Yes No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? X Yes No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse. The Warden further self reports inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for inmate-on-inmate sexual abuse. In the past 12 months, there were 0 administrative findings of inmate-on-inmate sexual abuse that occurred at the facility. Similarly, there were 0 criminal findings of guilt for inmate-on-inmate sexual abuse that occurred within the facility during the past 12 months.

ODOC OP-030601 entitled PREA, pages 10 and 11, section B(a) and (d) addresses 115.78(a).

According to the Acting Warden, varying degrees of sanctions are available pursuant to the disciplinary process. Good Conduct Time forfeiture, transfer of inmates, commissary/telephone restrictions, and increase of custody level are sanctions available through the disciplinary process.

The Acting Warden further asserts sanctions are proportionate to the nature and circumstances of the abuses committed, the inmate's disciplinary histories, and the sanctions imposed for similar offenses by other inmates with similar histories. Additionally, mental disability or mental illness are considered when determining sanctions. The Acting Warden asserts every disciplinary report is reviewed by Mental Health staff prior to being served.

The auditor's review of one administrative disciplinary action for non-consensual sexual abuse confirms compliance with 115.78. The hearing was convened following receipt of the OFAI investigation report. According to the record, the hearing was conducted on April 18, 2018.

Attachment A entitled Acts Constituting Rule Violation and Attachment A Range of Allowable Sanctions, ODOC OP-060125 entitled Classification address 115.78(b).

ODOC OP-060125 entitled Classification, page 9, section A(2) and (a) addresses 115.78(c) in entirety.

Pursuant to the PAQ, the Warden self reports the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. The Warden further self reports if the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse, the facility considers whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.

According to the mental health interviewee, therapy, counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse are offered to both victims and perpetrators. Inmate access to programming or other benefits is not contingent upon participation in such services.

Pursuant to the PAQ, the Warden self reports the agency disciplines an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

The auditor was not provided any policy citation(s) to substantiate 115.78(e). While there is no ODOC policy addressing the same, CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section 14-2.3(R)(1)(a)(v) addresses 115.78(e) in entirety. The auditor found no deviations from this policy and henceforth, the policy provision.

Reportedly, during the last 12 months, there were no incidents wherein an inmate was disciplined for sexual contact with a staff member subsequent to a finding the staff member did not consent to such contact.

Pursuant to the PAQ, the Warden self reports the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

There is no policy governing 115.78(f).

Pursuant to the PAQ, the Warden self reports the agency prohibits all sexual activity between inmates. The Warden further self reports if the agency disciplines inmates for such activity, the agency deems such activity to constitute sexual abuse only if it determines the activity is coerced.

Attachment A, as referenced in the narrative for 115.78(b), addresses 115.78(g). Charge A-9 is the applicable charge. The same is clearly not deemed to be sexual abuse if the behavior, in question, is consensual.

In view of the above, the auditor finds CCF to be substantially compliant with 115.78.

MEDICAL AND MENTAL CARE

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? Yes No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports all inmates at this facility who have disclosed any prior sexual victimization during a screening pursuant to 115.41, are offered a follow-up meeting with a medical or mental health practitioner. The Warden further self reports the follow-up meeting was offered within 14 days of the intake screening. Reportedly, in the past 12 months, 100% of inmates who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner. Reportedly, medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

ODOC OP-030601 entitled PREA, page 16, section VII addresses 115.81(a/c). Page 18 of the same policy, section A and CC APS OP-030601 entitled Oklahoma PREA, page 6, section 2(b) also address 115.81(a/c).

Five of the six inmate interviewees who disclosed sexual victimization during risk screening assert they were asked if they wanted to meet with a medical or mental health care practitioner. One of the afore-mentioned five interviewees related he was not interviewed while two interviewees relate the interview was facilitated within 14 days. The last two interviewees assert they declined a mental health follow-up interview.

