

Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

☐ Interim ☒ Final

Date of Report: January 29, 2019

Auditor Information

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Telephone: 956-566-2578	Date of Facility Visit: November 13-14, 2018

Agency Information

Name of Agency: CoreCivic		Governing Authority or Parent Agency (If Applicable): N/A	
Physical Address: 10 Burton Hills Blvd.		City, State, Zip: Nashville, TN 37215	
Mailing Address: SAA		City, State, Zip: SAA	
Telephone: 615-263-3000		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" 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: We help government better the public good through: CoreCivic Safety — We operate safe, secure facilities that provide high quality services and effective reentry programs that enhance public safety. CoreCivic Community - We deliver proven and innovative practices in settings that help people obtain employment, successfully reintegrate into society and keep communities safe. CoreCivic Properties - We offer innovative and flexible real estate solutions that provide value to government and the people they serve.

Agency Website with PREA Information: <http://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>

Agency Chief Executive Officer

Name: Damon Hininger	Title: President and Chief Executive Officer
Email: Damon.Hininger@corecivic.com	Telephone: 615-203-6915

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, Operations Administration	Number of Compliance Managers who report to the PREA Coordinator 63		
Facility Information			
Name of Facility: Tulsa Transitional Center			
Physical Address: 302 W. Archer Street, Tulsa, OK 74103			
Mailing Address (if different than above): SAA			
Telephone Number: 918-583-9445			
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"/> Community treatment center	<input checked="" type="checkbox"/> Halfway house	<input type="checkbox"/> Restitution center
	<input type="checkbox"/> Mental health facility	<input type="checkbox"/> Alcohol or drug rehabilitation center	
	<input type="checkbox"/> Other community correctional facility		
Facility Mission: We help government better the public good through: CoreCivic Safety — We operate safe, secure facilities that provide high quality services and effective reentry programs that enhance public safety. CoreCivic Community - We deliver proven and innovative practices in settings that help people obtain employment, successfully reintegrate into society and keep communities safe. CoreCivic Properties - We offer innovative and flexible real estate solutions that provide value to government and the people they serve.			
Facility Website with PREA Information: http://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea			
Have there been any internal or external audits of and/or accreditations by any other organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Director			
Name: Michael Easley	Title: Facility Director		
Email: Michael.easley@corecivic.com	Telephone: 918-583-9445		
Facility PREA Compliance Manager			
Name: Glenda Garrison	Title: Case Manager Supervisor		
Email: glenda.garrison@corecivic.com	Telephone: 918-583-9445		
Facility Health Service Administrator			
Name: N/A	Title: N/A		

Email: N/A		Telephone: N/A	
Facility Characteristics			
Designated Facility Capacity: 375		Current Population of Facility: 278	
Number of residents admitted to facility during the past 12 months			621
Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:			621
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			621
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			249
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	<input checked="" type="checkbox"/> Adults 20-70	<input type="checkbox"/> Juveniles N/A	<input type="checkbox"/> Youthful residents N/A
Average length of stay or time under supervision:			8-14 months
Facility Security Level:			Community
Resident Custody Levels:			Community
Number of staff currently employed by the facility who may have contact with residents:			62
Number of staff hired by the facility during the past 12 months who may have contact with residents:			50
Number of contracts in the past 12 months for services with contractors who may have contact with residents:			0
Physical Plant			
Number of Buildings: 4		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		0	
Number of Open Bay/Dorm Housing Units:		18	
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.):			
There are 61 cameras throughout the facility. There are three DVR's with data stored for up to 30 days.			
Medical			
Type of Medical Facility:		N/A	
Forensic sexual assault medical exams are conducted at:		Hillcrest Medical Center	
Other			
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:			35 volunteers 0 -contractors

Audit Findings

Audit Narrative

The PREA on-site audit of the Tulsa Transitional Center (TTC) was conducted November 13-14, 2018. The Tulsa Transitional Center is owned and operated by CoreCivic who contracts with the Oklahoma Department of Corrections (ODOC) to house their adult male offenders.

Pre-Onsite Audit Phase

Pre-audit preparation included a thorough review of CoreCivic's policy OP-030601 Agency Policy Supplement (APS), *Oklahoma Prison Rape Elimination Act*, and the following Oklahoma Department of Corrections policies: OP-030601 *Prison Rape Elimination Act*; OP-040117 *Investigations*; OP-090124, *Inmate/Offender Grievance Process*; OP-110210, *Personnel*; OP-110235, *Hiring and Promotion Procedures*; and, OP-040110, *Search and Seizures Standards*. Also reviewed were agency and facility procedures, training curriculums, the Pre-Audit Questionnaire and supporting PREA-related documentation provided by the facility to demonstrate compliance to the PREA standards.

Six weeks prior to the onsite audit date, the agency's PREA Coordinator provided the facility with notices in both English and Spanish with my name and mailing address. Inmates were informed of the audit dates and that they could send correspondence to me that would be kept confidential.

The facility provided me with a list of security and non-security staff scheduled to work during the onsite audit days and names of first responders to allegations of sexual abuse in preparation for staff interviews.

The facility had attempted to enter into a Memorandum of Understanding (MOU) with the Domestic Violence Intervention Services, Inc. (DVIS). The Chief Operating Officer of DVIS was contacted to discuss the status of the MOU and review the services DVIS provides to inmates of the Tulsa Transitional Center. The Chief Operating Officer of DVIS reported that she reviewed the MOU and made suggestions for a few changes to the terms of the MOU. Her understanding was that the MOU was being reviewed by CoreCivic's legal department. Since that conversation, the agency's PREA Coordinator forwarded me as copy of the executed MOU that was signed on 9/20/18 by the CEO of DVIS and by CoreCivic's Senior Director of Operations.

The Domestic Violence Intervention Services, Inc. provides inmates of the Tulsa Transitional Center with a 24-hour reporting hotline that is not monitored or recorded. DVIS would not report information about any call without a written release of the victim. Inmates calling the hotline number would be connected to a trained DVIS advocate. If an allegation of sexual abuse is made and the abuse occurred within 120 hours, DVIS contacts an on-call SANE nurse who is dispatched to the Hillcrest Medical Center. A DVIS Sexual Assault Advocate would meet the inmate victim at the Hillcrest Medical Center to accompany the victim through the SANE exam. A DVIS Sexual Assault Advocate would follow-up with the victim within 14 days of the forensic exam. DVIS provides referrals for individual

crisis counseling by a trained Sexual Assault Counselor. All services provided by DVIS are at no cost to the victim.

Forensic exams are provided at Hillcrest Medical Center by SANE nurses available at the Tulsa County Sheriff's Department. The Forensic Nursing Administrator was contacted to discuss the procedures for referrals for SANE exams. She reported that ODOC investigators would contact DVIS in the event of sexual abuse of an inmate. DVIS would dispatch an on-call SANE nurse to Hillcrest Medical Center who would respond within 30 minutes. Inmate victims would receive a five-day prescription of prophylaxis for chlamydia and gonorrhea. All services provided are at no cost to the victim.

On-Site Audit Phase

On the first day of the audit, a brief entrance meeting was held with the following persons in attendance:

Michael Easley, Facility Director
Lloyd Fleming, Assistant Facility Director
Glenda Garrison, Case Manager Supervisor/PREA Compliance Manager
Daniel Harris, Operations Supervisor
Luann Bousnokis, Human Resource Coordinator
Ronda Teague, Program Facilitator
Chris Villalobos, Senior Director, Facility Operations
Michael Moriarity, CoreCivic Regional PREA Compliance Manager
Heather Baltz, Director, PREA Compliance and Investigations

Following the entrance meeting, those in attendance of the entrance meeting, with the exception of Ronda Teague, Program Facilitator, accompanied me on a site review of the entire facility. During the site review, the location of cameras and mirrors, room layout including shower/toilet areas and placement of PREA posters and information was observed. PREA posters in both English and Spanish were found posted throughout the facility in common areas and in all inmate living areas. Facility notices in English and Spanish, provided by the agency's PREA Coordinator, were posted in various locations throughout the facility with the date posted noted as 10/8/18. No correspondence was received from inmates of the Tulsa Transitional Center.

The reporting options telephone numbers posted above the inmate pay telephones were dialed on an inmate telephone. The ODOC PREA Hotline number (1-855-871-4139) and the number for the RAINN National Hotline (1-800-656-4673) were found to be toll-free reporting options. The RAINN number was routed to the Domestic Violence Intervention Services (DVIS) where residents calling this number are able to speak to a counselor or referred for a forensic exam if they report sexual abuse in the timeframe that allows for evidence collection. The direct number to DVIS (1-918-743-5763) was dialed. This number is not toll-free and is not recorded or monitored. All number dialed were found to be accessible to inmates.

It was noted in dormitories 5, 6, 12 and 14, due to the arrangement of bunks and lockers, there appeared to be blind spots where cameras did not capture these areas. It was recommended to change the configuration of bunks and lockers in these rooms to allow for a better visual for staff entering these rooms and eliminate blind spots. By the second day of the audit, the dormitories were revisited and bunks and lockers had been rearranged, which appeared to eliminate blind spots.

When touring the main restroom it was noted that the eight urinals located on the right hand wall after entering the restroom, were in full view. It was recommended the installation of a partition on the left side of the first urinal, would eliminate the opportunity for cross gender viewing when female staff enter the restroom.

While touring the kitchen, it was noted cameras do not capture the dishwashing room and it was recommended a mirror be installed in this area. The Kitchen Supervisor explained that there are plans to replace the solid rolling door where inmates deposit their trays with a door with an open grate that would provide some visibility. By the second day of the audit, a mirror was installed and when the kitchen was revisited, the mirror was found to provide a visual of this area.

During the site review, I spoke informally to inmates questioning them about their overall knowledge of the agency's zero-tolerance policy and methods of reporting. The population on the first day of the audit was 278 residents. On the second day of the audit, I was provided with a *Current Head Count*, a *PREA Bunk Assignment* and a list of inmates screened at risk for victimization or abusiveness and a list of inmate with special designations. From these lists 31 inmates were selected to be interviewed, which included inmates with the following special designations:

Number	Special Designation
2	Victims
1	Gay/Potential Victim
2	Physical Disabilities
1	Learning Disability
1	Limited English Proficient

There were no inmates at the time of the on-site audit that were deaf, hard of hearing, blind or had low vision. There were no inmates who self-disclosed being bisexual, transgender or intersex. All inmates interviewed acknowledged receiving written PREA information upon intake to the facility and viewing the PREA video. They were familiar with the agency/facility's zero-tolerance policy against sexual abuse and sexual harassment and were able to articulate during interview the methods of reporting allegations of sexual abuse and sexual harassment available to them. All inmates interviewed reported opposite gender staff announce their presence when they enter their housing unit and they feel they have privacy to shower, toilet and change clothing.

