

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

Interim     Final

**Date of Interim Report:** December 19, 2020

**Date of Final Report:** March 19, 2021

## Auditor Information

**Name:** K. E. Arnold

**Email:** [kenarnold220@gmail.com](mailto:kenarnold220@gmail.com)

**Company Name:** KEA Correctional Consulting LLC.

**Mailing Address:** P.O. Box 1872

Castle Rock, CO 80104

**Telephone:** (484)999-4167

November 3-5, 2020

## Agency Information

**Name of Agency:**

CoreCivic

**Governing Authority or Parent Agency (If Applicable):**

NA

**Physical Address:** 5501 Virginia Way, Suite 110

**City, State, Zip:** Brentwood, Tennessee 37027

**Mailing Address:** SAA

**City, State, Zip:** SAA

**The Agency Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

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

## Agency Chief Executive Officer

**Name:** Damon. T. Hininger, President and Chief Executive Officer

**Email:** [Damon.Hininger@corecivic.com](mailto:Damon.Hininger@corecivic.com)

**Telephone:** 615-263-3000

## Agency-Wide PREA Coordinator

**Name:** Eric S. Pierson, Senior Director, PREA Compliance and Programs

<b>Email:</b> <a href="mailto:eric.pierson@corecivic.com">eric.pierson@corecivic.com</a>	<b>Telephone:</b> 615-263-6915
<b>PREA Coordinator Reports to:</b> Steven Conry, Vice President, Core Services	<b>Number of Compliance Managers who report to the PREA Coordinator</b>  68 (indirect)

## Facility Information

**Name of Facility:** Davis Correctional Facility

**Physical Address:** 6888 East 133 Road

**City, State, Zip:** Holdenville, Oklahoma 74848

**Mailing Address (if different from above):**  
SAA

**City, State, Zip:** SAA

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Facility Type:**

Prison

Jail

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

**Has the facility been accredited within the past 3 years?**  Yes  No

**If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):**

ACA

NCCHC

CALEA

Other (please name or describe:

N/A

**If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:**

### Warden/Jail Administrator/Sheriff/Director

**Name:** Mark Gentry

**Email:** [mark.gentry@corecivic.com](mailto:mark.gentry@corecivic.com)

**Telephone:** 405-379-4001

### Facility PREA Compliance Manager

**Name:** Michael D. Moriarity

**Email:** [michael.moriarity@corecivic.com](mailto:michael.moriarity@corecivic.com)

**Telephone:** 405-379-4002

### Facility Health Service Administrator N/A

**Name:** Ray Larimer

**Email:** [ray.larimer@corecivic.com](mailto:ray.larimer@corecivic.com)

**Telephone:** 405-379-4022

Facility Characteristics	
Designated Facility Capacity:	1720
Current Population of Facility:	1663
Average daily population for the past 12 months:	1549
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males
Age range of population:	18-70 plus
Average length of stay or time under supervision:	830 days
Facility security levels/inmate custody levels:	Medium and Maximum
Number of inmates admitted to facility during the past 12 months:	856
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	856
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :	856
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	<input checked="" type="checkbox"/> N/A
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <input type="checkbox"/> <input type="checkbox"/> N/A

Number of staff currently employed by the facility who may have contact with inmates:	301
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	97
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	7
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	62
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	77
<b>Physical Plant</b>	
<p><b>Number of buildings:</b></p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	12
<p><b>Number of inmate housing units:</b></p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	16
<b>Number of single cell housing units:</b>	11
<b>Number of multiple occupancy cell housing units:</b>	5
<b>Number of open bay/dorm housing units:</b>	0

Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	56
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Medical and Mental Health Services and Forensic Medical Exams</b>	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input checked="" type="checkbox"/> Other (please name or describe: Shawnee Hospital)
<b>Investigations</b>	
<b>Criminal Investigations</b>	
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other: ODOC OIG <input type="checkbox"/> <input type="checkbox"/> N/A
<b>Administrative Investigations</b>	
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	One plus an additional trained investigator.
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity

<p><b>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</b></p>	<p> <input type="checkbox"/> Local police department  <input type="checkbox"/> Local sheriff's department  <input type="checkbox"/> State police  <input type="checkbox"/> A U.S. Department of Justice component  <input type="checkbox"/> Other (please name or describe):  <input checked="" type="checkbox"/> N/A </p>
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## Audit Findings

### Audit Narrative

The Prison Rape Elimination Act (PREA) on-site audit of the Davis Correctional Facility (DCF) in Holdenville, OK was conducted November 3-5, 2020, by K. E. Arnold from Castle Rock, CO, a United States Department of Justice Certified PREA Auditor for both juvenile and adult facilities. Pre-audit preparation included review of all materials and self reports uploaded to a secure electronic program.

The documentation review included, but was not limited to, agency and facility policies, staff training slides, completed forms regarding both staff and inmate training, Memorandums Of Understanding (MOUs), organizational chart(s), Core Civic (CC) PREA brochure (tri-fold), Oklahoma Department Of Corrections (ODOC) PREA brochure, inmate education materials, photographs of PREA related materials (e.g. posters, etc.), executed Human Resource (HR) documents associated with relevant PREA standard(s), staff training certifications, and Victimization/Aggressor screenings. This review prompted several questions and informational needs that were addressed with the DCF PREA Compliance Manager (PCM). The majority of informational needs were addressed pursuant to this process.

Following conclusion of the on-site audit, the auditor spoke with a victim advocate (VA) from Project Safe. As mentioned in various locations throughout this report, Project Safe VAs provide victim advocacy services to DCF inmates if warranted and/or requested, pursuant to the conditions specified in the narrative for 115.21(d). When questioned as to the frequency of interaction with inmates from DCF and/or staff requests regarding sexual abuse allegations on behalf of alleged DCF inmate victims of sexual abuse, the VA responded the same equates to one-to-times annually. In other words, interaction is very infrequent.

The auditor met with the Warden, Warden's Secretary, Assistant Warden/PCM, Assistant Warden, chief of security (COS), chief of unit management (C of UM), quality assurance (QAM), QA administrative clerk, fire safety officer, administrative captain, and four unit managers at 8:00AM on Monday, November 3, 2020. The auditor provided an overview of the audit process and advised all attendees the same would be facilitated in the least disruptive manner possible. Additionally, the auditor advised attendees of the tentative schedule(s) for the conduct of the audit. Between 8:30AM and 12:30PM, the auditor toured the entire facility with the Warden, PCM, COS, C of UM, QAM, and various unit managers/unit staff, lieutenants, captains in attendance at various stages of the tour.

It is noted the rated capacity of DCF is 1720 inmates and the institutional count on November 3, 2020 was 1663 inmates.

During the on-site audit, the auditor was staged in several unit offices, an office in the records department, and the PCM's Office for document reviews and facilitation of confidential interviews with staff/inmates. Inmate interviews were facilitated in staff offices located in various units. The auditor randomly selected (from an inmate roster provided by the DCF PCM) and interviewed 41 inmates on-site pursuant to the Random Inmate Interview Questionnaire. At least one inmate (representative of the total



sample of inmate interviewees) was interviewed from each living pod throughout the facility, with the exception of one pod wherein occupants were quarantined as the result of COVID-19. The auditor notes that he received three letters from inmates in advance of the on-site audit and all three were interviewed. Two were interviewed as random inmates and one was interviewed pursuant to specialty questionnaire(s).

One inmate letter was received subsequent to completion of the on-site audit and the author advised he used a fictitious name. Accordingly, neither response to the letter nor on-site interview is/was possible. The auditor notes the issue presented was a policy/procedure matter more appropriate for DCF administrators as neither the fact pattern (as presented) nor the subject-matter appears to constitute sexual abuse/harassment.

Nineteen of the 41 random inmate interviewees were also interviewed pursuant to specialty interviewee questionnaires. Accordingly, 22 interviewees are counted as random inmate interviewees only.

The auditor interviewed five inmates who assert they have either been sexually abused at DCF and another inmate described an alleged scenario more indicative of sexual harassment. Additionally, the auditor interviewed one inmate with low hearing, one inmate with physical disabilities, four inmates with mental health concerns, and one Limited English Proficient (LEP) inmate. Two transgender inmates (one reported sexual abuse that occurred at another facility), four inmates who reported sexual abuse/harassment (one sexual abuse in the community), and two inmates who reported as gay,/bisexual were also interviewed pursuant to specialty questionnaires.

