

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

Interim Final

Date of Report: March 25, 2019

Auditor Information

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Telephone: 956-566-2578	Date of Facility Visit: March 20-21, 2019

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: Turley Residential Center			
Physical Address: 6101 N. Martin Luther King, Jr., Tulsa, OK 74126			
Mailing Address (if different than above): SAA			
Telephone Number: 918-425-0275			
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		

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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? Yes No

Director

Name: LaKim Burley	Title: Facility Director
Email: lakim.burley@corecivic.com	Telephone: 918-425-0275

Facility PREA Compliance Manager

Name: Alicia Villa	Title: Case Manager Supervisor
Email: alicia.villa@corecivic.com	Telephone: 918-425-0275

Facility Health Service Administrator

Name: N/A	Title: N/A
Email: N/A	Telephone: N/A

Facility Characteristics

Designated Facility Capacity: 212	Current Population of Facility: 50
Number of residents admitted to facility during the past 12 months	270
Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:	0
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	270
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	270
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 <input type="checkbox"/> Juveniles <input type="checkbox"/> Youthful residents
22-65	N/A N/A
Average length of stay or time under supervision:	2 years
Facility Security Level:	Community
Resident Custody Levels:	Community
Number of staff currently employed by the facility who may have contact with residents:	25
Number of staff hired by the facility during the past 12 months who may have contact with residents:	9
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	0

Physical Plant

Number of Buildings: 5	Number of Single Cell Housing Units: 0
Number of Multiple Occupancy Cell Housing Units:	0
Number of Open Bay/Dorm Housing Units:	14

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 39 cameras with DVR's that store data for 14-30 days. DVR's are located in the computer room. Camera monitors are located in the Security Office and on the desktops of the Facility Director and the Operations Supervisor.

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:	127
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	72

Audit Findings

Audit Narrative

The PREA on-site audit of the Turley Residential Center (TRC) was conducted March 20-21, 2019. The Turley Residential Center is owned and operated by CoreCivic who contracts with the Oklahoma Department of Corrections (ODOC) to house their female inmates.

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. During this review Alicia Villa, Case Manager Supervisor who is the facility’s PREA Compliance Manager answered questions and provided additional documentation.

The facility has 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 that DVIS provides to inmates of the Turley Residential Center. The Chief Operating Officer 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. Following that conversation, the agency’s PREA Coordinator forwarded me as copy of the executed MOU 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 the inmates of the Turley Residential Center with a 24-hour reporting hotline that is not monitored or recorded. DVIS would not report information about the call without a written release of the victim. Inmates calling the hotline number would be connected to a trained advocate of the agency. 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 advocate would meet the inmate victim of sexual abuse 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 through 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 Hospital who would respond to the hospital within 30 minutes. Victims would receive a five-day prescription of prophylaxis for chlamydia and gonorrhea. Female victims are given a pregnancy test and offered emergency contraception. All services are provided at no cost to the victim.

The PREA Compliance Manager provided a list of security and non-security staff scheduled to work during the on-site audit days and from these list specialized and random staff to be interviewed were selected.

On-Site Audit Phase

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

LaKim Burley, Facility Director
Alicia Villa, Case Manager Supervisor/PREA Compliance Manager
Michael Moriarity, CoreCivic Regional PREA Compliance Manager
Kenneth Emerson, Program Facilitator
Rodney Huey, Operations Supervisor
DeAnza Mims, Employment Specialist
Mitchell Lewis, Food Service Administrator
Donna Tacker, Business/HR Manager
Heather Baltz, Director, PREA Compliance and Investigations

Following the entrance meeting, a site review of the entire facility was conducted with the following persons accompanying me:

LaKim Burley, Facility Director
Alicia Burley, Case Manager Supervisor/PREA Compliance Manager
Gabriel Harris, Maintenance Supervisor
Heather Baltz, Director, PREA Compliance and Investigations

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 dormitories, as well as various locations throughout the facility. 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 1/16/19. There was no correspondence received from inmates of the Turley Residential Center. Signs above entry doors of dormitories remind male staff to make opposite gender announcements. Stickers on the windows of entry doors inform inmates of the ODOC PREA reporting hotline number.

During the site review of the kitchen, it was noted that a tall rack used to store baking pans in one area of the kitchen could not be captured on a mirror pointed in this area. It was recommended the rack be repositioned to eliminate a potential blind spot. In review of camera monitors on the last day of the audit, the rack was moved to the opposite wall and the area was visible by a camera as well as the mirror.

Also noted in the site review of the Program House was there were three closets that were not secured. It was recommended locks be installed on these doors. On the last day of the audit, photos of locks installed were provided.