Twenty specialized staff and 18 random staff were interviewed. Specialized staff interviews included telephone interviews with two volunteers. Six Security Monitors from each of the three security shifts were interviewed. Staff who are members of the SART, first responders to an allegation of sexual abuse, facility investigators and staff who conduct initial risk screenings, were asked the questions for each of those roles as well as the random staff interview questions. The agency's PREA Coordinator and the Executive Vice President and Chief Corrections Officer (agency head designee) were both interviewed by telephone at the beginning of this three-year reaccreditation cycle.

Staff confirmed receiving PREA training during pre-service and annually as part of their in-service training. Staff were knowledgeable of their responsibilities of detecting, preventing and responding to sexual abuse and sexual harassment allegations. They knew how to respond if they learned that an inmate was in imminent danger of sexual abuse. They also confirmed that training on cross-gender pat searches and searches of transgender and intersex inmates is being completed annually.

Human resource files of 22 employees were reviewed with the Human Resource Coordinator. Two records reviewed for employees hired within the past 12 months, did not have documentation showing criminal background clearances had been received. The Human Resource Coordinator had documentation to show she had submitted the required authorization form and fingerprint cards for these two employees, but had never received their clearances. She contacted the ODOC's Region III Administrative Assistant to request this information. The Administrative Assistant asked the Human Resource Coordinator to resubmit two new fingerprint cards. The other 20 records reviewed showed criminal background checks for pre-employment and after five years of employment are being completed as required.

Not all *Self-Declaration of Sexual Abuse/Sexual Harassment* forms (14-2CC-H) could be found in the 22 random employee files reviewed. The Human Resource Coordinator was not aware of the requirement of employees completing these forms annually. Some of the forms that were completed were found in the human resource files and some were found filed in the employee training files. It was recommended that from now on the Learning and Development Manager have employees sign the 14-2CC-H form when the employee attends pre-service and annual in-service training and the completed forms given to the Human Resource Coordinator to file in the employee file. The Human Resource Coordinator and the Learning and Development Manager agreed to implement this procedure.

Recommended Corrective Action:

Due to the findings in the review of employee files, the facility entered into a 30-day corrective action period (12/17/18-1/17/19) to bring standard 115.217 into compliance. The recommended corrective action plan is as follows:

1. The Human Resource Coordinator review the remaining employee files not reviewed during the onsite audit visit to ensure criminal background clearances were received and filed in the employee files.
2. Forward copies of all clearances to the PREA Coordinator who will forward them to me.
3. If there are any employee files that do not have background clearances, request clearances from ODOC's Region III, Administrative Assistant for those employees. Also, continue to pursue clearances for the two employees identified through the file review during the onsite audit visit.
4. Forward copies of requested clearances once received from ODOC Region III to the PREA Coordinator as they become available.
5. Develop an Excel spreadsheet to track hire dates, date background clearances were requested from ODOC, date when clearance is received, due date of 5-year criminal background check.

Training records for the same 22 employees were reviewed with the Learning and Development Manager to determine compliance to PREA training requirements. Five employee-training files did not have documentation of PREA training for 2017. The Learning and Development Manager was not in his current position in 2017, but he was able to print the employees' individual transcripts from LMS to show completion of 2017 PREA training for these five employees.

Volunteer files were reviewed with the Program Coordinator, who is responsible for maintaining volunteer files. The facility currently has 35 religious volunteers. Five random volunteer records were reviewed. The Oklahoma Department of Corrections conducts volunteer training every two years for all volunteers. ODOC provides a copy of the volunteer's badge to the facility, which verifies criminal

background check clearance. The expiration date on the badge indicates the date the badge expires as well as the date the volunteer must complete volunteer training.

Twenty-two random inmate files were reviewed to determine compliance with initial screenings, 30-day reassessments and receipt of PREA education for inmates. Two records reviewed showed 30-day reassessments screenings were past the 30-day of arrival date and one record did not have a 30-day reassessment screening. All 22 records reviewed showed required documentation of PREA education.

The Assistant Facility Director and the Operations Supervisor are trained Facility Investigators responsible for administrative investigations of sexual abuse and sexual harassment. For all allegations of sexual abuse and sexual harassment, ODOC's Fugitive Apprehension and Investigation investigators are notified. A request was made for an ODOC investigator to come to the facility for an interview, if possible, or arrange a telephone interview. Telephone contact was made with one investigator who reported there are 15-trained ODOC investigators, with four of them responsible for sexual abuse investigations for the Tulsa Transitional Center. Reports of completed sexual abuse investigations are forwarded to the supervisor of the Fugitive Apprehension and Investigation unit for review and ultimately forwarded to ODOC's General Counsel. ODOC does not provide an investigative report to the facility upon completion of their investigation. Discussed with the Investigator how receiving their reports would be helpful to facility.

In the 12 months preceding the onsite audit, there were nine allegations reported and investigated. ODOC investigators investigated two allegations and facility investigators administratively investigated the other seven. The breakdown of those allegations are as follows:

Number	Description	Disposition
6	Employee-on-Inmate Sexual Abuse	3 – Unsubstantiated 3 - Substantiated
1	Employee-on-Inmate Sexual Harassment	Unsubstantiated
1	Inmate-on-Inmate Sexual Abuse	Unsubstantiated
1	Inmate-on-Inmate Sexual Harassment	Unsubstantiated

At the conclusion of the onsite audit, an exit meeting was held to discuss the audit findings and observations with the following persons in attendance:

Michael Easley, Facility Director
Lloyd Fleming, Assistant Facility Director
Glenda Garrison, Case Manager Supervisor/PREA Compliance Manager
Daniel Harris, Operations Supervisor
Tracy Smith, Quality Assurance Manager
Ronda Teague, Program Facilitator
Mitch Lewis, Food Service Manager
Chris Villalobos, Senior Director, Facility Operations
Michael Moriarity, CoreCivic Regional PREA Compliance Manager
Heather Baltz, Director, PREA Compliance and Investigations

The facility was complimented on the pro-active approach they took to correct items recommended during the site review. They were reminded of the following pending items:

1. The partition on the left side of the urinals to provide privacy and eliminate an opportunity for cross-gender viewing when female staff enter the restroom. Once the partition is installed, a picture of the partition would need to be forwarded to both Eric and me.
2. Obtain background clearances for the two employees who were missing background clearances in review of random employee files. In addition, review the remaining employee files to ensure background clearances were received. Documentation of missing background clearances when obtain to be forwarded to Eric and me for review.
3. Ensure the one limited English inmate receive written PREA information in Spanish and view the Spanish PREA video. Once completed, forward the signed acknowledgement form to me.

The facility was thanked for their cooperation before and during the onsite audit visit and were told of the process that would follow the onsite visit and the agency's responsibility to publish this final report on the agency's website.

Post-Audit Phase

On 12/4/18 the facility's Operations Supervisor provided a picture of a partition that was added on the left side of the first urinal in the main restroom and one installed on the far side of the entrance of the shower room. I questioned the Operations Manager about the height of the partitions, which measured 5' 6". He stated they had discussed the height and had plans to adjust the height.

The Human Resource Coordinator followed up with ODOC on 12/11/18 to obtain the background clearances for the two employees. On this same date the PREA Compliance Manager provided a copy of the Spanish *Zero-Tolerance Acknowledgements for Inmates* (attachment E-1 of ODOC policy 030601), signed on 12/11/18 by the limited English proficient inmate upon completion of PREA education/PREA video in Spanish.

Documentation reviewed prior to the on-site visit, documentation received during the On-Site Audit Phase and the pictures the facility provided were reviewed. Observations made during the site review of the facility and information gathered through interviews with inmates and staff was also reviewed.

The facility provided documentation of corrective action taken to bring standard 115.217 into compliance. In review of this documentation, the facility was found to achieve compliance to all requirements of standard 115.217. See page 11 for corrective action taken.

Facility Characteristics

The Tulsa Transitional Center is located at 302 West Archer Street, Tulsa, Oklahoma. The facility was formerly owned and operated by Avalon Correctional Services until 10/29/15, when the facility was acquired by CoreCivic.

The physical plant consists of a 36,500 square feet building and three storage sheds. The building was originally a steel fabrication plant and in 1995 was renovated to serve as a correctional center. When entering the facility there is a Control Center where inmates, staff and visitors are processed in and out of the facility. Inmates, staff and visitors enter through a metal detector and inmates are pat searched in view of a camera.

Housing units consist of 18 open-bay dormitories with the majority of dormitories housing 20-24 inmates in each. During the onsite visit, dorms 1, 8 and 9 were not being used. Dormitories have bunk beds, lockers and a table in each unit. Signs over the entry doors of the dormitories remind female staff to make opposite gender announcements.

There is one main restroom with 19 toilet stalls, 42 sinks and 8 urinals. There is a shower room within the restroom with 30 showerheads and a curtain on the entryway of the shower room for privacy. Laundry facilities are located adjacent to the shower area. There is a small restroom adjacent to a dormitory referred to as the Honor Dorm for use of the inmates assigned to this dorm. This restroom has two toilet stalls, two individual showers with shower curtains, two sinks, one washer and one dryer. Access to the restroom is through a small day room that has a weight machine, TV, video game setup, microwave oven and refrigerator for use of inmates assigned to the honor dorm.

Opposite the dormitory area, there are 15 staff offices, a kitchen and dining area, a conference room and a large lobby area. There are inmate pay telephones along one wall in the lobby area and several vending machines.

There is an outdoor recreation area monitored by cameras, with tables, basketball hoops and horseshoes pits. The facility has 61 cameras with three DVR's that retain data for up to 30 days. Security Monitors conduct 11 head counts in a 24-hour period and a minimum of two walkthroughs are required to be conducted on each shift.

Summary of Audit Findings

The audit of the Tulsa Transitional Center determined the facility exceeded in four standards and met compliance to remaining 37 standards. The audit findings are as follows:

Number of Standards Exceeded: 4

The facility was found to exceed in the requirements of the following standards: 115.211; 115.231; 115.233 and 115.288.

Number of Standards Met: 37

The facility was found to meet all of the provisions of the following standards: 115.212; 115.213; 115.215; 115.216; 115.217; 115.218; 115.221; 115.222; 115.232; 115.234; 115.235; 115.241; 115.242; 115.251; 115.252; 115.53; 115.254; 115.261; 115.262; 115.263; 115.264; 115.265; 115.266; 115.267; 115.271; 115.272; 115.273; 115.276; 115.277; 115.278; 115.282; 115.283; 115.286; 115.287; 115.289; 115.401 and 115.403.

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

On 1/18/19, the PREA Coordinator provided five criminal background clearances for background checks conducted by the Oklahoma State Bureau of Investigation. The clearances included the two in question during the onsite audit review of random employee records and three of employees hired earlier in 2018.