The PCM advised there were no inmate(s) confined within the facility during the on-site audit who were placed in Segregation for high risk of sexual victimization nor were there any youthful offenders.

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

Of note, 37 of 41 interviewees assert they feel safe at DCF. Two interviewees articulated their sexual orientation made them feel uncomfortable as some other inmates watched them. The other two interviewees had lodged allegations of sexual abuse and the same were investigated.

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

The following specialty staff questionnaires were utilized during this review:

Agency Head  
Warden or Designee  
PREA Coordinator (1), DCF PCM (1)  
Designated Staff Charged with Monitoring Retaliation (1)  
Incident Review Team (1)  
Human Resources (1)  
Investigator (2 ODOC OIG Investigator)  
Intermediate or Higher Level Facility Staff (2)  
Medical Staff (1)  
Mental Health Staff (1)  
SAFE/SANE Staff- (1)  
Intake (1)

Staff Who Perform Screening for Risk of Victimization and Abusiveness (2)  
Security and Non-Security Staff Who Have Acted as First Responders (one security and one non-security)  
Staff Who Supervise Inmates in Segregated Housing (1)  
Non-medical Staff Involved in Cross-Gender Strip or Visual Searches (1)  
Contractors (2) and volunteers (2) who have contact with Inmates

The auditor notes the PCM was also interviewed pursuant to the Incident Review Team questionnaire.

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

It is noted CC is the umbrella company for DCF.

The auditor reviewed 15 Staff Training records, 16 inmate files, 14 staff/contractor HR files, six PREA investigative files, and other records reflected throughout the following narrative prior to the audit, during the audit, and subsequent to completion of the same.

On November 3, 2020, the auditor was processed into the facility at the facility Front Entrance. Standard security processing was employed.

During the facility tour, the auditor noted Ethics Liaison posters (staff private reporting mechanism) were posted in Staff Assembly Area(s). PREA Audit Notices were prevalent throughout the facility, inclusive of the housing units, pods, program areas, etc.

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

There are 16 housing units (pods) (comprised of cells) at DCF. Eleven single cell pods and segregation cell space in the amount of 56 cells are included in this assessment. Supervision is addressed in the narrative for 115.13.

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

The auditor noted ample camera surveillance (272 cameras) in all areas, inclusive of programs and operations areas. It is also noted cameras are mounted in key areas outside buildings and recreation areas.

The auditor observed camera monitoring, particularly focusing on camera placements and the degree of inmate exposure in their cells and shower areas. COs provided the auditor several different views of housing unit/pod/program/operational area cameras and he found no evidence of inmate exposure in violation of PREA standards and expectations. There are no cameras in housing unit inmate cells and toilet/shower areas, with the exception of suicide cells as discussed in the narrative for 115.15.

During the tour, the auditor did note properly shielded (shower curtains) shower areas, with the exception of the showers noted in the narrative for 115.15. Additionally, toilet areas are properly shielded by doors. Of note, there are windows in each cell. Staff offices likewise have windows in the door.

## Facility Characteristics

DCF operates pursuant to contract with the Oklahoma Department of Corrections (ODOC) and daily security/programmatic and PREA operations are focused on ODOC/CC policies, procedures, and practices. Convicted and committed ODOC inmates are housed at DCF.

The Core Civic- DCF, located at 6888 East 133 Road, Holdenville, OK, was built in 1996 by the Holdenville Housing Authority. Corrections Corporation of America (CCA), the predecessor to Core-Civic, began operation of the facility beginning with the opening of the facility. This facility was initially built as a treatment and programming facility.

In 1997, CCA bought the facility from the housing authority. At a point during the history of operation of the facility, it was closed for a period of time but reopened when ODOC contracted with CC to house medium and maximum-security inmates.

DCF promotes the unit management philosophy. Unit management provides a decentralized management structure allowing specific unit teams to collectively make decisions that are best for the inmates. Unit Management provides for consistency in direct supervision as inmates with similar needs or risk factors are housed together.

The CC Mission Statement reads as follows.

We help government better the public good through:

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

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

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

## Summary of Audit Findings

### Standards Exceeded

Number of Standards Exceeded: 3  
List of Standards Exceeded: 115.31, 115.52, 115.88

### Standards Met

Number of Standards Met: 42

### Standards Not Met

Number of Standards Not Met: 0  
List of Standards Not Met:

# PREVENTION PLANNING

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

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

### 115.11 (a)

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

### 115.11 (b)

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

### 115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)  Yes  No  NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

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

The Zero Tolerance policy is clearly articulated in Core Civic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 1-33, and Oklahoma Department of Corrections (ODOC) OP-030601 entitled Facility Operations Prison Rape Elimination Act, pages 2 and 5. Additionally, all other requirements articulated in this provision are likewise addressed throughout the previously referenced CC policy and the majority of the aforementioned ODOC policy. The CC policy is comprehensive, incorporating both standards and implementation language.

In view of the above, the auditor finds DCF to be substantially compliant with 115.11(a).

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

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

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

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

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

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

CC APS-030601 entitled Oklahoma Prison Rape Elimination Act, page 1 identifies both the CCPC and DCF PCM by title. A brief outline of duties is also articulated within the document.

The DCF PCM asserts he does have sufficient time to manage his PREA related responsibilities. He is able to monitor the multiple PREA functions in conjunction with his responsibilities as AWP. Specifically, pursuant to management by wandering around (MBWA) of the facility on a weekly basis, he walks and talks with both staff and inmates. This results in knowledge of the inmate population and operational effectiveness, inclusive of PREA. Observation of facility/staff/inmate characteristics results in change(s), if required.

In view of the above, the auditor finds DCF substantially compliant with 115.11.

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

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

**115.12 (a)**

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

**115.12 (b)**

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

**Auditor Overall Compliance Determination**

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

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

The auditor finds DCF to be substantially compliant with 115.12. No deviations from standard provisions have been identified.

**Standard 115.13: Supervision and monitoring**

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

**115.13 (a)**

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative

agencies? X  Yes  No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? X  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? X  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? X  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? X  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? X  Yes  No  NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? X  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? X  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? X  Yes  No

#### 115.13 (b)

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

#### 115.13 (c)

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

#### 115.13 (d)

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

#### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports CC requires each facility to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect inmates against sexual abuse. Since the last PREA audit, the average daily number of inmates is reported as 1657 and the staffing plan is predicated on a daily average of 1656 inmates.

CC APS 030601 entitled Oklahoma Prison Rape and Elimination Act, pages 2 and 3, section Supervision and Monitoring, A(1-3)(a-k) addresses 115.13(a).

The auditor's review of Staffing Plans and Annual PREA Staffing Plan Assessments dated October 30, 2018 and November 15, 2019 reveals the same are substantially compliant with 115.213(a). All requisite criteria are addressed in the Annual PREA Staffing Plan Assessments and the same are reviewed and approved by the DCF PCM, Warden, CCPC, and Vice President Business Unit. The auditor finds the Annual Staffing Plans and Assessments to be compliant with 115.13(a) and (c).

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

The Warden asserts the facility does have a staffing plan. Adequate staffing levels to protect inmates against sexual abuse and video monitoring are considered in the plan. Direct staff supervision and camera/mirror augmentation are considered. The staffing plan is documented, forwarded to, and maintained electronically at corporate. Additionally, a hard copy is maintained in the Warden's, PCM's, and QAM's Offices.

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

- a. Considerations regarding generally accepted detention and correctional principles center on an analysis of the areas to which inmates have access, is there proper camera and mirror surveillance in those areas to augment physical supervision, are all units/pods covered with some form of direct supervision, and the dynamics of line of sight and blind spots? Units A, B, C, and D consist of triangular construction, thereby enhancing line of sight and staff supervision. A correctional officer is assigned to every pod and unit.
- b. There has been no judicial findings of inadequacy during this audit period.
- c. There has been no findings of inadequacy from federal investigative agencies.
- d. There has been no findings of inadequacy from internal or external oversight bodies. During the last PREA audit, the lack of camera pixilation in the suicide cells was identified as a concern and the same was summarily addressed. The auditor observed the operational status during the facility tour.