Camera monitors were reviewed with the Facility Director, the Operations Supervisor and the Maintenance Supervisor. Entries in SecurManage, the Log Book and inmate sign in sheets were reviewed.

During the site review, I spoke informally to 12 inmates questioning them about their overall knowledge of the agency's zero-tolerance policy and methods of reporting. On the first day of the audit, I was provided with a housing roster, a list of 20 inmates identified from initial screening to be victims and one identified as a potential victim and a list of two inmates who self-disclosed at initial screening of being lesbian and two who self-disclosed being bisexual and the name of an inmate who was hard of hearing. From this information a random selection of 15 inmates were interviewed, which included inmates with the following special designations:

Number	Special Designation
4	Victims
2	Victims/Bisexual
1	Lesbian
1	Lesbian/Potential Victim
1	Hard of Hearing

There were no inmates at the time of the on-site audit that were deaf, blind, had low vision, or with low reading skills or cognitive deficits. There were no inmates who self-disclosed being transgender or intersex. Inmates interviewed acknowledged receiving written PREA information upon intake 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. They all reported that male staff announce their presence when they enter their housing unit and they feel that they have privacy to shower, toilet and change clothing when a male staff is in their housing area.

Fifteen specialized staff and nine random staff were interviewed. Specialized staff interviews included telephone interviews with two volunteers and random staff interviews included all security staff from each of the three shifts scheduled to work during the audit. Staff who are members of the SART and facility investigators 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 at an earlier date by telephone.

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 during in-service training.

Human Resource files were reviewed with the Business/HR Manager who is responsible for human resource and business functions. Human resource files fourteen employees were reviewed to determine compliance to criminal background check procedures. Records reviewed included those of

three employees who were hired within the last 12 months, three who were promoted during the past 12 months, two who transferred from another facility in the past 12 months, three employed for less than five years and three employed for more than five years. Records reviewed showed criminal background checks for pre-employment and after five years of employment are being completed as required. *Self-Declaration of Sexual Abuse/Sexual Harassment* forms (14-2H) are being completed as an applicant, as an employee, annually and for consideration of promotions and transfers. *CoreCivic PREA Policy Acknowledgement and/or Training Acknowledgement* forms (14-2A) are being completed after the employee attends Pre-Service training and annual In-Service training.

The training files of the same 14 random employees reviewed for compliance to criminal background checks were reviewed with the Learning and Development Manager to determine compliance with employee PREA education. Files showed employees sign an *Oklahoma Prison Rape Elimination Act (PREA) Staff Training Acknowledgement (115.31)* form (attachment F of ODOC policy OP-030601) at the completion of Pre-Service and annual In-Service training. Files of employees who have been employed since the last PREA audit reviewed showed documentation of annual training for all three years.

The Oklahoma Department of Corrections conducts volunteer training every two years for all volunteers. ODOC provides copies of volunteer badges to the facility, which verifies criminal background check clearances. The expiration date on the badge indicates the date the badge expires as well as the date volunteer training is to be completed again. The PREA Compliance Manager maintains volunteer files. Five random volunteers were reviewed and showed volunteers are completing PREA training every two years and have current criminal background clearances.

Fifteen random inmate files were reviewed to determine compliance with initial screenings, 30-day reassessments and the requirement of PREA education for inmates. Two of the records reviewed were records of two inmates who reported prior sexual victimization at initial screening. These inmates were found to be tracked and housed appropriately. Four records revealed 30-day risk assessments were completed past the 30 day date of arrival. One was six days late, two were one day late and one was two days late. The PREA Compliance Manager shared she can print a report in SecurManage with the names of inmates who are due for reassessments and she will run that report more regularly to ensure compliance with timeframe requirements.

The Learning and Development Manager and the Operations Supervisor at the Tulsa Transitional Center are responsible for administrative investigations of sexual abuse and sexual harassment. The CoreCivic Regional PREA Compliance Manager is also a trained investigator and may be called upon to conduct administrative investigations as well. Allegations that appear to be criminal are referred to the Oklahoma Department of Corrections Office of Fugitive Apprehensions who conduct criminal investigations.