On 1/18/19 the PREA Coordinator forwarded a memorandum from the Core Civic Regional PREA Compliance Manager to all Oklahoma Facility Directors and Administrative Coordinators on a new procedure on background checks. The memorandum directs facilities to conduct monthly audits of submitted background checks for newly hired employees to track the status and document the results. In addition, facilities were informed that new employees will not be allowed to work with or supervise inmates unless the facility receives an approved background check from the Oklahoma Department of Corrections. If there is a delay in receiving an approved background check, facilities are to submit background checks to the Oklahoma State Bureau of Investigation in an effort to expedite the background check procedure.

On 1/24/19, the PREA Coordinator forwarded a spreadsheet prepared by the Human Resource Coordinator along with four background clearances received on that date. One employee was not cleared for employment and put on administrative leave on that date. In a telephone conversation with the Human Resource Coordinator on 1/29/19, the employee will be terminated today with an effective date of 1/24/19, the last day the employee worked.

The spreadsheet lists the names and employee ID numbers of all current employees along with the date the facility received a background clearance and the date of five-year background clearances. The spreadsheet shows background clearances for all current employees, with the exception of one new employee hired on 1/7/19 whose background clearance is pending from the Oklahoma State Bureau of Investigation.

In review of the documentation received, the facility was found to achieve compliance to standard 115.217.

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.211 (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

115.211 (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

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*)

115.211 (a): Oklahoma Department of Corrections policy OP-030601, *Prison Rape Elimination Act* and CoreCivic's Agency Policy Supplement (OP-030601 APS), *Oklahoma Prison Rape Elimination Act*, were used to verify compliance to this standard, along with interview of the agency's PREA Coordinator and the facility's PREA Compliance Manager. Both policies are written policies and procedures mandating zero tolerance for all forms of sexual abuse and sexual harassment as stated on page 5, section II of OP-030601 and page 1, section I of OP-030601 APS. The policies outline ODOC and CoreCivic's approach to preventing, detecting and responding to such conduct. The policies includes definitions of prohibited behaviors and sanctions for those found to participate in these prohibited behaviors. The agency policy is well written and comprehensive and found to exceed in the requirements of this standard.

115.211 (b) CoreCivic employs an upper-level agency-wide PREA Coordinator and a facility PREA Compliance Manager. The Case Manager Supervisor is designated as the PREA Compliance Manager. Page 1 of policy OP-030601 APS outlines the responsibilities of the PREA Coordinator and the PREA Compliance Manager. In interview with the agency's PREA Coordinator at the beginning of this reaccreditation period, and the facility's PREA Compliance Manager during the on-site audit, both stated that they have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards as required.

Standard 115.212: Contracting with other entities for the confinement of inmates

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

115.212 (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

115.212 (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 115.212(a)-1 is "NO".) ☐ Yes ☐ No ☒ NA

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine inmates? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) ☐ Yes ☐ No ☒ NA
- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) ☐ 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*)

CoreCivic is a private provider and does not contract with other agencies for the confinement of its inmates

Standard 115.213: Supervision and monitoring

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

115.213 (a)

- Does the agency develop for each facility 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 document for each facility 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 physical layout of each facility 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 the composition of the inmate population 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 the prevalence of substantiated and unsubstantiated incidents of sexual abuse 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 other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

115.213 (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.)
☐ Yes ☐ No ☒ NA

115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? ☒ Yes ☐ No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? ☒ 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*)

115.213 (a): Based on ODOC policy OP-030601 and CoreCivic policy OP-030601 APS, the agency has developed and documented a staffing plan that provides for adequate levels of staffing and uses video monitoring to protect inmates against sexual abuse. Information on agency staffing requirements can be found on pages 4 & 5, section III-D of CoreCivic policy OP-030601 APS. The agency took into consideration the physical layout of the facility, the composition of the recent population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse and the resources the facility has available to commit to ensure adequate staffing levels. The staffing pattern was provided for review. The staffing plan allocates for 11 security positions on the first and second security shift and 8 security positions for the third shift.

Since the last PREA audit, the average daily population totaled 275 inmates and the average daily number of inmates on which the staffing plan was predicted was 375.

115.213 (b): The facility makes its best efforts to comply with the approved PREA Staffing Plan. Based on documentation provided on the Pre-Audit Questionnaire and upon interview with the Facility Director, in the past 12 months, there were no times that there were deviations to the staffing plan; therefore, this provision of this standard is not applicable to this facility. If a security position is vacated for any reason, other staff are called in to fill the vacated position. The Facility Director is informed of all vacancies and ODOC reviews staffing monthly.

115.213 (c): The staffing plan is reviewed annually by the PREA Compliance Manager in conjunction with the PREA Coordinator and documented on the *Annual PREA Staffing Plan Assessment* (14-2 CC-1). Upon completion, the 14-2 CC-1 form is forwarded to the PREA Coordinator for signature and approval of any recommendations made to the established staffing plan to include the deployment of video monitoring systems and other monitoring technologies or the allocations of additional resources to maintain compliance to the plan. The last *Annual PREA Staffing Plan Assessment* was completed on 12/13/18 and there were no additional staffing positions added. It was noted that there were 29 cameras added in October 2017 to increase viewing in dormitories and common areas.

According to OP-030601, page 10, section II-D and OP-030601 APS, page 5, section 3-E, intermediate level or higher-level supervisors conduct unannounced facility rounds on all three-security shifts to identify and deter sexual abuse and sexual harassment. When interviewed, the Assistant Facility Director stated he makes rounds of the facility twice a day and Administrative Duty Officers (ADO) are required to make rounds at a minimum of once a day. These rounds are documented in shift logs provided for review prior to the on-site audit visit and observed in use during the on-site audit visit. Staff are prohibited from alerting other staff that these rounds are occurring.

Standard 115.215: Limits to cross-gender viewing and searches

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

115.215 (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

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if less than 50 inmates)
☒ Yes ☐ No ☐ NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 inmates) ☒ Yes ☐ No ☐ NA

115.215 (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

115.215 (d)

- Does the facility implement policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where inmates are likely to be showering, performing bodily functions, or changing clothing? ☒ Yes ☐ No

115.215 (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 a 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

115.215 (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*)

115.215 (a): Based on review of OP-040110, *Search and Seizure Standards*, page 4 outlines the procedure of inmate searches. The facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. Strip searches and body cavity searches are conducted by male staff. According to information provided on the Pre-Audit Questionnaire, in the past 12 months, there were no cross-gender strip searches and no cross-gender visual body cavity searched performed. In the event of exigent circumstances, all cross-gender strip searches and any cross-gender body cavity searches are documented as in OP-050109, *Reporting of Incidents*.

115.215 (b): Tulsa Transitional Center does not house female inmates; therefore, this provision of this standard is not applicable to this facility.

115.215 (c): Tulsa Transitional Center does not house female inmates; therefore, this provision of this standard is not applicable to this facility.

115.215 (d): The agency has policies and procedures in place that enable inmates to shower, perform bodily functions and change clothing without staff viewing their breast, buttocks or genitalia according to policy OP-030601, page 6, section II-C-5. Memos posted in dormitories remind inmates of the dorm dress code and the location of the designated dressing area. The policy requires female staff to announce their presence when they enter inmate housing and restroom areas. This practice was observed while on-site at the facility and inmates interviewed confirmed that this practice is being followed. Signs above the entry doors of the dormitories remind female staff to announce their presence before they enter. When interviewed inmates stated they feel they have privacy when showering, toileting or changing clothing.

115.215 (e): Staff are not to search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If an inmate's genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records, or if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. At the time of the onsite audit, there were no transgender or intersex inmates assigned to the Tulsa Transitional Center.

115.215 (f): According to CoreCivic's policy OP-030601 APS, page 7, section I-2, in addition to general PREA training, staff receive training on how to conduct cross-gender pat-down searches and searches of transgender and intersex inmates as part of their pre-service and in-service training requirement. The

Search Procedures curriculum was provided for review. Staff sign a *Training Acknowledgement/Enrollment/Attendance Roster* (4-2A) upon completion of this training. Receipt of this training was verified through interviews with staff and in review of staff training records.

Standard 115.216: Inmates with disabilities and inmates who are limited English proficient

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

115.216 (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? ☒ 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

115.216 (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? ☒ Yes ☐ No

115.216 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.264, or the investigation of the inmate's allegations? ☒ 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*)

115.216 (a): Based on review of ODOC policy OP-030601, page 14, Section VI, inmates well as inmates who have limited reading skills are provided PREA education in formats they can understand. PREA education is provided to all inmates upon arriving to the facility by Case Manager. The Case Manager reads written PREA information to inmates who are blind, have low vision, have cognitive deficits or with low reading skills to ensure their understanding of the material. A TTY is available for deaf or hard of hearing inmates.

115.216 (b): The agency/facility takes steps to ensure inmates who are limited English proficient have access to all aspects of the zero-tolerance policies for sexual abuse and sexual harassment. Inmates view the *PREA: What You Need to Know* video that is available in both English and Spanish. Inmates are given a *Preventing Sexual Abuse and Misconduct* (14-2CC-AA) brochure and an *Inmates Guide to Sexual Misconduct* (Attachment B of ODOC policy OP-030601), both available in English and Spanish. PREA information posted throughout the facility is in both English and Spanish. Staff who are proficient in Spanish provide translation and a contract with Language Line Solutions provides for the translation of any other languages.

115.216 (c): The agency prohibits use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances. In information provided on the Pre-Audit Questionnaire, the past 12 months there have been no instances where inmates were used for this purpose. Staff interviewed knew that using inmates for these purposes was prohibited.

At the time of the audit there were no inmates who were blind, with low vision, deaf or hard of hearing assigned to the facility.

Standard 115.217: Hiring and promotion decisions

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

115.217 (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

115.217 (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

115.217 (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

115.217 (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

115.217 (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

115.217 (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

115.217 (g)

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

115.217 (h)

- Unless prohibited by law, 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*)

115.217 (a) Based on ODOC policy OP-110235, Page 29, section XI-C, ODOC policy OP-10210, page 2, section II-A and CoreCivic policy OP-030601 APS, pages 2 & 3, section B, the agency 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 have engaged in sexual abuse in a prison, jail, lockup, community confinement, juvenile facility or other institution. It also prohibits hiring or promoting anyone who has been convicted of engaging or attempting to engage in sexual activity in the community or who has been civilly or administratively adjudicated to have engaged in these activities.

115.217 (b): CoreCivic considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

115.217 (c): The agency requires that all applicants have a criminal background check. ODOC conducts criminal background checks on all applicants. According to page 7, section G-2 of policy OP-110235, the division head may give conditional approval for hiring prior to the completion of the background clearance. The employee is given notice that he/she will be terminated if the background clearance is unacceptable. According to information provided on the Pre-Audit Questionnaire, in the past 12 months there were 50 criminal background checks on new hires conducted.