- e. Blind spots and line of sight are addressed above, as well as, a brief synopsis of the physical plant. PREA vs. physical plant considerations are always assessed pursuant to daily/weekly management by walking around (MBWA) rounds (facilitated by management staff in addition to requisite line staff rounds) with findings subsequently documented.
- f. Every month, racial balances in every unit are reviewed. Additionally, the LGBTI population is monitored in terms of sexual safety issues. Security Threat Groups (STGs) are always monitored. Forty-eight to fifty-one percent of the inmate population are identified as STGs. No consistent issues have been identified with respect to either LGBTI or STGs.

The DCF inmate population is fairly young in terms of age. There are a couple programming units where elderly inmates gravitate. STGs are spread throughout the facility and if any issues are identified, inmates can be moved to other pods/units and/or staffing can be saturated in the affected area(s).

- g. The number and placement of supervisory staff is acceptable. The supervisory staff to security staff ratio is adequate. Unit Management is critical within the housing units as oversight and supervision is amplified. Additionally, sergeants work the night shift in E and F units (high security units) and captains/lieutenants are assigned to both 12-hour shifts.
- h. In regard to institution programs occurring on a particular shift, numbers of inmate participants, as well as, group participants are monitored. If additional staff are needed in the area(s), the institution schedule may be modified and staff saturation may be implemented. Generally, there is some excess in the roster to accommodate necessary deployments.
- i. DCF is under contract with ODOC and accordingly, Oklahoma PREA standards/policies (as applied to ODOC) and Oklahoma Statutes are employed at DCF. Additionally, some CC policies and procedures are employed.
- j. The prevalence of substantiated and unsubstantiated incidents of sexual abuse is considered in the staffing plan and any corresponding requests for increased staffing. If the number of substantiated/unsubstantiated cases increases, staffing increase requests may be considered if adequate realignment of the roster cannot fix the issue.

Of note, ODOC OIG generally conducts sexual abuse investigations. Within 72 hours of the report, a corporate review is conducted, followed by an institutional sexual abuse incident review (SAIR). Programs and operations are assessed and adjusted based on SAIRs.

- k. Any other factors, outside the scope of the above, would be considered in staffing plan development.

In regard to checks for compliance with the staffing plan, the chief of security, Warden, both assistant wardens and the master scheduler review rosters daily to ensure all security posts are filled.

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

In regard to generally accepted detention and correctional practices, DCF is American Correctional Association (ACA) certified and staffing is considered pursuant to that audit process. CoreCivic establishes the skeleton staffing plan, forwards the same to the Warden for consideration, and facility staff make positive or negative recommendations.

CoreCivic also deploys subject-matter experts to assess blind spots, etc. regarding camera implementation. The PCM is a key player in terms of local input. Assessments are made during staffing plan reviews.

In regard to judicial findings of inadequacy, there are none at DCF. If there are any judicial findings, a solution or proposed solution is developed, if warranted. If not warranted, the rationale is documented.

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

In regard to the physical plant, there were no physical changes to the same during this audit period. Electronic monitoring and staffing levels are sufficient. MBWA factors, as described in the Warden's narrative above, also factor into this equation.

We are staffed appropriately to address the maximum/medium security level population housed at DCF and movement of those inmates throughout the facility. A maximum unit and an STG declassification unit are included in such considerations. Racial balances and the LGBTI population present no concerns.

We have sufficient supervisory staff between unit management and security supervisors. Sergeants factor into the security supervisor complement. Population factors are considered and supervisory coverage is a focus.

When considering staffing needs based on programs occurring on a particular shift, DCF administrators consciously monitor work assignments to ensure population considerations are taken into account. If an increase in gang members is noted in a particular program area, close monitoring would be invoked. If it is determined additional staff supervision is required, the roster would be adjusted to accommodate the same.

CC contracts with ODOC for housing of ODOC inmates at DCF. Accordingly, operations are based on Oklahoma laws, regulations, and standards. Additionally, some CC policies, which parallel ODOC policies, are implemented.

After Action reviews and SAIRs provide necessary considerations regarding substantiated and unsubstantiated incidents of sexual abuse.

The PCM asserts it is absolutely essential to synthesize all information received on a daily basis and implement corrective action when and where necessary.

Pursuant to the PAQ, the Warden self reports each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. The Warden further self reports zero deviations from the staffing plan occurred during the last 12 months.

CC APS 303601 entitled Oklahoma Prison Rape and Elimination Act, page 3, section Supervision and Monitoring, A(7) and (8) addresses 115.13(b).

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

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

The Warden further asserts male staff are always scheduled on each shift.

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

CC APS 030601 entitled Oklahoma Prison Rape and Elimination Act, page 3, section Supervision and Monitoring, A(5)(a-c) addresses 115.13(c).

The auditor notes the inmate sexual safety staffing plan is reviewed and updated annually pursuant to the process described in the narrative for 115.13(a).

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

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

ODOC OP 030601 entitled Oklahoma Prison Rape and Elimination Act, page 6, section II(D) addresses 115.13(d).

The auditor's review of four completed CC Safety, Security, and Sanitation Reports for four separate units reveals Unannounced PREA Rounds were completed. The documents are signed by the shift supervisor with times noted regarding the rounds. Documents cover both shifts on two separate days.

The two intermediate or higher facility level staff interviewees assert they facilitate unannounced sexual safety rounds. Both interviewees assert they complete unannounced rounds each shift, documenting the same in the pod log books. During the late evening and early morning hours, a low beam flashlight is used.

Rounds are made in each unit and program/operational area on a weekly basis. Control Center Officers log each captain's rounds in the control center log book. Each captain then completes the shift report, documenting the conduct of sexual safety rounds on each shift.

One interviewee asserts control center staff are the only staff aware of the captain's rounds. He/she enters the unit in a non-routine entry that is accessed by the control center officer. Radio transmissions are handled in a non-traditional manner. Additionally, no patterns are established.

The other interviewee asserts there is no consistency in the conduct of rounds, either in time or sequence. Additionally, diversion is established pursuant to other techniques, thereby creating confusion as to the sequence of unit visits.

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

During the facility tour, the auditor validated the above interviewee statements regarding documentation of sexual safety rounds. Validation was accomplished pursuant to interviews with control center officers, as well as, random review of pod log books and shift reports.

In view of the above, the auditor finds DCF substantially compliant with 115.13.

## Standard 115.14: Youthful inmates

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

#### 115.14 (a)

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

#### 115.14 (b)

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

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

#### 115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)  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*)

Youthful inmates are not housed at DCF. The Warden validated the same pursuant to a notation on a PREA Standards Checklist form.

In addition to the above, the auditor's on-site observations clearly validate youthful inmates are not housed at DCF.

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

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

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

#### 115.15 (a)

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

#### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)  Yes  No  NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)  Yes  No  NA

### 115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? X  Yes  No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.)  Yes  No X  NA

### 115.15 (d)

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

### 115.15 (e)

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

### 115.15 (f)

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

### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports cross-gender strip or cross-gender visual body cavity searches of inmates can be conducted at DCF. The Warden further self-reports no cross-gender strip or cross-gender body cavity searches of inmates were conducted at DCF during the last 12 month period.

CC Policy 9-5 entitled Searches of Inmates/Residents and Various Locations, page 3, section C(5) addresses 115.15(a). As previously mentioned, DCF is a private contract facility engaged in a business relationship with ODOC. Accordingly, compliance with ODOC policy, as well as CC policy, is requisite to the agreement.

Pursuant to the non-medical staff involved in cross-gender strip or visual searches interviewee, female staff do not conduct cross-gender strip or visual searches at DCF. When questioned regarding circumstances wherein cross-gender strip or visual searches might be warranted, the interviewee stated when an inmate had a weapon in his possession, the same would constitute such a basis.

The auditor found no evidence of cross-gender strip or body cavity searches of inmates during the last 12 months.

Pursuant to the auditor's observations during the on-site audit, female inmates are not housed at DCF. Accordingly, the conduct of cross-gender pat searches of female inmates at DCF is not applicable [115.15(b)].