The auditor's review of the one inmate's (allegedly was not provided the interview) file reveals he was referred to MH on November 17 and 27, 2017 with an interview conducted on November 28, 2017. He arrived at CCF on November 17, 2017.

The staff who perform screening for risk of sexual victimization and abusiveness interviewees assert they offer a follow-up meeting with a medical and/or mental health practitioner whenever the screening indicates an inmate has experienced prior sexual victimization, whether in an institutional setting or in the community. They further relate they advise mental health staff immediately following the screening. One interviewee advises the interview occurs prior to unit assignment while the other interviewee asserts the interview occurs within 14 days of arrival.

Pursuant to the PAQ, the Warden self reports all prison inmates who have previously perpetrated sexual abuse, as indicated during the screening pursuant to 115.41, are offered a follow-up meeting with a mental health practitioner. The Warden further self reports the follow-up meeting is offered within 14 days of the intake screening. Reportedly, during the last 12 months, 100% of inmates who have previously perpetrated sexual abuse, as indicated during the screening, were offered a follow-up meeting with a mental health practitioner. Mental health staff reportedly maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

CC APS OP-030601 entitled Oklahoma PREA, page 6, section 2(a) also addresses 115.81(b).

The staff who perform screening for risk of sexual victimization and abusiveness interviewees assert they offer a follow-up meeting with a mental health practitioner if a screening indicates an inmate previously perpetrated a sexual abuse. One interviewee asserts this occurs within 14 days of intake screening.

Pursuant to the PAQ, the Warden self reports information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

ODOC OP-030601 entitled PREA, page 16, section VII(B)(1) also addresses 115.81(d).

Pursuant to the PAQ, the Warden self reports medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.

ODOC OP-030601 entitled PREA, page 10, section 5 and CC APS OP-030601 entitled Oklahoma PREA, page 3, section III(A)(1) address 115.81(e).

According to the Mental Health interviewee, as a matter of routine, she ensures an Informed Consent form is completed prior to provision of services to any inmate. There is no separate informed consent process for inmates under the age of 18 as such inmates are not housed at CCF.

In view of the above, the auditor finds CCF to be substantially compliant with 115.81.

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
X Yes No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? X Yes No

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The Warden further self reports the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

ODOC OP-030601 entitled PREA, page 10, section B(1)(b); ODOC OP-030601 entitled PREA, page 21, section 6; and ODOC OP-140118 entitled Emergency Care, pages 3 and 4, section C(5) address 115.82(a).

According to the medical and mental health interviewees, victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. This occurs almost immediately following decision-making and medical examination at CCF. The nature and scope of these services are determined according to the professional judgment of the provider and the physician.

According to the inmate who reported a sexual abuse interviewee, he was examined by Medical staff right away subsequent to being removed from the pod.

ODOC OP-030601 entitled PREA, page 21, section B(4) and ODOC OP-140118 entitled Emergency Care, pages 3 and 4, section C(5) address 115.82(b). The steps articulated in these policy provisions follow a chronological sequence with specific duties assigned (e.g the crime scene is secured by the highest ranking authority on-site and the safety of the victim is likewise ensured by this individual).

The auditor's review of a sexual assault packet and all follow-up medical/mental health documentation reveals substantial compliance with 115.82(b). On November 23, 2017, an inmate was escorted to Medical, reporting he had recently been sexually assaulted at CCF. PREA sexual abuse protocols, relative to this provision, were invoked commencing with a medical examination. He was subsequently removed from the facility and transported for a forensic examination.

The auditor's review of the Sexual Abuse Incident Check Sheet reveals a chronological accounting of steps taken with respect to this allegation. Mental Health notes, completed the day following the alleged incident, capture the alleged victim's feelings, history, and strategic interventions employed in this matter.

Five of seven random Security Staff interviewees specifically interviewed regarding first responder steps, advise Medical would be contacted regarding the alleged sexual abuse incident. Other First Responder steps are articulated in the narrative for 115.64. The non-Security First Responder interviewee made no mention of contacting Medical however, policy reflects Medical contact and follow-up is facilitated by Shift Supervisors, at a minimum.