115.217 (d): The agency requires that all contractors who may have contact with inmates have a criminal background check. At this time, the Tulsa Transitional Center does not utilize the services of contractors.

115.217 (e): The agency requires that all employees and contractors have criminal background checks every five years. Five-year criminal background checks are conducted by ODOC every five years on all employees and contractors. The facility uses a tracking document to track required 5-year criminal background checks to ensure completion.

115.217 (f): All applicants, employees and volunteers are asked about previous misconduct. Agency policy requires that the 14-2 CC-H, *Self-Declaration of Sexual Abuse/Sexual Harassment* form be completed as part of the hiring process, on new hires, annually and as part of the promotional process.

The Human Resource Manager was not aware of completion of 14-2 CC-H forms annually. Moving forward, these forms will be completed during pre-service and annual in-service training and given to the Human Resource Coordinator to be filed in employee files.

115.217 (g): CoreCivic policy mandates that material omissions regarding sexual misconduct and the provision of materially giving false information are grounds for termination as required by this standard. Employees have a continuing affirmative duty to disclose any sexual misconduct.

115.217 (h): An effort is made to contact all prior institutional employers for information on substantiated allegations of sexual abuse or sexual harassments or any resignations during a pending investigation of an allegation of sexual abuse or sexual harassment. A *PREA Questionnaire for Prior Institutional Employers* form (3-20-2B) is sent to prior institutional employers

In review of the files of 22 employees' file, the facility did not meet all the provisions of this standard and entered into a corrective action period. See page 7 for file review findings and the recommended corrective action for the facility to bring this standard into compliance and page 11 for corrective action taken by the facility to achieve compliance to this standard.

Standard 115.218: Upgrades to facilities and technologies

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

115.218 (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

115.218 (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*)

115.218 (a): Based on policy OP-030601 APS, page 18, section R, when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, CoreCivic will consider the effect of the design, acquisition, expansion or modification on the ability to protect inmates from sexual abuse. Such considerations are documented on the 7-1B, *PREA Physical Plant Considerations form*. The facility has not acquired any new facilities or made any substantial expansions or modifications to the existing facility since the last PREA audit; therefore, this provision of the standard is not applicable to this facility.

115.218 (b): When installing or updating a video monitoring system, electronic surveillance system or other monitoring technology, CoreCivic will consider how such technology may enhance the ability to protect inmates from sexual abuse. Such considerations are documented on the 7-1B form. Since the last PREA audit, the facility has not updated their video monitoring system, but has installed 16 cameras and one DVR.

In interview with CoreCivic's Executive Vice President and Chief Corrections Officer (Agency Head Designee) at the beginning of this recertification period, he explained what the agency would consider for planning for new construction or making modifications to existing facilities, which would include careful consideration to the use of monitoring technology. In interview with the Facility Director, he confirmed there have been no expansions or modifications to the existing facility or updates to the facilities video monitoring system, but there were 16 cameras and one DVR added.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (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.)
☒ Yes ☐ No ☐ NA

115.221 (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

115.221 (c)

- Does the agency offer all inmates who experience 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

115.221 (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

115.221 (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

115.221 (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

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (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? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(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*)

115.221 (a): Based on policy OP-030601, pages 24-26, sections D-1 & 2, the agency/facility are responsible for conducting administrative sexual abuse investigations on both inmate-on-inmate and staff sexual misconduct. The agency/facility follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence and fulfill all requirements of this standard. There are two trained facility investigators responsible for conducting administrative investigations of sexual abuse and sexual harassment at the Tulsa Transitional Center. There are 15-trained investigators from the Oklahoma Department of Corrections Office of Fugitive Apprehensions and Investigations that conduct criminal investigations at the Tulsa Transitional Center.

115.221 (b): The protocol followed is based on the most recent edition of the 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.

115.221 (c): Victims of sexual abuse have access to forensic medical examinations. Inmates in need of forensic exams are transferred to Hillcrest Medical Center where there are SANE available for a forensic exam at no cost to the inmate. The facility has attempted to enter into a Memorandum of Understanding with the Hillcrest Medical Center. A copy of the draft of that MOU was provided for review. On information provided on the Pre-Audit Questionnaire, in the past 12 months there were no referrals of inmates for forensic exams.

115.221 (d): Per this provision of this standard and policy requirements of ODOC policy OP-030601, page 24, section D, 2nd paragraph and OP-030601 APS, page 12, section L-4, the facility has an MOU with Domestic Violence Intervention Service, Inc. (DVIS) to provide confidential support services to inmate victims of sexual abuse. The facility provided a copy of the executed MOU for review.

115.221 (e): DVIS provides a victim advocate to accompany and support the inmate victim through the forensic exam process and investigatory interviews as well as provide the victim with emotional support, crisis intervention, information and referrals.

115.221 (f): Administrative investigations are conducted at the facility by trained facility investigators. Criminal investigations are conducted by the Oklahoma Department of Corrections Office of Fugitive Apprehensions and Investigations. Both facility investigators and Oklahoma Department of Corrections investigators follow the requirements of the provisions of this standard.

An investigator from the Oklahoma Department of Corrections Office of Fugitive Apprehensions and Investigations was interviewed by telephone. He explained the process of investigations by their department.

Standard 115.222: Policies to ensure referrals of allegations for investigations

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

115.222 (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

115.222 (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

115.222 (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 conducting criminal investigations. See 115.221(a).]
☒ Yes ☐ No ☐ NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (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*)

115.222 (a): Policy OP-040117, *Investigations*, pages 2 & 3, outlines the policy and procedures for investigating and documenting incidents of sexual abuse. The agency ensures that an administrative or criminal investigation be completed for all allegations of sexual abuse and sexual harassment. The facility investigators are responsible for conducting administrative investigations of allegations of sexual abuse and sexual harassment. The agency documents all allegations of sexual abuse and sexual harassment on the *Sexual Assault Report*, attachment C of policy OP-030601 and on CoreCivic's *Incident Report* (5-1A). All allegations are tracked on an *Oklahoma PREA Tracker*.

115.222 (b): Upon receipt of allegations of sexual abuse, the facility is required to notify the ODOC Office of Fugitive Apprehensions and Investigations who conduct investigations or may turn them back over to the facility for investigation. All sexual abuse allegations are also reported to the Tulsa Police Department.

115.222 (c): The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigations is published on the CoreCivic website (<http://CoreCivic.com/security-operations/prea>) and the ODOC website (<http://doc.ok.gov/prison-rape-elimination-act-PREA>).

In interview with the facility investigators, they were knowledgeable of their responsibilities of administrative investigations of sexual abuse and sexual harassment. They knew that all allegations are referred to the ODOC Office of Fugitive Apprehensions and Investigations and sexual abuse allegations are referred to the Tulsa Police Department.

TRAINING AND EDUCATION

Standard 115.231: Employee training

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

115.231 (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 juvenile facilities? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on: The common reactions of juvenile victims of sexual abuse and sexual harassment? ☒ 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

115.231 (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

115.231 (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

115.231 (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*)

115.231 (a): Policy OP-030601, pages 11 & 12, section V-A-D, addresses the requirement for employees of the Tulsa Transitional Center. CoreCivic employees receive training on ODOC's policy (OP-030601) for sexual abuse and sexual harassment at pre-service and annually at in-service. The agency's requirement of this training is found on pages 3 & 4 of CoreCivic's policy OP-030601 APS. The CoreCivic *Overview of PREA* training curriculum, which include training on the limits of cross gender viewing and searches, was reviewed and found to contain all elements of this provision of the standard as required.

115.231 (b) The *Overview of PREA* training is tailored to meet the needs of both male and female inmates.

115.231 (c): All employees receive annual PREA training. Between trainings, the facility has monthly staff meetings and department head meetings where PREA is reviewed and discussed.

115.231 (d): Employees sign a *Training Activity Enrollment/Attendance Roster* (4-2A) acknowledging that they received and understood the training they received. They also sign an *Oklahoma PREA Staff Training Acknowledgement* form (attachment F of policy OP-030601) acknowledging review of the ODOC OP-030601 policy and receiving and understanding PREA training. The facility maintains documentation of this training. PREA training is conducted at pre-service and annually at in-service.

Adherence to employee training requirement was confirmed by the review of 22. employee-training files. In interview with staff, they were able to confirm receiving this training and knew their responsibilities for preventing, detecting, responding and reporting allegations of sexual abuse and sexual harassment. The CoreCivic *Overview of PREA* training curriculum reviewed was very thorough and staff was extremely knowledgeable which revealed that the facility has not only met, but exceeded the requirements of this standard. In interview with the Learning and Development Manager, he was knowledgeable of the PREA training requirements.

Standard 115.232: Volunteer and contractor training

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

115.232 (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

115.232 (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

115.232 (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*)

115.232 (a): ODOC policy OP-030601, page 12, section V-C- 2 &3 and page 13, section V-E-2 outline the training requirements for volunteers and contractors. The objectives of the training ensure that volunteers and contractors are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and are informed on how to report such incidents. The facility has 35 volunteers and no contractors.

115.232 (b): Volunteers complete ODOC PREA training every two years. They are notified of the agency's zero-tolerance policy and are informed how to report such incidents.

115.232 (c): Volunteers sign a *Oklahoma Volunteer/Contractor Training Acknowledgement* form (attachment G of policy OP-030601) acknowledging review of the ODOC OP-030601 policy and receiving and understanding PREA training. The Program Facilitator maintains documentation to confirm volunteer training is current. Review of random training files showed that training is being completed. Two volunteers interviewed reported receiving PREA training and knew their responsibilities if an inmate alleged sexual abuse or sexual harassment to them.

Standard 115.233: Inmate education

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

115.233 (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
- During intake, do inmates receive information explaining: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do inmates receive information explaining: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- During intake, do inmates receive information regarding agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.233 (b)

- Does the agency provide refresher information whenever a inmate is transferred to a different facility? ☒ Yes ☐ No

115.233 (c)

- 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

115.233 (d)

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

115.233 (e)

- 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*)

115.233 (a): Based on ODOC policy OP-030601, pages 17 & 18, section VI, 1st paragraph, all inmates receive information at time of intake about the zero-tolerance policy and how to report incidents of sexual abuse or sexual harassment, their rights to be free from retaliation for reporting such incidents and are informed of the agency policy and procedures for responding to such incidents. The information is provided in formats accessible to all inmates. In information provided on the Pre-Audit Questionnaire, in the past 12 months, 787 inmates admitted to the Tulsa Transitional Center received PREA information upon intake.

115.233 (b): Inmates who transfer from another community confinement facility receive the same PREA information that all inmates assigned to the facility receive.

115.233 (c): Policy OP-03060, page 18, section E-2, outlines training requirements. At intake inmates receive a *Preventing Sexual Abuse and Misconduct* brochure (14-2AA) and an *Inmates Guide to Sexual Misconduct* handout (attachment B to policy OP-030601), both available in English and Spanish. A *PREA: What You Need to Know* video viewed by inmates as part of the intake process and is available in both English and Spanish. Staff translators for Spanish-speaking inmates or Language Line Solutions is utilized for any other languages.