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

CC PCN 9-5 entitled Searches of Inmates/Residents and Various Locations, page 3, section 9-5.5 C(5) and (6)(e) addresses 115.15(c). All such searches, as defined in 115.15(c) are documented on the Form 5-1B (Notice to Administration).

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

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

ODOC OP-030601 entitled Oklahoma PREA, page 6, section II(C)(2 and 5) addresses this provision.

The auditor's review of the DCF Inmate Handbook, page 32, section 31(B) clearly requires inmates to be properly attired at all times, with the exception of showering. Accordingly, the same minimizes accidental viewing as described in this provision.

During the facility tour, the auditor reviewed facility cameras. At the time of the tour, female staff were assigned to the area where the monitors are maintained. Reportedly, these are the only facility cameras wherein housing and program area interior spaces are monitored by line staff. The auditor's review of these cameras validated the aforementioned statement as the auditor noted the cameras do not capture cell interiors nor shower areas. It is noted each cell contains a toilet.

As is typical with suicide watch/some hospital cells, the same DCF cells were equipped with cameras. The auditor's review of the monitor clearly reveals the same are pixilated, thereby removing any 115.15(d) concerns.

Thirteen of the 22 random inmate interviewees assert female staff announce their presence when entering housing units. In regard to query as to whether inmates are ever naked in full view of female staff while toi-

leting, showering, or changing clothing, 19 of the 22 random inmate interviewees responded in the negative. The interviewees who assert they can be observed by staff of the opposite gender while showering allude to the shower stall situation mentioned in the following paragraphs.

All 12 random staff interviewees assert female staff announce their presence when entering a housing unit. Random staff interviewees (male) also validated the assertions of female staff interviewees.

All 12 random staff interviewees assert inmates are able to dress, shower, and toilet without being viewed by staff of the opposite gender.

During the facility tour, the auditor observed female staff announce their presence when entering a housing pod or unit. Additionally, the auditor observed a painted notice at each pod entry area reflecting that opposite gender staff must announce their gender upon entering the area.

During the facility tour and subsequent inmate interviews, the auditor noted showers in E and F Units are inadequate in terms of 115.15(d) protection. Both units are high security units and if an opposite gender staff member moved too close to the existing shower shield configuration (the actual shower door), she could observe genitalia. Additionally, if she positioned herself on the top tier, she could likewise observe genitalia pursuant to observation into the multiple occupancy shower area. Accordingly, the auditor alerted the Warden and PCM of this finding, recommending that an additional eight-ten inch barrier be added to the top of the existing middle frame structure.

To provide immediate relief, maintenance staff installed a temporary eight-10 inch fabric shield on the outside of each shower door in affected areas. Permanent stainless steel or metal fabrication has been ordered and the same will be installed (presumably welded) within the next month. This should provide sufficient shielding.

**The auditor notes he has been provided photographs of the corrective action implemented at this time. He is reasonably assured the same is sufficient however, the PCM will provide additional photographs once permanent shielding is installed, reflective of the view from ground level, as well as the upper tier level.**

In view of the above, the auditor finds no basis for a finding as the issue was recognized and remediated in rapid fashion. Once final corrective action is accomplished, requisite photographs will be included in the audit file.

Pursuant to the PAQ, the Warden self reports there is a DCF policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. According to the Warden, no such searches have been conducted during the past 12 months.

CC PCN 9-5 entitled Searches of Inmates/Residents and Various Locations, page 1, section 9-5.5 A(4) addresses 115.15(e).

Eleven of the 12 random staff interviewees assert the facility prohibits staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. The 11 interviewees were aware of the policy governing the same.

Both transgender/intersex inmate interviewees assert they don't believe they were strip searched solely for the purpose of determining genital status. It is noted all incoming inmates at DCF are strip searched for security purposes.

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

The auditor's review of the CC Facilitator Guide regarding Search Procedures reveals the same clearly addresses proper conduct of searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

The auditor's review of training rosters dated March, May, July, and September, 2019 demonstrates compliance with 115.15(f). Staff receive PREA Overview training [both PREA Pre-Service and annual In-Service (ART)] which includes a presentation regarding Search Procedures.

Eleven of 12 random staff interviewees assert they received training regarding cross-gender pat searches and searches of transgender/intersex inmates in a professional and respectful manner. One random staff interviewee asserts she is not sure whether she received the training, in question. The auditor found no deviations regarding receipt of this training as the same is provided during PREA Orientation and Annual PREA training.

The auditor's review of 13 random staff training files reveals eight affected staff received requisite PREA ART, inclusive of 115.15(f) training, during the last two years. Additionally, two files pertained to staff hired during 2020 and minimally, they received the same PREA Orientation training prior to contact with inmates.

In view of the above, the auditor finds DCF substantially compliant with 115.15.

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

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

#### **115.16 (a)**

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



and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? X  Yes  No

- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? X  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? X  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? X  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? X  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? X  Yes  No

#### 115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? X  Yes  No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? X  Yes  No

#### 115.16 (c)

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

#### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports there are established procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

ODOC OP 030601 entitled PREA, page 14, section VI, addresses 115.16(a-c). Of note, the above ODOC citation clearly stipulates if literacy problems, intellectual disabilities/disabilities (visual/ hearing impairments)

exist, the inmate will be assisted in understanding the material. All inmate education will be provided by staff. Approved community or facility volunteers may also be utilized.

The PCM asserts staff read materials to inmates with low vision or those who are blind, if needed. Similarly, staff explain materials to those inmate(s) who are cognitively impaired or mentally incompetent, if needed. Medical and mental health staff are on board at DCF.

According to the Agency Head interviewee, the agency has established procedures to provide inmates with disabilities and inmates who are limited English proficient equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Specifically, Language Line is used, when necessary, to communicate with LEP inmates. Generally speaking, staff translators can also be used. TTY units are available in every facility and Braille is available in some facilities.

The auditor interviewed seven inmates who presented with disabilities (one wheelchair bound, one LEP, one low hearing, and four low intellectual functioning). Six of seven interviewees assert the facility provides information about sexual abuse and sexual harassment they are able to understand. The one LEP inmate asserts he doesn't know if he received PREA information in a format he understands (NOTE: A staff interpreter was utilized during this interview. It is also noted the interviewee asserts the facility provided him with someone to help him read, write, speak, or explain things, as well as, his PREA rights.

As reflected in the PAQ information, two TTTY telephones are available for use at DCF.

The auditor notes that during the facility tour, he learned an inmate Braille training program is offered as a vocational training opportunity at DCF. Neither inmates nor contractors have been utilized to facilitate 115.16(a) requirements.

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

The auditor reviewed the contract between CC and LanguageLine Interpreter Services for provision of services to non-English speaking inmates. Services for 200-plus languages are provided pursuant to this service.

The auditor's review of the CC PREA Prevent. Detect. Respond. tri-fold brochure reveals the document is available to inmates in both English and Spanish.

Finally, the auditor's review of the DCF Medium and Maximum Security Inmate Handbooks reveals relevant sexual abuse/harassment reporting information is included in the same and the inmate signs for receipt.

The auditor's review of a March 31, 2020 memorandum from the Warden reveals at least one staff member serves as a translator at DCF.

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

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

Reportedly, there were zero instances, within the last 12 months, wherein inmate interpreters, readers, or other types of inmate assistants have been used and it was the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties, or the investigation of the resident's allegations.

The appropriate policy citation is identified in the narrative for 115.16(a).

All 12 random staff interviewees assert, to the best of their knowledge, inmate interpreters, inmate readers, or other types of inmate assistants have not been used in relation to sexual abuse or sexual harassment allegations during the last 12 months at DCF. It is noted seven interviewees were able to identify a circumstance under which such interpreters, readers, or inmate assistants can be utilized [as applicable to 115.16(c)]. Specifically, each interviewee cited further injury to the inmate as a basis for 115.16(c) implementation.

In view of the above, the auditor finds DCF substantially compliant with 115.16.

## Standard 115.17: Hiring and promotion decisions

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

#### 115.17 (a)

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

#### 115.17 (b)

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

#### 115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? X  Yes  No

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

#### 115.17 (d)

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

#### 115.17 (e)

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

#### 115.17 (f)

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

#### 115.17 (g)

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

#### 115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) X  Yes  No  NA

#### Auditor Overall Compliance Determination

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

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

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

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

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

CC APS OP-030601 entitled Oklahoma PREA, page 4, section III(C)(1)(a-c) addresses 115.17(a) in totality.