Pursuant to the PAQ, inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Medical and mental health staff maintain secondary materials (e.g. form, log) documenting timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

Of note and as previously indicated, CCF is a male only facility. However, the medical staff interviewee advises victims of sexual abuse are offered timely information about access to sexually transmitted infection prophylaxis. Such information would be provided, minimally, by CCF Medical staff.

According to the inmate who reported a sexual abuse interviewee, he was provided information about access to sexually transmitted infection prophylaxis at the hospital, following the conduct of the forensic examination.

Pursuant to the PAQ, the Warden self reports treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigations arising out of the incident.

ODOC OP-140118 entitled Emergency Care, page 5, section d(3) addresses 115.82(d) in entirety. The auditor's review of relevant documents regarding 115.82(d) is addressed in the narrative for 115.21(c) above.

In view of the above, the auditor finds CCF to be substantially compliant with 115.82.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
X Yes No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)
X Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports the facility offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

ODOC OP-030601 entitled PREA, page 30, section XIV(A-C) addresses 115.83(a). This policy specifies the following:

ODOC Medical Services Responsibilities:

A. Provision of Medical Care for Inmates (Alleged Victims and Alleged Suspects)

Medical Services will follow established protocol, which includes provisions for initial examination, documentation, transport to local emergency medical care when appropriate, testing for sexually transmitted diseases (including an HIV test) with counseling as appropriate, prophylactic treatment, follow up and mental health counseling and support as defined in OP-140118 entitled "Emergency Care." Non-consensual sexual incidents will be documented in the inmate's electronic health record by a qualified health care provider utilizing the non-consensual sexual contact nursing protocol form.

B. Guidelines for Medical Care and Investigations at Community Medical Facilities (4-4406)

Victims of sexual assault will be referred under appropriate security provisions to a community-based health care provider or hospital;

C. Mental Health Care Provider

The qualified mental health professional (QMHP) or correctional health services administrator will be notified as soon as possible, but no later than the next business day of all alleged sexual assaults. After providing mental health counseling, the QMHP will consult with the investigating agent regarding the investigation. Appropriate assistance/mental health services will be available to the inmate victim(s) of sexual assault in accordance with OP-140201 entitled "Mental Health Services Duties and Responsibilities."

The auditor's review of one sexual abuse allegation reveals substantial compliance with 115.83(a). The alleged incident occurred on November 23, 2017 and the Medical assessment was facilitated on the same date. The Mental Health interview was facilitated on November 24, 2017. Substantiating documentation follows the same format as reflected in the narrative for 115.83(a).

According to the medical staff interviewee, evaluation and treatment of inmates who have been victimized by sexual abuse entails a body examination and assessment for injuries (e.g. tearing). An analysis of other acute injuries follows. For medical reasons, a certain amount of questioning is necessary. Any physical injuries (e.g. tearing, etc.) are noted in the Progress Notes. A SAFE/SANE recommendation would follow.

The mental health staff interviewee asserts she explains her role and confidentiality parameters. Subsequently, she listens, in the absence of judgment. She assesses, based on her training and experience, while talking. Throughout the encounter, she reassures and comforts the victim.

The inmate who reported a sexual abuse interviewee asserts the Medical or Mental Health doctor did not discuss with him follow-up services, treatment plans, or any, if necessary, referrals for continued care. Of note, the auditor's review of Mental Health notes reflects follow-up conversations with the alleged victim regarding treatment.

ODOC OP-140201 entitled Mental Health Services Duties and Responsibilities, page 2, section I(B) (2) addresses 115.83(c).

Both the medical and mental health staff interviewees advise medical and mental health services offered are consistent with the community level of care.

Pursuant to the PAQ, the Warden self reports that 115.83(d) is not applicable to CCF as only male inmates are housed at the facility.