115.233 (d): Inmates acknowledge attendance by their signature on a *Tulsa Transitional Center Orientation & PREA Sign In Sheet*. They also sign an *Oklahoma PREA Zero Tolerance Acknowledgement for Inmates* (attachment E of policy OP-030601) acknowledging they have viewed the PREA video and received, and understood the PREA information presented to them. This documentation is maintained in inmate files.

115.233 (e): Ongoing information is provided continuously on posters, both in English and Spanish, prominently displayed in various locations throughout the facility. Town Hall meetings are held monthly and PREA information is shared.

All inmates interviewed were aware of the zero-tolerance policy and methods of reporting sexual abuse and sexual harassment available to them. In review of 22 inmate files, inmates are receiving PREA information upon intake and the facility is maintaining documentation of this training. The facility was

found to exceed in the requirements of this standard. Inmates are receiving written PREA information and viewing the PREA video immediately upon arrival to the facility with continuous information on numerous posters displayed throughout the facility.

Standard 115.234: Specialized training: Investigations

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

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, 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 115.221(a).] ☒ Yes ☐ No ☐ NA

115.234 (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 115.221(a).] ☒ 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 115.221(a).] ☒ 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 115.221(a).] ☒ 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 115.221(a).] ☒ Yes ☐ No ☐ NA

115.234 (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 115.221(a).] ☒ Yes ☐ No ☐ NA

115.234 (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*)

115.234 (a): Based on ODOC OP-030601 policy, page 18, section F-1, in addition to general training provided to all employees, facility investigators receive training on conducting sexual abuse investigations in confinement settings.

115.234 (b): The training, *PREA Investigation Protocols*, is a three-hour online training. The training curriculum was provided for review and found to include techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or referral for prosecution.

115.234 (c): At this facility, there are two trained facility investigators, the Operations Supervisor and the Assistant Facility Director. Documentation provided for review showed they completed training on 9/28/17 and 10/9/17 respectively. Certificates of completion of this training is maintained by the facility. In interview with the Facility Investigators, they confirmed completing specialized training and general PREA training annually provided to all employees.

Standard 115.235: Specialized training: Medical and mental health care

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

115.235 (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

115.235 (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

115.235 (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

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? ☒ 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 §115.232? [N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.]
☐ 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 Tulsa Transitional Center does not employ medical or mental health staff; therefore, this standard is not applicable to this facility.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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

115.241 (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

115.241 (b)

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

115.241 (c)

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

115.241 (d)

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

115.241 (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

115.241 (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

115.241 (g)

- Does the facility reassess a inmate's risk level when warranted due to a: Referral?
☒ Yes ☐ No
- Does the facility reassess a inmate's risk level when warranted due to a: Request?
☒ Yes ☐ No
- Does the facility reassess a inmate's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess a 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

115.241 (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

115.241 (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? ☒ 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*)

115.241 (a): Per CoreCivic policy OP-030601 APS, pages & 6, section F, within 24 hours of admission to the Tulsa Transitional Center, inmates are screened for their risk of being sexually abused or sexually abusive towards others. CoreCivic's *Sexual Abuse Screening Tool* (14-2 CC-B) is used for this purpose. ODOC policy OP-030601 addresses the requirements of screening assessments at the reception centers on page 16, section VII, 1st paragraph and assessments at receiving facilities on page 18, section VIII-A.

115.241 (b): Per standard requirements, intake screening takes place within 72 hours of arrival to the facility. At the Tulsa Transitional Center, intake screening takes place within 24 hours, exceeding in this provision of the standard. On information reported on the Pre-Audit Questionnaire, in the past 12 months 621 inmates were screened upon admission to the Tulsa Transitional Center.

115.241 (c): The 14-2 CC-B form is the objective screening tool used to conduct PREA screenings.

115.241 (d): The 14- CC-B form was reviewed and found to contain all requirements of this provision of this standard. Case Managers complete the 14-2 CC-B upon the inmate's arrival to the facility.

115.241 (e): The *Sexual Abuse Screening Tool* considers prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence of sexual abuse.

115.241 (f): Requirements for reassessment screenings are found on policy OP-030601 APS, page 6, section F-3. Within 30 days of the inmate's arrival to the facility, one Case Manager who is responsible for completing all 30-day reassessments, rescreens the inmate using the 14-2 CC-B form. The reassessment includes any additional relevant information received by the facility. An inmate's risk level is reassessed also when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information.

115.241 (g): Inmates may not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked. A memorandum dated 4/24/18, to all staff from the Facility Director informs staff that inmates cannot receive disciplinary action for refusing to answer questions on the 14-2 CC-B form and screeners are to note on the form the inmate's refusal.

115.241 (h): The 14-2 CC-B forms are locked in the Case Manager responsible for completion of 30-day reassessment screenings office with only her and the PREA Compliance Manager having access to the 14-2 CC-B forms.

In interview with and the PREA Compliance Manager and three Case Managers and in review of random inmate records, the screening process is in place and being followed.

Standard 115.242: Use of screening information

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

115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, 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 § 115.241, 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 § 115.241, 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 § 115.241, 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 § 115.241, 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

115.242 (b)

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

115.242 (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

115.242 (d)

- 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

115.242 (e)

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

115.242 (f)

- 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*)

115.242 (a): CoreCivic policy OP-030601 APS, page 7, section H-1 & 2, and ODOC policy OP-030601, pages 16 & 17, section B-1, addresses the use of the information obtained during the screening process. The agency uses the information from the risk screening form to make housing, bed, work, education and program assignments with the goal of separating inmates at high risk of being sexually victimized from inmates with those at high risk of being sexually abusive.

115.242 (b): Individualized determinations are made about how to ensure the safety of each inmate. The ODOC *Cell Assignment Form* (attachment A to policy OP-030102), page 2 address PREA related questions used to determine proper housing for those inmates at risk. In interview with the Facility Director, he explained how the facility utilizes information from the 14-2 CC-B form. A memo from the

PREA Compliance Manager directs Shift Supervisors and Case Managers the procedures of bed and dorm assignments for inmates who through initial screenings are identified as being victims, potential victims, predators or potential predators. These inmates are tracked on a *PREA Bed Assignment* form.

115.242 (c): Guidelines on housing and program assignments for the management of transgender and intersex inmates are outlined in policy OP-030601, page 17, section 1-b and policy 0306091 APS, page 7, section H-2. Transgender and intersex inmates are reassessed at least twice per year to review any threats to safety experienced by the inmate as required by this standard and takes into consideration their own views regarding their own safety. Placement is made on a case-by-case basis to ensure the health and safety of the inmate.

115.242 (d): A transgender or intersex inmate's own views with respect to his safety will be given serious consideration.

115.242 (e): Transgender and intersex inmates are given the opportunity to shower separately from other inmates. Transgender and intersex inmates would be allowed to shower upon request during a time when a staff member is in the dorm to provide supervision. In the past 12 months, there have not been any transgender or intersex inmates housed at the Tulsa Transitional Center.

115.242 (f): The agency does not place lesbian, gay bisexual, transgender or intersex inmates in dedicated facilities, units or wings solely based on such identification.

REPORTING

Standard 115.251: Inmate reporting

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

115.251 (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

115.251 (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

115.251 (c)

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

115.251 (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*)

115.251 (a): CoreCivic policy OP-030601 APS, page 8, section J-1 and ODOC policy OP-030601, pages 15, section B-5 outlines the procedures for inmate reporting of allegations of sexual abuse and sexual harassment, retaliation by other inmates or staff or staff neglect or violation of responsibilities that may have contributed to such incidents. Inmates can report verbally to any staff member and can verbally tell or write to the PREA Compliance Manager or the Facility Director.

115.251 (b): Inmates are informed of their reporting options on page 8 of the *Inmate Communication of Information Book*, in the *Sexual Abuse and Misconduct* brochure (14-2 CC-AA), on pages 4 & 5 of the *Inmates Guide to Sexual Misconduct* pamphlet, on the *Oklahoma Prison Rape Elimination Act Zero Tolerance Acknowledgements for Inmates* form (attachment E of ODOC policy OP-030601) and on numerous posters located throughout the facility. Inmates are informed they can report allegations to public and private entities that are not part of CoreCivic. They can call the toll free Oklahoma Department of Corrections PREA hotline number at 1-855-871-4139, the Domestic Violence Intervention Services Crisis Line at 918-743-5763 or the ODOC Fugitive Apprehension and Investigations at 405-425-2571. They are also given the mailing addresses of the Oklahoma State Bureau of Investigations, the ODOC Fugitive Apprehension and Investigations, Inspector General of the Oklahoma Department of Corrections Center Office.

115.251 (c): Staff must take all allegations of sexual abuse seriously whether they be made verbally, in writing, anonymously and from third parties and are required to document all reports.

115.251 (d): Staff may privately report sexual abuse and sexual harassment of inmates by forwarding a letter, sealed and marked "confidential" to the Facility Director or contact CoreCivic's Ethics and

Compliance Hotline. Staff interviewed were aware of their method of privately reporting sexual abuse and sexual harassment of inmates. Third party reporting methods is found on the CoreCivic website.

Standard 115.252: Exhaustion of administrative remedies

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

115.252 (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 a inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☒ Yes ☐ No ☐ NA

115.252 (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.) ☐ Yes ☐ No ☒ NA
- Does the agency always refrain from requiring a 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.) ☐ Yes ☐ No ☒ NA

115.252 (c)

- Does the agency ensure that: A 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.) ☐ 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.) ☐ Yes ☐ No ☒ NA

115.252 (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.) ☐ Yes ☐ No ☒ NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)] , 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.) ☐ 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 a 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

115.252 (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

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a 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 a 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

115.252 (g)

- If the agency disciplines a 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.) ☐ 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*)

115.252 (a): Information on administrative procedures to address inmate grievances regarding sexual abuse are outlined in ODOC policy OP-090124, pages 15-16, section VIII-A-D and page 17, section IX-A.

115.252 (b): ODOC does not impose any time limit to any portion of the grievance regarding an allegation of sexual abuse. A grievance alleging sexual abuse can be filed at any time. The inmate is not required to use the informal grievance process or attempt to resolve with staff an alleged incident of sexual abuse. Nothing in policy OP-090124 restricts the agency's ability to assert as an affirmative defense any applicable statute of limitations in response to an inmate's lawsuit.

115.252 (c): ODOC ensures that an inmate who alleges sexual abuse can submit the grievance without submitting it to a staff member who is the subject of the complaint and the grievance will not be referred to the subject of the complaint. Inmates submit grievances on an *Inmate/Offender Grievance Form* (attachment A of policy OP-090124 and put them in a locked VII-B, upon receipt of a grievance marked "emergency" or "sensitive", the reviewing authority has 24 hours to determine if the grievance is an emergency or a sensitive. If so, an expedited review will be conducted and the response provided to the inmate within 48 hours of receipt, excluding weekends and holidays.