In addition to the above, the Correctional Services Contract between ODOC and CoreCivic, Amendment #4, pages 21 and 22, section C(1-4) addresses 115.17(a).

The auditor's review of Self Declaration of Sexual Abuse/Sexual Harassment forms for one employee (as both an applicant and subsequent to selection as an employee), one contractor (completed within the last 12 months), and one employee reveals compliance with this provision to the extent the three questions are specifically asked, and staff and contractors affirmatively respond, in writing, to complete the form.

The auditor's review of three criminal background record checks regarding three staff hired within the last 12 months reveals substantial compliance with 115.17(a). The auditor notes his cursory review of the information reveals non-existence of the three issues reflected in 115.17(a). The auditor's review of prior employer checks conducted by the contract investigative agency (First Advantage) likewise reveals non-existence of 115.17(a) issues.

Of note, pursuant to contract, ODOC staff approve new hires following their review of all relevant materials.

In addition to the above, the auditor's review of a completed CC Form 3-20-2B entitled PREA Questionnaire for Prior Institutional Employers and a completed CC Self-Declaration of Sexual Abuse/Harassment form regarding one new employee reveals substantial compliance with 115.17(a) and (b). The latter form is completed by the applicant at the time of application and at the time of hire.

The auditor's on-site review of nine random staff Human Resource (HR) files for staff hired at DCF between 2017 and 2018 reveals the Self Declaration of Sexual Abuse form was completed by all applicants prior to the hire date. The auditor ascertained appropriate responses are reflected on each document. The auditor notes three of these staff were also promoted and the relevant 115.17(a) and one 115.17(b) questions were completed in two cases pursuant to the same form prior to the date of promotion.

In addition to the above, the auditor's review of all relevant criminal background record checks pertaining to the aforementioned staff were absent any of the 115.17(a) issues. Prior institutional employer checks pursuant to 115.17(c) (one case) reveal non-existence of 115.17(a) and (b) issues.

In addition to the above, the auditor's review of one contractor file reveals the 115.17(a) and (b) questions were asked pursuant to the aforementioned Self Declaration form prior to the date of selection.

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

CC APS OP-030601 entitled Oklahoma PREA, page 4, section III(C)(2) addresses 115.17(b) in totality.

The aforementioned Form 14-2H (Self Declaration of Sexual Abuse/Sexual Harassment) captures the existence of sexual harassment in the employee's history. That document is a CC document and accordingly, the same is maintained in the HR file. Staff complete a 14-2H form annually.

While there is a question regarding sexual harassment on the Self Declaration of Sexual Abuse/Sexual Harassment form, there is no method for validation of the employee's response as reflected on the same. The PCM asserts the Verification of Prior Employment form is utilized to assess historical sexual harassment. The same is forwarded to prior institutional employers who can attest to any incidents that may have occurred during the employee's tenure with the employer, should he/she choose to respond. The criminal background record check generally does not address sexual harassment and accordingly, it is difficult to validate the applicant's statement.

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

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

The Warden further self reports during the last 12 months, 97 persons who may have contact with inmates have had criminal background record checks completed. This equates to 100% of staff hired during this time frame.

CC APS OP-030601 entitled Oklahoma PREA, page 5, section 3(C)(7 and 8) addresses 115.17(c) in totality.

According to the human resource interviewee, the facility performs criminal background record checks or considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with inmates and all employees, who may have contact with inmates who are considered for promotions. Criminal background record checks are not completed for promotions wherein the applicant has had no break in service. Rather, the employee's performance and disciplinary files are reviewed and conversation between the hiring manager and the current supervisor occurs.

First Advantage (a privately contracted company) facilitates criminal record background checks for DCF. A criminal background record check is accomplished in each state in which the applicant has lived. ODOC staff also facilitate a fingerprint background check, more commensurate with an NCIC. When the process is complete, ODOC simply documents "Acceptable or Not Acceptable for Employment." CC recruiters assess the three questions articulated in 115.17(a).

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

The Warden further self reports 62 contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates.

CC APS OP-030601 entitled Oklahoma PREA, page , section 3(C)(7) addresses 115.17(d) in totality.

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

CC APS OP-030601 entitled Oklahoma PREA, page 5, section 3(C)(7) addresses 115.17(e) in totality.

According to the human resources interviewee, HR has a spreadsheet for staff and contractors bearing name/start date/ and position. A task log is accessed three to four times monthly to track criminal back-

ground record investigation due dates to ensure five year re-investigations are conducted. Five-year re-investigations are facilitated by First Advantage.

The auditor's on-site review of three applicable (hired during 2015 or prior) random HR files reveals at least two, where applicable, five-year re-investigations were completed in a timely manner.

CC APS OP-030601 entitled Oklahoma PREA, page 4, section 3(C)(3-5) addresses 115.17(f) in totality.

The auditor's review of 11 of 12 completed random staff annual 14-2H forms (2019 and 2020) reveals substantial compliance with 115.17(f). These Self Declaration of Sexual Abuse/Harassment forms reveal the non-existence of 115.17(a) and (b) issues since the last year.

Pursuant to the human resources interviewee, as reflected in the above policy citation, the relevant questions are asked on the 14-2H form. Forms are not provided to employees during the performance evaluation process as described in the provision rather, the same is administered to staff during the application/hiring phases, and annually thereafter. It is noted that a new application is completed during the promotion phase.

The human resources interviewee further relates the facility imposes a continuing affirmative duty to disclose any such previous misconduct as described at 115.17(a). This affirmative duty is addressed in staff PREA training, as well as, on the 14-2H. As previously mentioned, the 14-2H is signed and dated by the employee.

The auditor is familiar with the process utilized by CoreCivic and he finds the same to be commensurate with 115.17 expectations.

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

CC APS OP-030601 entitled Oklahoma PREA, page 4, section 3(C)(6) addresses 115.17(g) in totality.

CC APS OP-030601 entitled Oklahoma PREA, page 5, section 3(C)(9) addresses 115.17(h) in totality.

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

In view of the above, the auditor finds DCF substantially compliant with 115.17.

## Standard 115.18: Upgrades to facilities and technologies

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

#### 115.18 (a)

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

#### 115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.) X  Yes  
 No     NA

### Auditor Overall Compliance Determination

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

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

CC APS OP-030601 entitled Oklahoma PREA, page 5, section 3(D)(1 and 2) addresses 115.18(a) in totality.

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

According to the Warden, zero substantial expansions or modifications were added to the facility since the last PREA audit.

Pursuant to the PAQ, the Warden self reports the facility has installed or updated the video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.

CC APS OP-030601 entitled Oklahoma PREA, page 5, section 3(D)(3) addresses 115.18(b) in totality.

Pursuant to the Warden, extra cameras have been added in each housing unit and specific locations throughout the facility. Camera surveillance serves as a deterrent to sexual abuse and harassment as the same offsets "blind spots" and serves as a great investigative tool. PREA considerations were the driving force in terms of additional camera installations.

The auditor's review of a 2019 Capex Final document reveals substantial compliance with 115.18(b). Specifically, additional cameras were justified to offset blind spots identified pursuant to PREA considerations.

In view of the above, the auditor finds no deviations from either policy or standard provision(s). Accordingly, the auditor finds DCF substantially compliant with 115.18.

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations



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

### 115.21 (a)

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

### 115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) X  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.) X  Yes  No  NA

### 115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? X  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? X  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)? X  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs? X  Yes  No

### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? X  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? (N/A if the agency *a/ways* makes a victim advocate from a rape crisis center available to victims.) X  Yes  No  NA
- Has the agency documented its efforts to secure services from rape crisis centers? X  Yes  No

### 115.21 (e)

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

#### 115.21 (f)

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

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

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

#### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the facility is responsible for conducting administrative sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct). According to the Warden, the ODOC Office of the Inspector General (OIG) facilitates criminal investigations of sexual abuse. When conducting administrative investigations, the DCF PREA Investigator follows a uniform evidence protocol. ODOC OP 040117 reflects OIG (investigators) have received specialized training enabling the conduct of sexual abuse investigations.