In the past 12 months preceding the on-site audit visit there were five sexual abuse allegations reported and administratively investigated. A sixth allegation reported was determined not be PREA-related. A breakdown of those investigations is as follows:

Number	Type	Disposition
4	Employee-on-Inmate Sexual Abuse	1 – Unsubstantiated 3 - Unfounded
1	Inmate-on-Inmate Sexual Abuse	Substantiated

Investigative files were reviewed with CoreCivic's Director, PREA Compliance and Investigations and the PREA Compliance Manager. Retaliation monitoring forms were not found in the investigative files. Discussion was held with the PREA Compliance Manager and the Facility Director on ensuring retaliation monitoring is conducted for victims of sexual abuse and sexual harassment. The issue was addressed and retaliation monitoring for inmate victims will now be the responsibility of a Case Manager, who serves as a backup for the PREA Compliance Manager in her absence. The Facility Director will be responsible for retaliation monitoring of staff to ensure compliance to standard 115.267. Notices of outcome of investigations were filed in investigative files for two of the cases. Notices were not served in the other three cases as the alleged victims were no longer assigned to the facility when the investigation was completed. It was recommended in those cases, a notice be prepared and indicate on the form the inmate was no longer at the facility at the conclusion of the investigation.

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

LaKim Burley, Facility Director
Alicia Villa, Case Manager Supervisor/PREA Compliance Manager
Rodney Huey, Operations Supervisor
Tracy Smith, Quality Assurance Manager
Tiffany Allen, Learning and Development Manager
Donna Tacker, Business/HR Manager
Mitchell Lewis, Food Service Manager
Heather Baltz, Director, PREA Compliance and Investigations

Observations and recommendations made were reviewed along with preliminary findings. The team was complimented on a very clean and orderly facility. They were thanked for their cooperation prior to the on-site visit and throughout the onsite audit process and were informed of the process that would follow the onsite audit visit.

Post Audit Phase

Following the On-Site Audit Phase, all documentation reviewed prior to the on-site visit and documentation received during the On-Site Phase was reviewed. Observations made during the site review of the facility and information gathered through interviews with inmates and staff were also reviewed. Through this review during the Post-Audit Phase, a determination was made of compliance to all of the PREA standards.

Facility Characteristics

The Turley Residential Center is located at 6101 N. Martin Luther King Jr. Boulevard, Tulsa, Oklahoma. The facility was formerly owned and operated by Avalon Correctional Services from 1997 until October 2015, when the facility was acquired by CoreCivic.

The Turley Residential Center consists of a single story main building, a stand-alone gymnasium, maintenance shop and a Program House with a garage on 40 acres of land. The rated capacity of the facility is 212 and on the first day of the audit, there were 50 inmates assigned to the facility.

Visitor and staff parking is located in the front of the main building with parking for agency vehicles on the side of the main building. All inmates, staff and visitors enter through the front door into a lobby

area that leads to a Security Office and are screened by security staff and property is searched. To the left of the entry door a secured door allows entry to administrative offices. To the right of the entry door there is a conference room, staff and visitors restrooms and a caustic room. Everyone entering into the facility walk through a metal detector and sit in a BOSS Chair. Inmates sign in and out manually and electronic entries of their whereabouts are documented in SecurManage. Inmates are breathalyzed when they return to the facility from being in the community and randomly selected for urinalysis.

From the Security Office, there is a large open area with tables with attached benches, vending machines, a microwave oven, inmate pay telephones, bookcases and a television. This area is used for dining, visitation, programming, activities or relaxation. A full service kitchen is located behind the large open area. Also in the main building there are offices for case managers, the employment specialist, two computer rooms, a classroom, a maintenance office, property room, two cells (not in use), an indigent laundry, a UA restroom and a transgender shower.

There are fourteen housing units, numbered from Dorm 1 – Dorm 14, located in two wings of the building. Due to the low census at the time of the onsite audit visit, only Dorms 2, 3, 4, 9 and 11 were occupied. Some dorms are designated for special purposes as follows:

Dorm 1:	Intake Dorm
Dorm 2:	Unemployed Dorm
Dorm 3:	Medical Dorm
Dorm 4:	Employed Dorm
Dorm 5:	Honor Dorm
Dorm 9:	Employed Dorm
Dorm 11:	Reflection Dorm (for inmates to process negative behaviors)
Dorm 13:	Indoor Workout Room
Dorm 14:	Staff classes/meetings/trainings

The dormitories are open bay with bunk beds, with the exception of the Dorm 3, the medical dorm, where there are only single beds. Dorms can house up to 20 inmates in each room. A room divider in the center of the room has a table and stools on each side and inmates each have an assigned locker. One camera is located in the right front corner of each dorm. At the far end of the dorm there is a laundry area with a washer and dryer. On each side of the laundry area there are restrooms. Each restroom has a shower with two shower heads, a sink and a toilet. Shower curtains provide added privacy and a sign instructs inmates that only one person is allowed to shower at a time.