115.252 (e): Information on third parties assisting inmates in filing grievances alleging sexual abuse can be found on page 16, section VIII-C of policy OP-090124. Third parties can also file a grievance on behalf of an inmate. If a third party files a grievance on behalf of an inmate, as a condition of processing the request the alleged victim may have to agree to have the request filed on his behalf. If the inmate declines to have the request processed on his behalf, the agency will document the inmate's decision.

115.252 (f): Inmates can file emergency grievances alleging he is subject to imminent sexual abuse. Emergency grievances are handled as stated on page 16, section VIII-B. The reviewing authority will have 24 hours to determine if the grievance is in fact an emergency and a response will be provided to the inmate within 48 hours, excluding weekends and holidays. If an emergency grievance is determined not to be an emergency, the inmate will be provided a written notification that the grievance is not an emergency and the standard grievance process will be followed. Inmates will be charged a \$2.00 legal co-pay if it is determined if the grievance is determined not to be an emergency.

115.252 (g): Page 17, section IX-A of policy OP-090124 addresses abuse of the grievance process. If it is determined an inmate filed a PREA-related grievance in bad faith, the inmate may be placed on grievance restriction.

On information provided on the Pre-Audit Questionnaire and in discussion with the PREA Compliance Manager, in the past 12 months there were no grievances received alleging sexual abuse.

Standard 115.253: Inmate access to outside confidential support services

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

115.253 (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 enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.253 (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

115.253 (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*)

115.253 (a): ODOC policy OP-030601, page 24, section D, 2nd paragraph and CoreCivic policy OP-030601 APS, page 12, section L-1, 2 & 3, outlines the agency's policy on providing inmates with access to outside victim advocates for emotional support services related to sexual abuse. Inmates are given the telephone number for the Domestic Violence Intervention Services Crisis Line (DVIS) (918-743-5763). This information is provided to inmates on posters displayed throughout the facility, on page 8 of the *Inmate Communication of Information Book* and in the *Sexual Abuse and Misconduct* brochure (14-2 CC-AA),

115.253 (b): Inmates are informed prior to giving them access, of the extent to which communications will be monitored and to the extent to which reports of abuse will be forwarded to authorities. Inmates are informed that the telephone lines are not monitored or recorded and that calls to DVIS for emotional support are confidential and will not be reported to the Tulsa Transitional Center or to the Oklahoma Department of Corrections.

115.253 (c): The facility has an MOU with DVIS and provided a copy of the MOU for my review.

Inmates interviewed were aware of the emotional support services available to them and how to access them.

Standard 115.254: Third-party reporting

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

115.254 (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*)

115.254 (a): Information on third-party reporting can be found on page 19, section X-A of ODOC policy OP-030601 and page 9, section J-4 of CoreCivic policy OP-030601 APS. The agency has a method to receive third-party reports of sexual abuse and sexual harassment. All third-party reports of sexual abuse and sexual harassment to the Office of Inspector General. Information for third party reporting is made available on the CoreCivic website with instructions for outside parties to contact the National Sexual Assault Hotline at 1-800-656-4673 or send a letter to the Facility Director.

Inmates are made aware of this method of reporting in the *Inmate Communication of Information Book* and in the *Preventing Sexual Abuse and Misconduct* brochure (14-2 CC-AA). Inmates are also informed of third party reporting on attachment E of ODOC policy OP-030601, *Oklahoma PREA Zero Tolerance Acknowledgment for Inmates* form that a family member, friend clergy or other person outside of the facility can report abuse to the Facility Director or contact the Office of Inspector General.

Inmates interviewed were knowledgeable of this method of reporting. During the past 12 months, there no third-party reports received.

OFFICIAL RESPONSE FOLLOWING A INMATE REPORT

Standard 115.261: Staff and agency reporting duties

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

115.261 (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

115.261 (b)

- Apart from reporting to designated supervisors or officials, do 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

115.261 (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? ☒ Yes ☐ No

115.261 (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? ☒ Yes ☐ No

115.261 (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? ☒ 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*)

115.261 (a): ODOC policy OP-030601, page 10 section IV-A and page 19, section X-A-1 and CoreCivic policy OP-030601 APS, page 9, section J-2 address the requirements of to take all allegations of sexual abuse and sexual harassment seriously. All staff are required to report immediately to the PREA Compliance Manager any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment and any retaliation against inmates or staff who reported such an incident. All allegations of sexual abuse and sexual harassment, including third party and anonymous reports, are reported to the Facility Director, the PREA Compliance Manager, the ODOC Office of Fugitive Apprehensions and Investigations and the agency's PREA Coordinator. Allegations of sexual abuse are documented on attachment C of the ODOC OP-030601, *Sexual Assault Report* and on the CoreCivic 5-1A, *Incident Report* and tracked on the *Oklahoma PREA Tracker*.

115.261 (b): Apart from reporting to designated supervisors, employees are not to reveal any information related to a sexual abuse report to anyone than to the extent necessary. Staff who fail to report allegations may be subject to disciplinary action.

115.261 (c): This provision of the standard is not applicable to this facility; the Tulsa Transitional Center does not employ medical or mental health staff.

115.261 (d): The Tulsa Transitional Center houses adult male inmates only, none of whom according to their classified level of care are considered vulnerable adults under the Oklahoma State Vulnerable Persons Statue; therefore, this provision of the standard is not applicable to this facility.

115.261 (e): All allegations of sexual abuse and sexual harassment, including third party and anonymous reports are reported to the facility's investigators.

Interview with staff revealed staff is very knowledgeable of their responsibilities to report incidents of sexual abuse or harassment and know not to reveal any information about a sexual abuse incident to anyone other than to the extent necessary.

Standard 115.262: Agency protection duties

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

115.262 (a)

- When the agency learns that a 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*)

115.262 (a): When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. ODOC policy OP-03061 and policy OP-030601 APS require that when it is learned that an inmate is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the inmate.

In interview with the Facility Director and information provided on the Pre-Audit Questionnaire, there were no times during the past 12 months that it was necessary for the agency to take immediate action in regards to an inmate being in substantial risk of sexual abuse. Staff interviewed were aware of their responsibilities if they felt an inmate was at risk for sexual abuse. The Facility Director upon interview stated he would immediately separate the inmates, talk to the inmate that was in possible danger and reassign the inmate's housing or recommend to ODOC the inmate be moved to another facility.

When the Executive Vice President and Chief Corrections Officer was interviewed, he stated that staff must take immediate action to protect the inmate. They may move the inmate from the area or certain people. Staff are to separate and may use protective custody as a safe area until a decisions is made of whether the inmate may remain where he is housed.

Standard 115.263: Reporting to other confinement facilities

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

115.263 (a)

- Upon receiving an allegation that a 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

115.263 (b)

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

115.263 (c)

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

115.263 (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*)

115.263 (a): ODOC policy OP-030601, page 23, section XI-A was used to verify compliance to this standard. Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Facility Director shall notify the head of the facility where the sexual abuse was alleged to have occurred and document that notification was provided.

115.263 (b): This notification is to occur as soon as possible, but no later than 72 hours of receiving the allegation.

115.263 (c): If the allegation was reported and investigated at the facility where the sexual abuse was alleged to occur, the Facility Director is to document such and no further investigation or notification is necessary. If the allegation was not reported or not investigated, a copy of the inmate's statement and any other details obtained from contact with the facility where the alleged abuse took place and the facility's response is documented.

115.263 (d): If an allegation is received from another facility, the Facility Director will ensure that the allegation is investigated in accordance with the PREA standards and notification is made to the ODOC Office of Fugitive Apprehensions and Investigations.

In interview with the Facility Director and in information provided on the Pre-Audit Questionnaire, in the past 12 months, there were no allegations received that an inmate was sexually abused while confined at another facility and there were no allegations of sexual abuse received from other facilities. The Facility Director was aware of his responsibilities of reporting and documenting allegations if received.

Standard 115.264: Staff first responder duties

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

115.264 (a)

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

115.264 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ 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*)

115.264 (a): ODOC policy OP-030601, pages 20 & 21, section B-2 & 3, and CoreCivic policy OP-030601 APS, pages 10 & 11, section K-4 outline the procedure for first responders to allegations of sexual abuse and sexual harassment whether that person is a security or non-security staff member. Per policy, upon learning of an allegation of sexual abuse, the first staff member to respond to keep the alleged victim safe with no contact with the alleged perpetrator and immediately escorted to a private area and ensure that the crime scene is preserved. If the abuse was alleged to have occurred within a time frame that allows for the collection of physical evidence, staff shall ensure that the victim does not wash, shower, toilet, eat, drink or brush his teeth. The abuse is documented on attachment C of the ODOC policy OP-030601, *Sexual Assault Report* and on the CoreCivic 5-1A, *Incident Report*.

115.264 (b) Policy mandates that if the first responder to an allegation of sexual abuse is a non-security staff member, they shall advise the alleged victim not to take any actions that could destroy physical evidence and then notify security staff immediately.

All staff carry with them a First Responder Card that highlights their responsibilities in response to allegations of sexual abuse and sexual harassment. Staff interviews with security and non-security staff revealed that they knew the policy and practice to follow if they were the first responder to an allegation of sexual abuse or sexual harassment. They reported that they knew that the alleged victim and abuser must be separated, knew how to preserve the crime scene and the physical evidence and report to their supervisor immediately.

In review of investigative files and in interview with facility Investigators, in the past 12 months, there were seven allegations of sexual abuse reported.

Standard 115.265: Coordinated response

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

115.265 (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*)

115.265 (a): Policy OP-030601 APS, pages 9 & 10, section K-1-4 and ODOC policy OP-30601, pages 20 & 21, section B outline the agency's/facility's coordinated response to an incident of sexual abuse.

A Sexual Abuse Response Team (SART) is established at the Tulsa Transitional Center that includes the Operations Supervisor, the PREA Compliance Manager and two Case Managers.

The responsibilities of the team are to respond to reported incidents of sexual abuse, review the facility's response to sexual abuse allegations, serve as a primary liaison with local law enforcement, ensure completion of attachment H of policy OP-030601, *PREA Response Checklist* and ensure that 30/60/90-day monitoring is conducted. When interviewed, members of the SART knew their responsibilities in response to sexual abuse allegations.

Standard 115.266: Preservation of ability to protect inmates from contact with abusers

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

115.266 (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

115.266 (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*)

115.266 (a): CoreCivic policy OP-030601 APS, pages 13 & 14, section 2-d, was used to verify compliance to this standard. Employees are subject to disciplinary sanctions up to termination for violating CoreCivic's policies on sexual abuse and sexual harassment. Since the last PREA audit, CoreCivic has not entered into or renewed any collective bargaining agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation.