ODOC OP 040117 entitled Investigation, pages 2-4, sections II and III addresses 115.21(a).

All 12 random staff interviewees assert they are aware of the uniform evidence protocol utilized to ensure maximum possibility of obtaining usable evidence. Five of 12 interviewees assert they request the victim not destroy physical evidence, as described above, while ensuring the perpetrator doesn't destroy physical evidence. Additionally, many advised they report the incident to the shift commander and some advise of reporting to Medical. It is noted all interviewees were in possession of a CC card bearing the instructions as required by Standard 115.64(a).

Six of the 12 interviewees assert the investigator facilitates administrative sexual abuse investigations and three assert ODOC OIG staff facilitate criminal sexual abuse investigations at DCF.

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

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

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

Pursuant to the PAQ, the Warden self reports all inmates who experience sexual abuse are afforded access to forensic medical examinations. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). Efforts to provide SANEs or SAFEs are documented.

The PCM asserts zero inmates were administered a forensic examination during the last 12 months.

ODOC OP-030601 entitled PREA, page 24, section 1(a)(1) addresses 115.21(c). This policy stipulates that if within 120 hours of the incident, OIG will determine if the need for a sexual assault medical forensic examination exists. If so, inmate clothing will be tagged as evidence at the hospital or examination site. Additionally ODOC OP-140118 entitled Emergency Care, page 4, section I(C)(c)(1-3) and page 5, sections (c and d) addresses 115.21(c).

The auditor's review of the DCF MOU with Project Safe (forensic examinations are conducted by on-call SANE Nurses employed with this group) reveals substantial compliance with 115.21(c). Additionally, a second MOU between DCF and Oklahoma City YWCA Domestic Violence, Sexual Assault, and Stalking Crisis Services reveals forensic examinations are likewise available through that agency.

The SANE Nurse interviewee asserts she is one of three nationally certified on-call SANE Nurses at Project Safe. Services are available on a 24/7 basis and there has been no instance during the audit period wherein services to DCF inmates were not provided by the team. The SANE certification program includes completion of an examination(with a passing grade) and ongoing continuing education credits.

While sexually transmitted infectious disease testing and medication administration is not facilitated by the nurses, guidance is provided to DCF staff regarding accomplishment of the same.

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

The auditor's review of the DCF MOU with Project Safe (provision of victim advocacy services at the hospital are provided through Project Safe) reveals substantial compliance with 115.21(d).

The DCF PCM interviewee asserts, if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and provides emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. This subject-matter is addressed in the MOU with Project Safe, as previously referenced.

Contact with Project Safe staff relative to a forensic examination can also trigger victim advocates as prescribed in 115.21(d) and (e), (with respect to provision of services during a forensic examination).

According to the five inmates who reported a sexual abuse interviewees, they were not allowed to contact victim advocates however, one interviewee asserts he was allowed to contact family. With respect to the remaining four interviewees, there is no evidence they requested such victim advocacy services.

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

ODOC OP-030601 entitled PREA, page 21, section B(8) addresses 115.21(e).

The auditor's review of the DCF MOU with Project Safe reveals substantial compliance with 115.21(e) in regard to provision of VA services during the forensic examination. However, there is no reference to provision of VA services at the victim's request during investigatory interviews. As of the on-site visit, the auditor has not been provided any other evidence to substantiate compliance with this provision of 115.21(e).

In view of the above, the auditor finds DCF non-compliant with 115.21(e). Accordingly, a 180-day corrective action period is imposed wherein DCF must demonstrate institutionalization of this provision and therefore, compliance with 115.21(e). The corrective action due date is established as June 20, 2021.

To demonstrate compliance with this provision, the PCM will develop an MOU or MOU Addendum meeting the criteria of 115.21(e) with the appropriate agency, ensuring compliance with 115.21(e) criteria. Upon completion of the above, the PCM will forward a copy of the same to the auditor for review and inclusion in the audit file.

In addition to the above, the PCM will provide training to all stakeholders (e.g. Warden, assistant wardens, all duty officers, all shift commanders and lieutenants) regarding the nuance(s) of the change. A copy of the lesson plan will be provided to the auditor, as well as, training documentation validating stakeholder completion of the training.

The PCM will ensure ODOC OIG investigators receive a copy of the MOU or MOU Addendum as the subject-matter may impact their investigative operations.

Upon completion of the above, the auditor will consider closure of the audit.

#### **December 18, 2020 Update:**

**By virtue of an MOU with Oklahoma City YWCA Domestic Violence, Sexual Assault, and Stalking Crisis Services, partial resolution of the above finding is complete. The PCM asserts the aforementioned MOU does address provision of services for follow-up investigatory interviews conducted at the facility. Specifically, the MOU states that YWCA staff will inform the facility Warden exactly who will be arriving to provide the service and to ensure approval for facility entry.**

#### **March 19, 2021 Update:**

**The auditor's review of a Training Activity Enrollment/Attendance Roster dated March 16, 2021 reveals 16 administrative duty officers and correctional supervisors received requisite training regarding the nuances of the aforementioned MOU and Project Safe MOU. Each attendee signed and dated the document, signifying receipt of the requisite corrective action training.**

**In view of the above, the auditor finds corrective action is complete and DCF is substantially compliant with 115.21.**

The PCM asserts he has not contacted Project Safe staff regarding victim advocate credentials. The auditor did recommend initiation of such contact.

The auditor's review of the aforementioned MOU with Project Safe reveals they provide victim advocacy services during the forensic examination.

Four of the five inmates who reported a sexual abuse at DCF interviewees assert they were not allowed to contact anyone once they reported the sexual abuse. The auditor's review of relevant documentation re-

veals the fact pattern in each of the affected cases did not warrant the invocation of victim advocates. The same is also true in the last case however, he asserts he was allowed to contact family.

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

CC APS OP-030601 entitled Oklahoma PREA, page 10, section 3(l)(10) addresses 115.21(f) in totality.

In view of the above, the auditor finds DCF substantially compliant with 115.21.

## **Standard 115.22: Policies to ensure referrals of allegations for investigations**

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

#### **115.22 (a)**

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

#### **115.22 (b)**

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

#### **115.22 (c)**

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

#### **115.22 (d)**

- Auditor is not required to audit this provision.

#### **115.22 (e)**

- Auditor is not required to audit this provision.

### **Auditor Overall Compliance Determination**

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

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

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

Additionally, ODOC OP 040117 entitled Investigation, pages 2 and 3, section II (A) generally addresses 115.22(a) to the extent that allegations are investigated promptly, thoroughly, and objectively. Of course, these two policies generally address the conduct of criminal investigations by OFAI [since moved to the Office of the Inspector General (OIG)] investigators.

Finally, CC APS OP-030601 entitled Oklahoma PREA, page 9, section 3(l)(4) addresses 115.22(a), from completion of the administrative investigation perspective.

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

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

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

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

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

ODOC OP-040117 entitled Investigations, page 9, section D(1) and (2) addresses 115.22(b).

The auditor's review of both the ODOC and CoreCivic websites reveals relevant policies mentioned throughout this report narrative are available for public consumption.

The auditor's review of the CC website reveals the aforementioned policies are posted on the same. Additionally, the specific duties of both CC and ODOC investigators is clearly articulated.

In view of the above, the auditor finds DCF substantially compliant with 115.22.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

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

#### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment  Yes  No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?  Yes  No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No

#### 115.31 (b)

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

### 115.31 (c)

- Have all current employees who may have contact with inmates received such training? X  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? X  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? X  Yes  No

### 115.31 (d)

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

### Auditor Overall Compliance Determination

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

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

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

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

The auditor's review of three 2019 training records (Policy Acknowledgment, Training Acknowledgment, and Oklahoma PREA Staff Training Acknowledgment) included with the PAQ reveals receipt and understanding of training/compliance with 115.31(a) and (d).

All 12 random staff interviewees assert they had received PREA training regarding the topics articulated in 115.31(a) above. Minimally, all random staff interviewees hired since the last PREA audit received such training during the Academy and prior to assumption of duties with inmates. Minimally, all random staff interviewees assert they received PREA Annual In-Service training (ART) regarding the aforementioned topics.