There is an outdoor recreation area with a covered pavilion with tables with benches. The gymnasium is large with basketball hoops and one camera in the back left corner. Behind the gymnasium there is a softball field and soccer goals. The maintenance shed is to the right of the gymnasium.

The Program House was used for staff training, but now is used for special activities, most often parenting classes and Girl Scout activities with inmates.

Inmates of the Turley Residential Center are offered many in-house programming opportunities which include: Computer Lab, GED Classes, Muddy Paws, Resonance, Anger Management, Yoga/Pilates, Substance Abuse Treatment, NA/AA, and religious programming. Sixty-seven percent of the current population is employed outside in various businesses in the local community.

The facility has 39 cameras with two DVR's that retain data from 14 – 30 days. The DVR's are located in the computer room. Camera monitors are in the Security Office and on the desktops of the Facility Director and the Operations Supervisor.

The facility has three security shifts, 0100-0800, 0800-1600 and 1600-0100. Security Monitors conduct a total of 12 head counts in a 24-hour period and conduct safety checks every 30-40 minutes on each shift.

The facility has 25 employees and 127 volunteers. When the census increases, positions for five Monitor I's, one Monitor II and an Assistant Facility Director will be filled.

Summary of Audit Findings

The audit of the Turley Residential Center determined that the facility was found to exceed in four standards and meet compliance to the requirements of the remaining 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; 115.217; 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

There were no standards found to not meet the requirements of the standard.

Summary of Corrective Action (if any) N/A

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 and CoreCivic's Agency Policy Supplement (OP-030601 APS) 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 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 and she answers to the Senior Director, PREA Compliance and Programs. Page 1 of policy OP-030601 APS outlines the responsibilities of the PREA Coordinator and the PREA Compliance Manager. The agency's organizational chart depicts the PREA Coordinator's position within the agency and the facility's organizational chart illustrates the PREA Compliance Manager's position within the facility.

In interview with the agency's PREA Coordinator on 3/2/17, 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. Both the PREA Coordinator and the PREA Compliance Manager are knowledgeable of the PREA standards and understanding the importance of the PREA program for the sexual safety of the inmates of the Turley Residential Center.

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

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 residents 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 residents.) 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 residents 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 residents? (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 residents 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 residents 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 resident 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 agency 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 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 2018 staffing pattern was provided for review. The PREA staffing pattern mandates six security positions on the first shift and second shifts and five on the third shift. Currently, due to the low census, adjustments have been made to the staffing pattern per corporate office guidance.

Since the last PREA audit, the average daily population totaled 160 inmates and the average daily number of inmates on which the staffing plan was predicted was 212. On the first day of the onsite audit, the population totaled 50.

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, the Operation Supervisor will approve staff overtime to ensure there is adequate coverage of the shifts. In interview with the Facility Director, she reported she checks daily with the Operations Supervisor to ensure there is adequate coverage. ODOC performs random checks on staffing levels.

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 2017 *Annual PREA Staffing Plan Assessment* completed on 12/13/17 there were two additional Security Monitor positions were approved. The last *Annual PREA Staffing Plan Assessment* was completed on 12/31/18 and there were no recommendations for changes to the staffing plan.

According to ODOC OP-030601, page 10, section II-D and agency 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. These rounds are documented in the Log Book 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 residents, except in exigent circumstances? (N/A if less than 50 residents)
 Yes No NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents) 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 residents?
 Yes No

115.215 (d)

- Does the facility implement policies and procedures that enable residents 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 residents 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 residents for the sole purpose of determining the resident's genital status? Yes No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, 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 residents 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 ODOC policy OP-040110, *Search and Seizure Standards*, page 4 outlines the procedure of resident 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. Only female staff conduct strip searches and body cavity searches. 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): The facility does not permit cross-gender pat searches of female inmates except in exigent circumstances. Female inmates are not restricted access to regular programming or other outside opportunities as there are always female security staff on duty at all times. In interview with inmates and staff, they confirmed there is always female staff on duty on each shift.

115.215 (c): The facility would document any cross-gender strip searches, cross-gender body cavity searches or cross-gender pat searches of male staff in the event of exigent circumstances.