Pursuant to the PAQ, the Warden self reports that 115.83(e) is not applicable to CCF as only male inmates are housed at the facility.

Pursuant to the PAQ, the Warden self reports inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

ODOC OP-140118 entitled Emergency Care, page 3, section C(4) and OP-140118-01 entitled Non-Consensual Sexual Contact, page 2, section I(D) address 115.83(f).

The inmate who reported a sexual abuse interviewee asserts he was afforded tests for sexually transmitted infections. Specifically, blood was drawn for purposes of such testing.

ODOC OP-140118 entitled Emergency Care, page 5, section d(3) addresses 115.83(g). The inmate who reported a sexual abuse interviewee asserts he did not have to pay for any treatment related to this incident of sexual abuse.

Pursuant to the PAQ, the Warden self reports the facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental health practitioners.

ODOC OP-030601 entitled PREA, page 16, section VII and ODOC OP-140201 entitled Mental Health Services Duties and Responsibilities, page 8, section 2(a and b) address 115.83(h) in entirety.

According to the mental health interviewee, mental health staff conduct a mental health evaluation of all known inmate-on-inmate abusers and offer treatment, if appropriate. The evaluation is generally facilitated within 10 days of arrival at Lexington (Reception Center).

The auditor's review of one CCF evaluation [relevant to the subject-matter of 115.83(h)] reveals substantial compliance with this provision. Specifically, the Initial PREA Screening was conducted on July 31, 2017 and the mental health interviewee's evaluation was conducted on August 11, 2017.

In view of the above, the auditor finds CCF to be substantially compliant with 115.83.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The Warden further self reports in the last 12 months, 16 criminal and/or administrative investigations of alleged sexual abuse were completed at the facility.

ODOC OP-030601 entitled PREA, page 29, section XIII addresses 115.86(a).

The auditor's review of two sexual assault investigations included in the PAQ packet (determined to be Unsubstantiated) reveals substantial compliance with 115.86(a). Of the auditor's review of nine additional random investigations, all sexual assault cases were determined to be Unfounded. Accordingly, a SART was not required.

Pursuant to the PAQ, the Warden self reports the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. The Warden further self reports in the past 12 months, 16 criminal and/or administrative investigations of alleged sexual abuse completed at the facility were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents.

ODOC OP-030601 entitled PREA, page 29, section XIII addresses 115.86(b).

In regard to the afore-mentioned investigations, one alleged incident occurred on November 23, 2017 and the SART was conducted on November 27, 2017. With respect to the other case, the alleged incident occurred on October 19, 2017 and the SART was conducted on October 19, 2017.

Pursuant to the PAQ, the Warden self reports the sexual incident review team (SART) includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

ODOC OP-030601 entitled PREA, page 29, section XIII addresses 115.86(c).

The Acting Warden related, during his interview, CCF has a SART. He further related the SART is comprised of upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

The auditor's review of the afore-mentioned SART reports reflects compliance with 115.86(c).

Pursuant to the PAQ, the Warden self reports the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to, determinations made regarding the following:

Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;

Consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification;

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

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

Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and

Prepare a report of its findings, including, but not necessarily limited to, determinations made pursuant to the above and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

ODOC OP-030601 entitled PREA, page 29, section XIII (A)(2-7) also addresses 115.86(d).

Pursuant to interview with the Acting Warden, he asserts the SART process is used to determine appropriate staffing levels, need for additional camera surveillance, needed physical plant changes, additional training, and any recommended policy changes.

Additionally, he asserts the SART team considers the following:

Whether the incident or allegation was motivated by race, ethnicity, gender identity, LGBTI identification, status or perceived status, gang affiliation, and/or group dynamics at the facility;
Examines the area in the facility where the incident allegedly occurred to assess whether the physical barriers in the area may enable abuse;
Assesses the adequacy of staffing levels in that area during different shifts; and
Assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff.