The auditor's on-site review of 13 random staff training files reveals eight affected staff received requisite PREAART during the last two years. Additionally, two files pertained to staff hired during 2020 and minimally, they received the same PREA Orientation training prior to contact with inmates.



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

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

During the on-site interviews, the auditor learned some staff transferred from CCF to DCF and if they had received PREA Orientation or recent ART at CCF, they did not receive DCF PREA training. CCF was a male inmate facility and accordingly, transferees previously received the same training as provided at DCF.

Pursuant to the PAQ, the Warden self reports that 301 staff (100%) employed by the facility, who may have contact with inmates, were either trained or retrained in PREA requirements.

Between trainings, staff are notified of all new and/or revisions to existing policies. Staff receive training regarding the same pursuant to town hall meetings, employee recall meetings, CoreCivic television, PREA ART, and training policy updates.

ODOC OP-030601 entitled PREA, page 12, section V(C)(2) addresses 115.31(c).

The auditor finds DCF to have exceeded standard expectations with respect to 115.31(c) as PREAART is provided to staff on an annual basis. Pursuant to 115.31(c), refresher training is mandated every two years.

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

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

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

The auditor notes that pursuant to his on-site review of random staff training files, the same condition was existent, validating compliance with 115.31(d).

In view of the above, the auditor finds DCF exceeds standard expectations with respect to 115.31.

## **Standard 115.32: Volunteer and contractor training**

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

#### **115.32 (a)**

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

#### **115.32 (b)**

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

## 115.32 (c)

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

### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports all contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. The Warden further self reports that 77 volunteers and 62 individual contractors, who have contact with inmates, have been trained in the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response.

ODOC OP-030601 entitled PREA, pages 11 and 12, section V(B) and C(2) addresses 115.32(a).

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

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

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

All interviewees assert they received this instruction prior to inmate contact. Both contract staff assert they also received PREA training through Trinity.

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

ODOC OP-030601 entitled PREA, page 12, section V(C)(3) addresses 115.32(b).

The auditor's review of TKC (Trinity- contractual Food Service provider) PREA Power Point (reviewed in conjunction with a PREA audit at another CoreCivic facility) slides reveals substantial compliance with 115.32(b), at a minimum.

All interviewees, as reflected above, assert requisite training includes zero tolerance for sexual abuse/harassment and reporting options. Zero consensual sex is stressed, as well as, the dynamics of sexual abuse in a confinement setting and red flags regarding sexual abuse. The training is comprised of a three hour class.

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

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

In view of the above, the auditor finds DCF substantially compliant with 115.32.

## Standard 115.33: Inmate education

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

#### 115.33 (a)

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

#### 115.33 (b)

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

#### 115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? X  Yes  No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? X  Yes  No

#### 115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? X  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? X  Yes  No

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

### 115.33 (e)

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

### 115.33 (f)

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

### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports inmates receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse/harassment.

The Warden further self reports 856 inmates were admitted to DCF during the last 12 months whose length of stay was 72 hours or more. According to the Warden, 856 (100%) of these inmates received 115.33(a) information at intake.

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

According to the intake staff interviewee, he provides inmates with information about the zero tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment during intake. Each new admission receives a "New Arrival Packet" consisting of information regarding the PREA Hotline, the aforementioned CC brochure PREA: Prevent. Detect. Respond., the ODOC PREA pamphlet, and the DCF Inmate Handbook and the PREA video is ordinarily shown upon arrival. All of the above occurs upon arrival.

If necessary, he asserts he reads information to blind inmate(s) and, with respect to deaf inmates, they would read intake materials. In the event of an inmate who is low functioning or presents with mental health concerns, he invokes the services of mental health staff for the purpose of PREA education. Staff interpreters or the translation service are used if needed for LEP inmates. He further asserts he shows PREA posters to each intake inmate.

Twenty of 22 random inmate interviewees assert they received a combination of the DCF Inmate Handbook, ODOC PREA and CC PREA tri-fold brochures, and the PREA video at intake. One interviewee as-

serts he reviewed the PREA video on CCTV. Sixteen interviewees assert they received this information on the day of arrival.

The auditor's review of two inmate files (related to interviewees who assert they did not receive PREA informational materials at intake) reveals one inmate received the same at intake. The other interviewee arrived at DCF in 2011 and as such, PREA standard requirements were not in effect. One additional interviewee arrived at DCF during the last PREA audit cycle.

The auditor's review of a DCF document reveals the inmate received and understands relevant brochures and information received at intake, as validated by the inmate's date and signature on the form. Additionally, another CC form reflects the inmate viewed the PREA video, etc. This document serves as evidence the inmate completed Orientation. The inmate signs this pre-dated document, attesting to receipt of the identified training.

The auditor's review of the DCF Inmate Handbook, CC PREA: Prevent. Detect. Respond. tri-fold brochure and the ODOC Inmate's Guide to Sexual Misconduct brochure confirms the zero tolerance policy of DCF regarding sexual abuse and sexual harassment and the various options for reporting incidents or suspicions of sexual abuse or sexual harassment.

During pre-audit preparations, the auditor determined inmates view the PREA video (English and Spanish) and receive the DCF Inmate Handbook/ODOC Inmate's Guide to Sexual Misconduct (available in English and Spanish) and the aforementioned CC tri-fold pamphlet. An in-depth orientation is conducted within seven days of intake. The DCF Inmate Handbook is not issued until orientation.

At intake, the Intake Interview Form is completed and signed by the inmate, attesting to his receipt of relevant PREA materials. An additional Oklahoma PREA Act Zero Tolerance Acknowledgment form is also signed during Orientation.

The auditor's on-site review of 12 random inmate files (pertaining to inmates received at DCF during this audit cycle) reveals substantial compliance with both 115.33(a) and (b). Specifically, requisite materials were received in a timely manner and the inmate(s) properly acknowledged receipt of training. Four additional random files, inclusive of the aforementioned inmate who arrived at DCF during 2011, pertained to inmates who arrived at DCF prior to this audit cycle.

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

The auditor's review of the DCF Inmate Handbook, CC PREA: Prevent. Detect. Respond (printed in English and Spanish) tri-fold, and the ODOC Inmate's Guide to Sexual Misconduct brochures confirm the zero tolerance policy of DCF regarding sexual abuse and sexual harassment and the various options for reporting incidents or suspicions of sexual abuse or sexual harassment.

Pursuant to the PAQ, the Warden self reports all inmates, received within the last 12 months who have been at the facility for 30 days or more from intake, have received 113.33(b) education. The Warden further self reports agency policy requires that inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse/sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents to the extent that the policies and procedures for the new facility differ from those of the previous facility.

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

According to the intake staff interviewee, much of the requisite information can be gleaned from the aforementioned packet of materials. Inmates are ordinarily provided Orientation within seven days of Intake at DCF however, COVID has somewhat impacted delivery of the same. Orientation entails inmate training regarding the inmate's right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such inci-

dents. The interviewee further asserts the PREA video is presented during intake (day of arrival) and may be viewed on a weekly basis via CCTV.

Nineteen of 22 random inmate interviewees assert they did participate in a PREA Orientation program however, some assert they do not recall receiving one or more components of this training. Sixteen of 22 random inmate interviewees also assert they did receive orientation within one week of intake.

A discussion regarding the auditor's on-site review of random inmate files and timeliness in terms of 115.33(b) education is reflected in the narrative for 115.33(a).

Pursuant to the PAQ, the Warden self reports agency policy requires that inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse/harassment, retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents to the extent that the policies and procedures of the new facility differ from those of the previous facility.

ODOC OP-030601 entitled PREA, page 14, section VI(A)(4)(a) and (b) addresses 115.33(c). Additionally, ODOC OP-030601 entitled PREA, page 15, section B(1-7) addresses 115.33(c).

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

ODOC OP-030601 entitled PREA, pages 14 and 15, section VI also addresses 115.33(d).

An in-depth discussion regarding the provision of 115.33(d) requirements is articulated in the narrative for 115.16.

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

ODOC OP-030601 entitled PREA, pages 14 and 15, section VI(a)(4)(a) and (b) addresses 115.33(e).

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

ODOC OP-030601 entitled PREA, page 14, section VI(A) and page 15, section VI)(D) addresses 115.33(f).