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 ODOC OP-030601, page 6, section II-C-5. The policy requires male 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 on the doors of all inmate rooms remind male staff to announce their presence before they enter resident rooms. 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 inmates for the sole purpose of determining the resident's genital status. If an inmates 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

115.215 (f): According to agency 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: Residents with disabilities and residents 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 residents 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: Residents who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that residents 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: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents 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: Residents who have intellectual disabilities? Yes No

- Does the agency take appropriate steps to ensure that residents 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: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents 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: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents 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 residents 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 residents with disabilities including residents 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 residents with disabilities including residents 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 residents with disabilities including residents 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 residents 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 resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident'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 policy ODOC OP-030601, page 14, Section VI, inmates who are deaf, hard of hearing, blind, with low vision, cognitive deficits, or otherwise disabled, as well as inmates who have limited reading skills are provided PREA education in formats they can understand. At the time of the audit, there were no inmates who were blind, with low vision, hard of hearing, with limited reading skills or cognitive deficits housed at the facility. There was one inmate who was hard of hearing, when interviewed she reported she lip reads well and had no problem understanding the PREA information she received upon intake.

115.216 (b): The agency/facility takes steps to ensure that inmate who are limited English proficient have access to all aspects of the Inmates view the *PREA: What You Need To Know* video within 72 hours of arrival to the facility 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 policy OP-030601), both available in English and Spanish. PREA information posted throughout the facility is in both English and Spanish. A contract with Language Line Services provides for the translation of any languages. At the time of the audit, there were no limited English proficient inmates.

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.

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 residents 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 residents 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 residents 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 residents 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 residents 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 residents 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 residents? Yes No

115.217 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with residents, 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 residents? 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 residents 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 residents 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 residents 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 agency 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 information provided on the Pre-Audit Questionnaire, in the past 12 months there were nine criminal background checks conducted.

115.217 (d): The agency requires that all contractors who may have contact with inmates have a criminal background checks. At this time, the Turley Residential 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. The Business/HR Manager uses a tracking document to track required 5-year criminal background checks to ensure completion.

115.217 (f): All applicants, employees, contractors 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. Review of personnel files, showed that this process is in place.

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. A contract with Thomas and Company provide employment and PREA verification upon request of substantiated allegations of sexual abuse or sexual harassment involving a former employee.

In review of the files of 14 employee files, initial criminal background checks are being completed per agency policy and standard requirements and every five years thereafter. Human resource files were in excellent order with documentation complete. The facility was found to exceed in the requirements of 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 residents 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 residents 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 residents from sexual abuse. Such considerations are documented on the 7-1B form. Since the last PREA audit, the facility has added 23 cameras.

In interview with CoreCivic's Executive Vice President and Chief Corrections Officer (Agency Head Designee) at the beginning of this reaccreditation 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, she confirmed that there have been no expansions or modifications to the facility and cameras were added since the last PREA audit.

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 residents 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. The Facility Director, the Learning and Development Manager and the Operations Supervisor of the Tulsa Transitional Center are the trained Facility Investigators who are responsible for administrative investigations of sexual abuse and sexual harassment. There are 15-trained investigators from the Oklahoma Department of

Corrections Office of Fugitive Apprehensions and Investigations that conduct criminal investigations of sexual abuse and sexual harassment.

115.221 (b): The evidence protocol is appropriate for youth, where applicable, and adapted from 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. On information provided on the Pre-Audit Questionnaire, in the past 12 months there was one inmate referred for a forensic exam.

115.221 (d): Per this provisions of this standard and policy requirements of 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. A copy of the MOU was provided for review.

115.221 (e): DVIS provides a victim advocate to accompany and support the resident victim through the forensic exam process and investigatory interviews as well as provide the victim with emotional support, crisis intervention, information and referrals. A copy of the MOU was provided for review.

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.

In a telephone interview with an investigator from the Oklahoma Department of Corrections Office of Fugitive Apprehensions and Investigations, he explained the process of investigations by his 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 ODOC Office of Fugitive Apprehensions and Investigations is responsible for conducting investigations of allegations of sexual abuse and sexual harassment reported at the Turley Residential Center. 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.

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 facility investigators they knew that all allegations of sexual abuse are to be referred to the ODOC Office of Fugitive Apprehensions and Investigations. In the past 12 months, there were five

PREA allegations administratively investigated. No allegations were investigated by the ODOC Office of Fugitive Apprehensions and Investigations.

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 residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents 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 residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents 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 residents 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 residents 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 residents 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 residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents 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 residents at the employee's facility? Yes No

- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.231 (c)

- Have all current employees who may have contact with residents 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): ODOC policy OP-030601, pages 11 & 12, section V-A-D, addresses the requirement for PREA training for employees of the Turley Residential Center. CoreCivic employees receive training on ODOC's Sexual Abuse and Sexual Harassment policy (OP-030601) at pre-service and annually at in-service. The agency's requirement of this training is found on pages 3 & 4 of agency 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 female inmates. An employee who is reassigned from a facility that house only male inmates will receive additional training.

115.231 (c): All employees receive annual PREA training. Between trainings, the facility has staff meetings and department head meetings where PREA is 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 14 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 also exceeded the requirements of this standard.