115.266 (b): There are no restrictions to keep the agency from removing alleged staff sexual abusers from contact with inmates pending the outcome of an investigation.

In interview with the Executive Vice President and Chief Corrections Officer at an earlier date, any agreements that CoreCivic enters in to would not limit the agency from removing alleged staff sexual abusers from contact with inmates pending the outcome of an investigation and not disciplining employees up to and including termination.

Standard 115.267: Agency protection against retaliation

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

115.267 (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

115.267 (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

115.267 (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

115.267 (d)

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

115.267 (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?
☒ Yes ☐ No

115.267 (f)

- 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*)

115.267 (a): ODOC has procedures to protect inmates who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff as outlined pages 21 - 23, section D of ODOC policy OP-030601.

115.267 (b): The agency has multiple protection measures, such as housing changes or transfers for inmates, victims or abusers, removal of alleged staff or inmate abusers from contact with victims and emotional support services for inmates or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

115.267 (c): The Case Manager and one Security Monitor are responsible for monitoring for retaliation. Monitoring of inmates shall be documented on the attachment I of policy OP-030601, *Protection From Retaliation – Inmate* form and for staff on attachment J of policy OP-030601, *Protection From Retaliation – Staff* form. Monitoring is required 30/60/90 days following an allegation and can continue beyond 90 days if there is a continuing need. If an inmate or staff is transferred within the 90-day period, the Facility Director will notify the facility head of the receiving facility of the continued need for monitoring.

115.267 (d): Retaliation monitoring of inmates will also include periodic status checks.

115.267 (e): If any other individual who cooperates with an investigation expresses a fear of retaliation, appropriate measures to protect that individual against retaliation are put in place.

115.267 (f): The agency's obligation to monitor shall terminate if the ODOC investigator determines the allegation to be unfounded.

In information provided on the Pre-Audit Questionnaire, in the past 12 months there were no incidents of retaliation that occurred. In review of investigative files, *Protection From Retaliation – Staff* forms and *Protection From Retaliation – Inmate* forms are filed in the corresponding investigative file. When interviewed, the Case Manager responsible for retaliation monitoring knew her responsibilities for monitoring for retaliation per policy and this standard.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

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

115.271 (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 115.221(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 115.221(a).] ☒ Yes ☐ No ☐ NA

115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? ☒ Yes ☐ No

115.271 (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

115.271 (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

115.271 (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 a inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.271 (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

115.271 (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

115.271 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.271 (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

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (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 115.221(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*)

115.271 (a): ODOC policy OP-040117, *Investigations* outlines the procedure for administrative investigations and referrals for criminal investigations. Page 2, section II-A, 1st paragraph states all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, will be reviewed to determine if sufficient information exists for a formal investigation.

115.271 (b): ODOC Office of Fugitive Apprehensions and Investigations currently has 15 investigators. Documentation received on 2/27/18 from the Director of Fugitive Apprehensions and Investigations states that the 15 investigators have *PREA: Investigating Sexual Abuse in a Confinement Setting*, a three-hour web based training, to conduct investigations in confinement settings. The facility has two trained facility investigators who are responsible for conducting administrative investigations of sexual abuse and sexual harassment at the facility. Both investigators have completed the *PREA: Investigation Protocol* training. The facility provided the training curriculum and certificates of completion of this training for review.

115.271 (c): Per policy OP-040117, investigators gather and preserve evidence and any electronic monitoring data. They interview the alleged victims, suspected perpetrators and witnesses and review prior complaints and reports of sexual abuse involving the suspected perpetrator.

115.271 (d): When the quality of evidence appears to support criminal prosecution the agency shall conduct compelled interviews only after consulting with prosecutors.

115.271 (e): The credibility of an alleged victim, suspect or witness is assessed on an individual basis and is not determined by the person's status as inmate or staff. An inmate who alleges sexual abuse is not required to submit to a polygraph examination.

115.271 (f): The administrative investigation shall include an effort to determine whether staff actions or failures to act contributed to the abuse. The administrative investigation shall be documented in a written report to include the physical and testimonial evidence, the reasoning and credibility assessments and investigative facts and findings.

115.271 (g): The ODOC Office of Fugitive Apprehensions and Investigations Investigators will document in a written report to include a thorough description of physical, testimonial, and documentary evidence.

115.71 (h): Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution to the Tulsa County District Attorney.

115.271 (i): According to polity OP-040117, page 7, section D-7, all PREA reports will be maintained as long as the alleged abuser is incarcerated or staff member is employed by the agency, plus five years as required by this provision of this standard.

115.271 (j): The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

115.271 (l): The facility shall cooperate with outside investigators and remain informed of the progress of the investigation through communication with outside investigators.

In the past 12 months, there were three substantiated allegations of conduct that appeared to be criminal that were referred for prosecution. When interviewed, the facility Investigators knew their responsibilities in the conduct of administrative investigations and referral of allegations of sexual abuse that appear to be criminal to for criminal investigation or possible prosecution. In a telephone interview with an ODOC investigator, he explained the process of investigations by his unit.

Standard 115.272: Evidentiary standard for administrative investigations

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

115.272 (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*)

115.272 (a): Based on ODOC policy OP-0306091, page 6, section III and CoreCivic policy OP-030601 APS, page 12, section L-6, the agency shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. When the facility Investigators were asked what standard of evidence was used in determining if an allegation is substantiated, they confirmed the agency's policy.

Standard 115.273: Reporting to inmates

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

115.273 (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

115.273 (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

115.273 (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

115.273 (d)

- Following a 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 a inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
☒ Yes ☐ No

115.273 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.273 (f)

- 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*)

115.273 (a): Policy OP-030601, page 28, section XII was used to verify compliance to this standard. The policy indicates that following an investigation of sexual abuse of an inmate, the inmate shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The Operations Supervisor is responsible for presenting *Notification of Investigation Status* forms to inmates at the conclusion of an investigation. In review of investigative files and upon interview with the Operations Supervisor, this practice is in place and being followed.

115.273 (b): If the facility did not conduct the investigation, the facility shall request the relevant information from the investigative agency in order to inform the inmate.

115.273 (c): The policy further states that following an inmate's allegation that an employee has committed sexual abuse against the inmate; the facility is required to inform the inmate of the outcome of the investigation, unless the facility has determined that the allegation was unfounded. The inmate is informed that the staff is no longer employed by the facility, if the staff member has been indicted on a charge related to sexual abuse within the facility or if the staff member has been convicted on a charge related to the sexual abuse incident.

115.273 (d): Following an inmate's allegation that another inmate sexually abused him, the agency shall inform the inmate of the outcome of the investigation. Notification would include if the abuser were indicted on a charge related to the abuse or convicted on a charge related to sexual abuse.

115.273 (e): All inmate notifications or attempted notifications shall be documented on attachment D of policy OP-030601, *Notification of Investigation Status* form. The inmate shall sign the form verifying it was received, and the form is filed in the corresponding investigative file.

115.273 (f): The facility's obligation to notify the inmate shall terminate if the inmate is released from the agency's custody.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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

115.276 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.276 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.276 (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

115.276 (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*)

115.276 (a): Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse policy as outlined in ODOC policy OP-030601, page 7, 1st paragraph and CoreCivic policy OP-030601 APS, page 2, section N-2-a. ODOC policy OP-110215, *Human Resources*, section entitled *Rules Concerning the Individual Conduct of Employees*, page 3, section I-A-9 specifies the code of conduct for employees. ODOC policy OP-110415 addresses guidelines for the formal discipline process, including discipline for violations of the sexual abuse and sexual harassment policies.

115.276 (b): Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

115.276 (c): Disciplinary sanctions for violation of agency policies related to sexual abuse or sexual harassment shall commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history and other sanctions imposed for comparable offenses by other staff with similar histories.

115.276 (d): All terminations for violations of the agency's policies on sexual abuse and sexual harassment, or resignation, shall be reported to law enforcement agencies unless the activity was clearly not criminal, and to relevant licensing bodies.

In information provided on the Pre-Audit Questionnaire and in interview with the Facility Director, in the past 12 months, there was one termination and one resignation for staff violation of agency sexual abuse or sexual harassment policies.

Standard 115.277: Corrective action for contractors and volunteers

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

115.277 (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

115.277 (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*)

115.277 (a): Based on review of ODOC policy OP-030601, page 5, section II, paragraphs 1 & 4, policy OP-090211, *Volunteer Services*, page 14, section K-2 & 4 and CoreCivic policy OP-030601 APS, page 14, section N-3, any volunteer or contractor who engages in sexual abuse is prohibited from contact with inmates and shall be reported to law enforcement agencies or licensing boards, unless the activity was clearly not criminal.

115.277 (b): The facility will take appropriate remedial measures and prohibit contact with inmates if a volunteer or contractor violates ODOC or CoreCivic's sexual abuse or sexual harassment policy. Incidents of sexual misconduct by volunteers are documented on attachment F of policy OP-090211, *ODOC Volunteer Alert Form*, which is forwarded to the Volunteer Coordinator.

In interview with the Facility Director and documentation provided on the Pre-Audit Questionnaire, in the past 12 months the Tulsa Transitional Center has not received any reports of sexual abuse of inmates by the facility's volunteers. At this time, the facility does not utilize the services of contractors. The Facility Director stated that if a volunteer violates the agency's zero-tolerance policy, the volunteer would no longer be allowed access to the facility pending the outcome of the investigation and ODOC would be notified.

Standard 115.278: Interventions and disciplinary sanctions for inmates

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

115.278 (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? ☒ Yes ☐ No

115.278 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

115.278 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a inmate's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.278 (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? ☒ Yes ☐ No

115.278 (e)

- Does the agency discipline a inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.278 (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

115.278 (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*)

115.278 (a): Per CoreCivic policy OP-030601 APS, pages 12 & 13, section N-1, inmates will be subject to disciplinary sanctions following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. ODOC policy OP-060125, *Classification*, outlines the inmate disciplinary procedures. Attachment A of that policy identifies acts that constitute a rule violation and the sanctions to be imposed for violation of those acts.

Inmates are made aware of the sexual abuse and sexual harassment policies in the *Inmate Guide to Sexual Misconduct* brochure and in the CoreCivic *Inmate Communication of Information Book*.

115.278 (b): 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.

115.278 (c): The disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to his behavior in determining what type of sanction, if any should be imposed.

115.278 (d): The Tulsa Transitional Center does not offer therapy or counseling to the abuser onsite, but referrals would be made to offsite providers if deemed necessary.

115.278 (e): An inmate may be disciplined for sexual conduct with an employee only upon a finding that the employee did not consent to such conduct.