Pursuant to interview with the CCF PCM, he asserts a SART report is prepared regarding findings as described in 115.86(d-1) through 115.86(d-5). The SART reports are forwarded to him for review. He has not noted any trends other than most alleged incidents occur in cells. Finally, he asserts CCF would generally implement any corrective actions and hold staff accountable, where applicable.

Pursuant to interview with a member of the SART, the review team considers the following:

Whether the incident or allegation was motivated by race, ethnicity, gender identity, LGBTI identification, status or perceived status, gang affiliation, and/or group dynamics at the facility;
Examines the area in the facility where the incident allegedly occurred to assess whether the physical barriers in the area may enable abuse;
Assesses the adequacy of staffing levels in that area during different shifts; and
Assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff.

The auditor's review of SART review reports confirms compliance with this provision.

Pursuant to the PAQ, the Warden self reports the facility implements the recommendations for improvement or documents its reason for not doing so.

ODOC OP-030601 entitled PREA, page 29, section XIII (A)(8) addresses 115.86(e).

The auditor's review of relevant SART reports reflects compliance with this provision.

The auditor finds CCF to be substantially compliant with 115.86.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) Yes No NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The Warden further self reports the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

ODOC OP-030601 entitled PREA, page 30, section XV(A) addresses 115.87(a/c).

The auditor's review of the 2016 SSV reflects substantial compliance with 115.87(a)/(c). Data was complete as reflected on the SSV.

Pursuant to the PAQ, the Warden self reports the agency aggregates the incident-based sexual abuse data at least annually.

ODOC OP-030601 entitled PREA, page 30, section XV(A)(1) addresses 115.87(b).

The auditor's review of aggregated data substantiates compliance with 115.87(b). Aggregated data is reflected on the CC website.

Pursuant to the PAQ, the Warden self reports the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

ODOC OP-030601 entitled PREA, pages 30 and 31, section XV(A)(2) addresses 115.87(d).

The auditor's review of aggregated data suggests compliance with 115.87(d).

Pursuant to the PAQ, the Warden self reports 115.87(e) is not applicable to CCF as CC does not contract with other facilities for the confinement of its inmates.

Pursuant to the PAQ, the Warden self reports the agency provided the Department of Justice with data from the previous calendar year upon request.

ODOC OP-030601 entitled PREA, page 30, section XV(A)(4) addresses 115.87(f).

In view of the above, the auditor finds CCF to be substantially compliant with 115.87.

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? Yes No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the agency reviews data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including:

Identifying problem areas;
Taking corrective action on an ongoing basis; and
Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as, the agency as a whole.

CC APS OP-030601 entitled Oklahoma PREA, page 7, section G(1)(a)(i-iii) addresses 115.88(a).

The Agency Head interviewee advises CC accesses information from several sources, using incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, and response policies, practices, and training. Specifically, he advises that a 5-1 Incident Reporting System is implemented wherein incidents and reports are, minimally, reviewed by Corporate and designated facility staff within a 24-hour period. Monthly, a report of PREA related incidents details frequency and location(s) of incidents within the facility, amongst other criteria. Pursuant to this procedure, Corporate and facility staff collaborate to diagnose any PREA-related issues, concerns, etc. These proactive steps, in addition to SART review findings and continual monitoring of data, are utilized to attain optimal efficiency in terms of sexual safety of inmates at CC facilities.

In view of the above, the auditor finds CCF to exceed compliance expectations with respect to 115.88. This procedure is representative of CC's commitment and zeal in terms of enhancement of inmate sexual safety within facilities.

The CCPC interviewee asserts the agency does review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training. Such data is securely retained in password protected programs at both the facility and CCPC's office. Access to this information is limited.

Of note, PREA investigation reports and ancillary documentation are electronically generated however, a safely secured filing cabinet is located in the Investigator's Office. The auditor observed these processes throughout the on-site audit.