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 residents 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 residents 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 residents)? 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 ensures that volunteers 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 Turley Residential Center has 127 volunteers and no contractors.

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

115.232 (c): Volunteers sign a *Oklahoma Volunteer/Contractor Training Acknowledgement* form (attachment G of policy OP-030601) and sign a *Documentation of Volunteer Training*, attachment C of policy OP-090211, *Volunteer Services*, acknowledging review of the ODOC PREA Policy (OP-030601).

The PREA Compliance Manager maintains volunteer records. She provided a *Volunteer Data Grid Report*, which listed volunteer names and status of completion of volunteer training. In of five volunteer training files showed volunteers are receiving PREA training every two years. When interviewed two volunteers reported receiving PREA training and knew their responsibilities if an inmate alleged sexual abuse or sexual harassment to them and whom to report to.

Standard 115.233: Resident education

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

115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? Yes No
- During intake, do residents 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 resident is transferred to a different facility? Yes No

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? Yes No

- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? Yes No

115.233 (d)

- Does the agency maintain documentation of resident 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 residents through posters, resident 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, 270 inmates admitted to the Turley Residential 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. In information reported on the Pre-Audit Questionnaire, in the past 12 months there were no inmates who transferred from a different community confinement facility to the Turley Residential Center.

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 *Inmate Guide to Sexual Misconduct* handout (attachment B of policy OP-030601), both available in English and Spanish. A *PREA: What You Need to Know* video is viewed by inmates on day of arrival to the facility and is available in both English and Spanish. Language Line Services are utilized to relay PREA information to limited

English proficient inmates. At the time of the audit, there were no limited English proficient inmates assigned to the Turley Residential Center.

115.233 (d): Inmates acknowledge 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. In addition, inmates sign a form acknowledging receiving orientation on various topics including PREA. All documentation is maintained in inmate files. In review of 15 inmate files, the facility is maintaining documentation of PREA education for inmates.

115.233 (e): Ongoing information is provided continuously on posters, both in English and Spanish, prominently displayed in various locations throughout the facility. The Facility Director holds Town Hall Meetings two or three times a month where PREA is discussed. Recently at a Town Hall Meeting there were PREA games with questions and prizes awarded.

All inmates interviewed were aware of the zero-tolerance policy and methods of reporting sexual abuse and sexual harassment available to them. The facility was found to exceed in the requirements of this standard.

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): The Learning and Development Manager, the Operations Supervisor at Tulsa Transitional Center and the agency's Regional PREA Compliance Manager are trained investigators. Documentation provided for review showed they completed specialized training and certificates of completion of this training is maintained by the facility. In interview with the Facility Investigators, they confirmed completing specialized training as well as 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 Turley Residential 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 residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No
- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? 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 residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?
 Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident 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 residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident 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 residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? Yes No

115.241 (e)

- In assessing residents 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 residents 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 residents 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 resident's arrival at the facility, does the facility reassess the resident'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 resident's risk level when warranted due to a: Referral? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Request? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? Yes No

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

115.241 (h)

- Is it the case that residents 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 resident's detriment by staff or other residents? 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 5 & 6, section F, within 24 hours of admission to the Turley Residential 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. In interview with the PREA Compliance Manager she explained the process of screening assessments at the Turley Residential Center. Inmates interviewed confirmed being assessed on the first day of arrival to the facility.

115.241 (b): Per standard requirements, intake screening takes place within 72 hours of arrival to the facility. At the Turley Residential Center, intake screening takes place within 24 hours, exceeding in this provision of this standard. On information reported on the Pre-Audit Questionnaire, in the past 12 months 270 inmates were screened upon admission to the Turley Residential 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.

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 in agency policy OP-030601 APS, page 6, section F-3. Within 30 days of the inmate's arrival to the facility, the inmate is rescreened by 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 filed in inmate files and maintained in the records room. Only the Facility Director, the Case Manager Supervisor/PREA Compliance Manager, the Case Managers and the Senior Monitors have access to screening information.

In the record review of 15.random inmate records, initial screenings are being completed on inmates' day of arrival. In interview with and the PREA Compliance Manager 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 residents 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 residents 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 residents 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 residents 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 residents 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 resident? Yes No

115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents 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 residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.242 (d)

- Are each transgender or intersex resident'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 residents given the opportunity to shower separately from other residents? 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 residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents 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 residents, does the agency always refrain from placing: transgender residents 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 residents, does the agency always refrain from placing: intersex residents 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): Agency 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 residents at risk. In interview with the Facility Director, she explained how the facility utilizes information from the 14-2 CC-B form. Senior Monitors and Case Managers have instructions on bunk assignments to follow if an inmate scores at initial screening to be a victim, potential victim, predator or potential predator, which includes review of the *PREA Bed Assignment Overview* for proper dorm and bed assignments.