115.278 (f): Inmates who allege false claims of sexual abuse can be disciplined. A report of sexual abuse made in good faith based on a reasonable belief that the alleged contact occurred does not constitute falsely reporting an incident or lying, even if the investigation does not establish evidence sufficient to substantiate the allegation.

115.278 (g): The agency/facility prohibits all sexual activity between inmates and inmates may be disciplined for such activity. Such activity does not constitute sexual abuse if it is determined that it was not coerced. In interview with the Facility Director, he stated the inmates would be transferred to another facility if found to engage in sexual activity.

According to information provided on the Pre-Audit Questionnaire and in interview with the Facility Director, in the past 12 months, there have been no disciplinary actions or sanctions imposed on inmates for sexually related misconduct.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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

115.282 (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?
☒ Yes ☐ No

115.282 (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 § 115.262? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.282 (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

115.282 (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*)

115.282 (a): According to ODOC policy OP-030601, page 14, section B-1-b, the facility will ensure that all inmates who report sexual assault are referred for medical and mental health evaluation and services. Inmate victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services. All services are determined by the medical and mental health practitioners according to their professional judgement. ODOC policy OP-140118, section 14, *Emergency Care*, pages 3-5, section C addresses health care procedures in response to sexual abuse.

115.282 (b): The Tulsa Transitional Center does not employ medical or mental health staff. First responders to sexual abuse ensure that the victim be transported to the Hillcrest Medical Center for a forensic exam.

115.282 (c): Inmate victims of sexual abuse are offered sexually transmitted infections prophylaxis.

115.282 (d): All services are provided without cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

In information provided on the Pre-Audit Questionnaire, in the past 12 months, there have been no inmates requiring emergency medical or mental health services due to sexual abuse.

Standard 115.283: 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

115.283 (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

115.283 (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

115.283 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.283 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) ☒ Yes ☐ No ☐ NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(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

115.283 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.283 (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? ☒ Yes ☐ No

115.283 (h)

- Does the facility 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? ☒ 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*)

115.283 (a): The Tulsa Transitional Center will offer ongoing medical and mental health evaluations to all inmates who have been victimized by sexual abuse as stated in ODOC policy OP-030601, page 16, section VII, 2nd paragraph. Inmate victims would be referred to the Hillcrest Medical Center or Morton Comprehensive Health for ongoing medical services and to the DVIS for referrals for mental health services.

115.283 (b): The evaluation will include follow-up services, treatment plans and referrals for continued care following their transfer or release from custody.

115.283 (c): The medical and mental health services offered are consistent with the community level of care.

115.283 (d): This provision of this standard is not applicable to this facility. The Tulsa Transitional Center does not house female inmates.

115.283 (e): This provision of this standard is not applicable to this facility. The Tulsa Transitional Center does not house female inmates.

115.283 (f): Inmate victims of sexual abuse are offered treatment for sexually transmitted infections as medically appropriate.

115.283 (g): Treatment services are provided to the victim without cost and regardless if the victim names the abuser or cooperates with any investigation arising out of the incident.

115.283 (h): The facility will 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 by mental health practitioners.

In the past 12 months, there were no inmates who required ongoing medical or mental health treatment due to sexual abuse.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

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

115.286 (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

115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.286 (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 §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.286 (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*)

115.286 (a): Based on ODOC policy OP-030601, page 29, section XIII, in instances of sexual abuse, the facility will conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation that is determined to be substantiated or unsubstantiated.

115.286 (b): The review will ordinarily occur within 30 days of the conclusion of the investigation, unless the allegation was determined to be unfounded.

115.286 (c): At this facility, the Sexual Abuse Response Team (SART) is responsible for conducting incident reviews. The Operations Supervisor, the PREA Compliance Manager and two Case Managers make up the SART. SART meets monthly to review any substantiated or unsubstantiated cases of sexual abuse.

115.286 (d): The SART considers whether the allegation indicates a need to change policy or practice, whether the allegation was motivated by race, ethnicity, gender identify, sexual orientation, or gang affiliation. They also examine the area where the incident allegedly occurred, assess the adequacy of staffing levels in that area on different shifts, assess whether monitoring technology should be deployed and prepare a report of its finding. All findings and recommendations for improvement will be documented on attachment K of policy OP-030601, *Sexual Abuse Incident Review* form. Completed forms are forwarded to the Division Manager and the agency PREA Coordinator.

115.286 (e): The facility will implement the recommendations for improvement or will document reasons for not doing so.

In information provided on the Pre-Audit Questionnaire and in review of investigative files, in the past 12 months, there were six incident reviews conducted by the SART. When interviewed, members of the SART knew their responsibilities as they relate to the review of sexual abuse incidents.

Standard 115.287: Data collection

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

115.287 (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

115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?
☒ Yes ☐ No

115.287 (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

115.287 (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

115.287 (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

115.287 (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*)

115.287 (a & c): Information on data collection is found on pages 4 & 5, section XV-A of ODOC policy OP-030601 and on page 17, section P-1 and P-2-a of CoreCivic policy OP-030601 APS. ODOC and CoreCivic collect uniform data for every allegation of sexual abuse at all facilities under its control using a standardized instrument and set of definitions. The data collected, will be 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 (DOJ). The facility will ensure that incidents of sexual abuse and sexual harassment are reported on attachment C of ODOC policy OP-030601, *Sexual Assault Report* on a CoreCivic's *Incident Tracking Form*.

115.287 (b): At least annually, the PREA Coordinator aggregates this data.

115.287 (d): The agency maintains, reviews and collects data as needed from all available incident-based documents, including reports, investigation files and sexual abuse incident reviews.

115.287 (e): This provision of this standard is not applicable to this facility. The agency does not contract for the confinement of its inmates.

115.287 (f): Upon request, or no later than June 30th, the agency provides aggregated data information for the previous calendar year to DOJ. The PREA Coordinator prepares an *Annual PREA Report* summarizing the aggregated data from all of their facilities.

Standard 115.288: Data review for corrective action

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

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 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 § 115.287 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 § 115.287 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

115.288 (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

115.288 (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

115.288 (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*)

115.288 (a): Based on CoreCivic policy OP-030601 APS, page 17 & 18, P-3 and on interview with the agency's PREA Coordinator, the agency reviews all of the data collected from all of its facilities and aggregates that data annually to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training including identifying problem areas, taking corrective action on an ongoing basis, and the PREA Coordinator prepares an annual report of findings and corrective actions for each facility and for CoreCivic as a whole. ODOC also prepares an annual report of findings as outlined in ODOC policy OP-030601, pages 30 & 31, section XV-A & B.

115.288 (b): The annual report includes a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. The Annual PREA Report provides an excellent overview of the agency's efforts in the prevention of sexual abuse and sexual harassment in its facilities and therefore, exceeds in the requirements of this standard.

115.288 (c): The PREA Coordinator forwards the annual report to the Chief of Corrections Officer for approval. The report is then made public on the CoreCivic website and can be accessed at http://corecivic.com/the_prison-rape-elimination-act-of-2003-prea. ODOC's annual report can be accessed on ODOC's website at <http://doc.ok.gov/odoc-prea-data-for-2016>.

115.288 (d): Before making aggregated sexual abuse data public, all personal identifiers are redacted.

Standard 115.289: Data storage, publication, and destruction

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

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?
☒ Yes ☐ No

115.289 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ 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*)

115.289 (a): According to ODOC policy OP-030601, page 30, section XV-A, and CoreCivic policy OP-030601 APS, page 17, section P-1-a-ii, both agencies ensure that the data collected is securely retained.

115.289 (b): Both agencies prepare annual reports with the aggregated sexual abuse data from all facilities under its control. The report is then made public on the CoreCivic website and can be accessed at http://corecivic.com/the_prison-rape-elimination-act-of-2003-prea and on the ODOC website at <http://doc.ok.gov/odoc-prea-data-for-2016>.

115.289 (c): Before making aggregated data publically available, the agency removes all personal identifiers.

115.289 (d): The entire PREA packet including aggregated sexual abuse data is retained for 10 years.

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 three-year period starting on August 20, 2013, and during each three-year period thereafter, 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.? (N/A before August 20, 2016.)
☒ Yes ☐ No ☐ NA

115.401 (b)

- During each one-year period starting on August 20, 2013, 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? ☒ Yes ☐ No

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? ☒ 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, inmates, 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*)

115.401 (a): Based on CoreCivic policy OP-030601 APS, page 18, section Q-2, an external audit of all CoreCivic facilities will be conducted every three years to ensure compliance with the agency policy and the PREA National Standards.

115.401 (b): During each one-year period starting August 20, 2013, CoreCivic ensured that at least one-third of each facility type operated by the agency was audited. The facility's initial PREA audit was conducted on 10/15/15 while the facility was under the ownership and operation of Avalon. This audit is the first PREA audit of the Tulsa Transitional Center while under the management of CoreCivic.

115.401 (h): During the audit, I was allowed access and I was able to observe all areas of the Tulsa Transitional Center.

115.401 (i): I was permitted to request and receive copies of any relevant documentation, including information that was stored electronically.

115.401 (m): I was permitted to conduct private interviews with inmates and staff ensuring confidentiality to our conversation.

115.401 (n): Inmates were notified six weeks before the audit on posted facility notices in both English and Spanish that they could send confidential correspondence that would be handled as legal mail and were given my name and mailing address. I did not receive any correspondence from inmates of the Tulsa Transitional Center.

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*)

115.403 (a): Based on policy 14.2 page 30, section 2-b-ii-iv, each audit includes a certification by the auditor that no conflict of interest exists with respect to his/her ability to conduct a CoreCivic audit. No audit may be conducted by an auditor who has received financial compensation from CoreCivic within the three years prior to CoreCivic retaining the auditor. CoreCivic will not employ with or otherwise financially compensate the auditor for three years subsequent to CoreCivic's retention of the auditor, with the exception of contracting for subsequent PREA audits. I certify by my signature in the *Auditor's Certification* section of this report that no conflict of interest exists with my ability to conduct this audit.

115.403 (b): Audit reports shall state whether company-wide policies and procedures comply with relevant PREA National Standards. In thorough review of CoreCivic's *Agency Policy Supplement (APS)* (OP-030601 APS) and ODOC's policy OP-030601 policies, they were found to be comprehensive complying with the PREA National Standards.

115.403 (c): For each standard, I made a determination of a finding of Exceeds Standard or Meets Standard. There were no standards that were determined that did not meet the standard. See pages 10 & 11 for a summary of my findings for each of the PREA standards.

115.403 (d): This report describes the methodology, sampling sizes and basis for my conclusions as required.

115.403 (e): I have redacted any personal identifiable inmate or employee information, but I can provide such information to the Department of Justice upon request.

115.403 (f): Per agency policy and standard requirements, CoreCivic ensures that this final report will be published on their website at <http://corecivic.com/the-prison-rape-elimination-act-of-2003-prea>.

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.

Barbara Jo Denison
Auditor Signature

January 29, 2019
Date