The CCPC further advises the agency takes corrective action on an ongoing basis based on this data. For example, anything identified pursuant to a mock audit or SART review is considered for implementation.

The CCF PCM advises agency reviews of data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training, is handled at the Corporate Office. Investigations are transmitted to Corporate. The CCF PCM does not participate in the process, other than the above.

Pursuant to the PAQ, the Warden self reports the annual report includes a comparison of the current year's data and corrective actions with those from prior years. The Warden further self reports the annual report provides an assessment of the agency's progress in addressing sexual abuse.

CC APS OP-030601 entitled Oklahoma PREA, page 7, section G(1)(b) addresses 115.88(b).

The auditor's review of data collected pursuant to 115.87 and the 2016 corporate cumulative annual report reflects substantial compliance with 115.88(b). The cumulative annual report, in question, clearly addresses a comparison of data for the years 2014, 2015, and 2016. The data collected pursuant to 115.87 is included with the annual report. Enhancements enacted as the result of pre-audits completed by CC staff, information gleaned from reviews conducted pursuant to 115.86, and PREA audits conducted during the year, are discussed in the annual report. Finally, a synopsis is included in the annual report, addressing the "State of PREA" within CC. Reportedly, this is the most current Annual PREA Report

Pursuant to the PAQ, the Warden self reports the agency makes its annual report readily available to the public at least annually through its website. The Warden further self reports the annual reports are approved by the agency head.

CC APS OP-030601 entitled Oklahoma PREA, page 7, section G(1)(c) addresses 115.88(c).

The auditor's review of the afore-mentioned 2016 annual report clearly reflects the CC Chief Corrections Officer approved the report as the cover memorandum bears his signature. The auditor verified the report, in question, is posted on the CC website.

According to the Agency Head interviewee, he reviews all PREA Annual Reports as he is the direct supervisor of the CCPC. He copiously reviews each report for comprehensiveness and content, forwarding the same to the CC Chief Corrections Officer for final review and signature.

Pursuant to the PAQ, the Warden self reports when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The Warden further self reports the agency indicates the nature of the material redacted.

CC APS OP-030601 entitled Oklahoma PREA, page 7, section G(1)(d) addresses 115.88(d).

According to the CCPC interviewee, CC rarely redacts information from aggregated reports, etc. All data is collected in generic fashion.

In view of the above, the auditor finds CCF to exceed compliance expectations with respect to 115.88.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
X Yes No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? X Yes No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? X Yes No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? X Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Warden self reports the agency ensures that incident-based and aggregate data are securely retained.

ODOC OP-030601 entitled PREA, page 30, section XV(A) addresses 115.89(a).

It is noted the CCPC clearly addressed secure retention of data (pursuant to 115.87) in the narrative for 115.88(a), above. The same statement applies to perpetual secure retention of data on an annual basis since the date of the last PREA audit.

Pursuant to the PAQ, the Warden self reports agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website.

ODOC OP-030601 entitled PREA, page 31, section XV(B) addresses 115.89(b).

As previously indicated, the auditor verified compliance with this provision pursuant to review of the CC website.

Pursuant to the PAQ, the Warden self reports before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

ODOC OP-030601 entitled PREA, page 31, section XV(B) addresses 115.89(c).

Pursuant to the PAQ, the Warden self reports the agency maintains sexual abuse data collected pursuant to 115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

ODOC OP-030601 entitled PREA, page 31, section XV(C) addresses 115.89(d).
In view of the above, the auditor finds CCF to be substantially compliant with 115.89.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) X Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) X Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) X Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
X Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? Yes No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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 steps of the audit process were facilitated in a professional manner by facility staff. They were facilitative in terms of ensuring smooth interview operations, file reviews, etc.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- 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 auditor's review of several CC facility websites reveals Final PREA Reports are posted on the same. To the best of the auditor's knowledge, reports are posted in a timely manner.

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.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

K. E. Arnold

January 3, 2019

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110> .

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.