115.242 (c): Guidelines on housing and program assignments for the management of transgender and intersex inmates are outlined in ODOC policy OP-030601, page 17, section 1-b and agency policy OP-030601 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/her safety will be given serious consideration. Placement and programming assignments for transgender or intersex inmates is reassessed at least twice each year.

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 in a transgender restroom that is not in the housing area. At the time of the on-site audit, there were no transgender or intersex inmates assigned to the Turley Residential Center. In the past 12 months, there have not been any transgender or intersex inmates housed at the Turley Residential 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. In interview with two inmates who self-disclosed being lesbian and two who self-disclosed being bisexual, they reported they were not housed any differently because of their sexual orientation.

REPORTING

Standard 115.251: Resident 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 residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents 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 residents 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 resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident 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 residents? 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): Agency policy 030601 APS, page 8, section J-1 and ODOC policy OP-030601, page 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. Inmates interviewed knew the reporting options available to them.

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 are 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 resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident 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 residents 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 resident 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 resident 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 residents 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 resident 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 resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident 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 residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents 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 residents? (If a third-party files such a request on behalf of a resident, 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 resident declines to have the request processed on his or her behalf, does the agency document the resident'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 resident 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 resident 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 resident 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 resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident 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 Grievance Box.

115.252 (d): According to ODOC policy OP-090124, upon receipt of a grievance marked "emergency" or "sensitive", the reviewing authority will have 24 hours to determine if it is in fact an emergency or sensitive grievance. If so, an expedited review will be conducted and a response provided to the inmate 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.

115.252 (g): 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.

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

Standard 115.253: Resident 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 residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents 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 residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.253 (b)

- Does the facility inform residents, 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 residents 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 agency policy 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 (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 the Domestic Violence Intervention Services Crisis Line for emotional support are confidential and will not be reported to the Turley Residential Center or to the Oklahoma Department of Corrections.

115.253 (c): The facility has an MOU with DVIS and a copy of the MOU was provided for 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 a resident? 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 agency policy 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 Prison Rape Elimination Act Zero Tolerance Acknowledgments 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 RESIDENT 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 residents 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 residents 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 agency 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 residents 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 Office of Inspector General and the 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 Turley Residential Center does not employ medical or mental health staff.

115.261 (d): The Turley Residential Center houses adult female 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 that 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 resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? 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 agency policy

OP-030601 APS requires that when it is learned 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 in the PREA files, 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. The Facility Director stated she would report information to ODOC and investigate immediately if she felt an inmate was at risk of sexual abuse. In interview with the Executive Vice President and Chief Corrections Officer (agency head designee), he reported staff would take immediate actions to protect the inmate. They may remove the inmate from the area or certain people. Staff interviewed were aware of their responsibilities if they felt an inmate was at risk for sexual abuse.

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 resident 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 that an inmate was sexually abused while housed at the Turley Residential Center, the Facility Director will ensure that the allegation is investigated in accordance with the PREA standards and notification is made to the Office of Inspector General.

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 her responsibilities of reporting and documenting allegations received from other facilities.

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 resident 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 resident 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 resident 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 resident 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 agency 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 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.

In review of investigative files and in interview with the facility investigator, in the past 12 months, there were five allegations of sexual abuse reported and in each case a non-security staff member were the first to hear of the allegation.

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): Agency 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 Turley Residential Center that includes the Facility Director, the PREA Compliance Manager and the Operations Supervisor.

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 residents 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 residents 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): Agency policy 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 CoreCivic from removing alleged staff sexual abusers from contact with residents 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 into would not limit the agency from removing alleged staff sexual abusers from contact with inmates pending the outcome of an investigation and 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 residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents 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 resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents 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 residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents 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 residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents 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 resident 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 resident 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 resident 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 residents, 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): One Case Manager who is backup for the PREA Compliance Manager has been tasked with retaliation monitoring of inmates and the Facility Director is responsible for monitoring staff 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 through investigation it is determined the allegation is unfounded.

In interview with the Executive Vice President and Chief Corrections Officer (agency head designee), he reported staff are trained, especially supervisory staff, of this requirement. Facilities would consider shift changes for staff and housing changes for inmates. 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 to be filed in the corresponding investigative files. In review of investigative files this process was not in place. The issue was addressed on the last day of the audit and it was determined retaliation monitoring for inmates will now be the responsibility of a Case Manager who serves as a backup for the PREA Compliance Manager in her absence and retaliation monitoring of staff will be the responsibility of the Facility Director.

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 resident or staff? Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident 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 received specialized training to conduct investigations in confinement settings. The Learning and Development Manager, the Operations Manager of the Tulsa Transitional Center and the agency's Regional PREA Manager completed specialized training for conducting administrative investigations of sexual abuse and sexual harassment at this facility. The facility provided the training curriculum of the *PREA: Investigation Protocol* training and certificates of completion of this training for review.

115.271 (c): Per ODOC 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 Sheriff's Department. Since the last PREA audit, three allegations of sexual abuse were referred for prosecution.

115.271 (i): According to policy 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 (I): The facility shall cooperate with outside investigators and remain informed of the progress of the investigation through communication with outside investigators. In interview with the PREA Coordinator, communication with outside agencies who investigate sexual abuse allegations, communication varies from facility to facility. Some have better relationships with these outside investigators than others.

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 for criminal investigation or possible prosecution.

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*)

Based on ODOC policy OP-0306091, page 6, section III and agency 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 residents

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

115.273 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident 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 a resident'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 resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.273 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident 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 resident's allegation that he or she has been sexually abused by another resident, 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 resident's allegation that he or she has been sexually abused by another resident, 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): ODOC 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.

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.

In information provided on the Pre-Audit Questionnaire and in review of the investigative files, there were five allegations of sexual abuse reported in the past 12 months and one *Notification of Investigation Status* form was presented to two alleged victim at the conclusion of the investigations. The alleged victims of the remaining three allegations were no longer assigned to the facility at the conclusion of the investigations.

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 were no staff disciplined, terminated or who resigned due to violating ODOC or CoreCivic's sexual abuse and 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 residents? 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 residents? 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 030601 APS, page 14, section N-3, any volunteer or contractor who engages in sexual abuse is prohibited from contact with residents 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. The facility has 127 volunteers and no contractors.

In interview with the Facility Director and documentation provided on the Pre-Audit Questionnaire, in the past 12 months the Turley Residential Center has not received any reports of sexual abuse of residents by any of the facility’s volunteers.. The Facility Director stated that if a volunteer violated the agency’s zero-tolerance policy, an investigation would follow and the volunteer would no longer be allowed access to the facility pending the outcome of the investigation.

Standard 115.278: Interventions and disciplinary sanctions for residents

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

115.278 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents 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 resident’s disciplinary history, and the sanctions imposed for comparable offenses by other residents 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 resident’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 resident 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 resident 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 residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)
 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 agency policy 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 Turley Residential 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.

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 resident 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 resident 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 Turley Residential 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 while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis as stated in ODOC policy OP-140118, page 3, section C-4.

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 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 residents 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 resident 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 resident 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 resident-on-resident 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 Turley Residential 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 to a nearby ODOC Correctional Institution for ongoing medical services and referred to Domestic Violence Intervention Services or to Family and Children Services 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): According to ODOC policy OP-140118, page 6, section 5-j, if a victim is a female of childbearing age, a pregnancy test will be done.

115.283 (e): If pregnancy results from the sexual abuse, inmate victims will receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

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 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 identity, 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, incident reviews were conducted at the conclusion of investigations found to be substantiated and unsubstantiated. 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 residents? (N/A if agency does not contract for the confinement of its residents.) 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 agency 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, was found to exceed 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>. The ODOC 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 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, residents, and detainees?
 Yes No

115.401 (n)

- Were residents 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 agency policy 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 Correctional Services. This audit is the first PREA audit of the Turley Residential Center while under the ownership of CoreCivic.

115.401 (h): During the audit, I was allowed access and I was able to observe all areas of the Turley Residential 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 prior to 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 Turley Residential 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 (f): In compliance with the National PREA Standards, I certify by my signature in the *Auditor Certification* Section of this report that no conflict of interest exists with my ability to conduct this audit.

In thorough review of CoreCivic's policy 030601 APS and ODOC policies along with agency procedures were found to comply with relevant PREA standards.

For each PREA standard, I made a determination of a finding of Exceeds Standard, Meets Standard or Does Not Meet Standard. See page 10 for a summary of audit findings for each of the PREA standards.

This report describes the methodology, sampling sizes and basis for my conclusions as required. I have redacted any personal identifiable resident or employee information, but I can provide such information to CoreCivic or to the Department of Justice upon request.

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

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 resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Barbara Jo Denison
Auditor Signature

March 25, 2019
Date