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

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

In view of the above, the auditor finds DCF substantially compliant with 115.33.

## **Standard 115.34: Specialized training: Investigations**

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

#### **115.34 (a)**

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

#### 115.34 (b)

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

#### 115.34 (c)

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

#### 115.34 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

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

ODOC OP-030601 entitled PREA, page 13, section F(1) and (2) addresses 115.34(a).

The auditor's review of the DCF PREA investigator's training record and various sexual abuse/harassment training certificates reveals he completed Operation Diamondback Investigators training relative to sexual abuse investigations. The auditor's review of slides from the Operation Diamondback training reveals dis-

cussions regarding techniques for interviewing sexual abuse victims, Miranda and Garrity rights, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral, were addressed. The slides are a combination National Council on Crime and Delinquency (NCCD), the Bureau of Justice Assistance (BJA), and the Moss Group.

The investigative staff interviewee asserts he did receive training specific to conducting sexual abuse investigations in confinement settings. Some of the training was facilitated by the Moss Group and was entitled Conducting Sexual Abuse Investigations in a Confinement Setting. Operation Diamondback was comprised of primarily classroom work. Definitions, interviewing techniques, victim behavior, standards of evidence, and mock scenarios were covered during this training. Additionally, he has completed the NIC course entitled PREA: Conducting Investigations of Sexual Abuse in a Confinement Setting.

The ODOC OIG interviewee asserts he likewise completed the National Institute of Corrections (NIC) course regarding the same subject-matter. The course consisted of a three hour on-line format. He completed the course in September or October, 2018.

The policy citation reflected in the narrative for 115.34(a) is also applicable to 115.34(b).

The auditor notes the training topics identified in 115.34(b) are clearly addressed in the narrative for 115.34(a) above.

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

Pursuant to follow-up with the PCM, the auditor has learned that the PCM is the second DCF staff member who has completed a recognized sexual abuse/harassment investigation training program. Specifically, a certificate issued by Relias Learning dated September 17, 2017 relative to the three hour PREA: Investigation Protocols course reveals substantial compliance with both CC policy and 115.34. The auditor has likewise reviewed the Relias Learning training syllabus regarding the same and he finds substantial compliance with 115.34.

In view of the above, the auditor finds DCF substantially compliant with 115.34.

## **Standard 115.35: Specialized training: Medical and mental health care**

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

#### **115.35 (a)**

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) X  Yes  No  NA
- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) X  Yes  No  NA



- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

#### 115.35 (b)

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

#### 115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

#### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)  Yes  No  NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. The Warden further self reports 32 medical and mental health care practitioners (100%) who work regularly at DCF received the training.

ODOC OP-030601 entitled PREA, page 13, section F(1) and (3) addresses 115.35(a).

The auditor's cursory review of the PREA Specialty Training for Medical and Mental Health Staff compact disc (CD) reveals substantial compliance with 115.35(a). Additionally, the auditor's review of two Training Activity Enrollment/Attendance Rosters reveals 30 medical/mental health practitioners (validated by attendees' printed name/signature and date) received requisite specialty training on March 10, 2020.

According to the medical/mental health interviewees, both completed specialized training regarding sexual abuse and sexual harassment and in fact, they complete these courses on an annual basis. The training did cover the following topics:

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

The auditor's on-site random review of two medical/mental health training files reveals one of the two staff completed the requisite training as of the date of the review.

Given the totality of evidence reflected above, the auditor finds DCF substantially compliant with 115.35(a). The auditor recommends all medical/mental health practitioners complete the requisite training.

Pursuant to the PAQ, the Warden asserts forensic examinations are not completed at DCF. The Warden's statement was validated by the auditor during the on-site audit. Accordingly, the auditor finds 115.35(b) not applicable to DCF.

Pursuant to the PAQ, the Warden self reports the agency maintains documentation showing that medical and mental health practitioners have completed the required training.

Documentation meeting the criteria of 115.35(c) is addressed in the narratives for 115.35(a).

The auditor's on-site review of two training files related to medical/mental health practitioners reveals both completed PREA ART.

In addition to the above, the auditor's review of three random medical/mental health practitioner's training transcripts reveals requisite PREA Orientation training was completed in two cases while PREA ART was completed in the other case.

In view of the above, the auditor finds DCF substantially compliant with 115.35.

## **SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**

### **Standard 115.41: Screening for risk of victimization and abusiveness**

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

#### **115.41 (a)**

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

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

#### 115.41 (b)

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

#### 115.41 (c)

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

#### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? X  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? X  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? X  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  
X  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  
X  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? X  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? X  Yes  No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? X  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? X  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? X  Yes  No

#### 115.41 (e)

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

#### 115.41 (f)

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

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? X  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a request? X  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? X  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? X  Yes  No

#### 115.41 (h)

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

#### 115.41 (i)

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

### Auditor Overall Compliance Determination

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

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

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

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

Five of nine random inmate interviewees who arrived at DCF during this audit period, assert they did receive a PREA screening at intake.

The auditor's review of two of the four inmate files related to inmates who assert either the four questions were not asked or they were not properly screened at intake, reveals the relevant questions were asked and they were asked at intake.

The auditor notes that 13 of the 22 random inmate interviewees arrived at DCF prior to this audit period.

Pursuant to the PAQ, policy requires inmates be screened for risk of sexual victimization or risk of abusing other inmates within 72 hours of their intake. In the last 12 months, the Warden self reports 856 inmates entered the facility (either through intake or transfer), whose length of stay in the facility was 72 hours or more, and were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of entry into the facility. This equates to 100% of those inmates screened pursuant to the criteria specified in the preceding sentence.

ODOC OP-030102 entitled Inmate Housing, pages 2 and 3, section II(A)(1) addresses 115.41(b). It is noted the ODOC Cell Assessment Form (included in this policy and used as a PREA Assessment Tool at Reception Centers, as well as, DCF) clearly reflects the assessment must be completed within 72 hours of Intake.

According to the PCM, the ODOC Cell Assessment Form is used at DCF. Housing assignments are effected subsequent to completion of the risk assessment tool.

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

The auditor's review of 13 applicable random resident initial PREA screenings (screenings completed during the audit period) reveals 12 were completed in a timely manner pursuant to both policy and standard.

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

ODOC OP-030102 entitled Inmate Housing, pages 1 and 3, sections Inmate Housing, II(A)(2), and II(B) addresses 115.41(c). This policy appears to primarily refer to PREA Assessment at an ODOC Reception Center. Another attachment is referenced in this policy (Self Report Form) and the same is considered in making initial placement housing at the Reception Center.

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

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

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

Of note, other subjective questions are asked pursuant to the Sexual Abuse Screening Tool. As reflected on the aforementioned form and pursuant to ODOC OP-030601 entitled Oklahoma PREA, page 16, VII(B), requisite procedures address 115.41(d). The inmate's file, ODOC Cell Assessment Form, and other source documentation are reviewed to validate the screening tool findings and inmate interview.

The staff who performs initial screening for risk of victimization and abusiveness interviewee asserts she reads the PREA Assessment Questionnaire (14-2B) questions to each inmate. 14-2B questions, minimally, encompass history of sexual victimization, history of incarceration, build, inmate's feelings regarding sexual safety, and LGBTI status.

In regard to the screening process, inmates are screened one-at-a-time and all other inmates are secured. While the screening occurs in an open space in the intake area, the same is monitored by camera. Likewise, no other staff are in the area during the screening. The case manager makes cell assignments simultaneously.

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

The auditor's cursory review of the 14-2B reveals substantial compliance with 115.41(e).

Pursuant to the PAQ, the Warden self reports policy requires that the facility reassesses each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening.

The Warden further self reports 852 of the 856 inmates who were admitted to the facility during the last 12 months were reassessed for their risk of sexual victimization or of being sexually abusive, within 30 days of admission, based upon any additional, relevant information received since intake. Reportedly, this equates to 99.53% reassessment of all Intakes during the last 12 months.

Upon follow-up with the PCM, the auditor learned that some of the demographics provided in the PAQ spanned different time frames. Accordingly, as in this matter, some of the statistics appear to be skewed. The PCM asserts he is quite certain that all relevant inmates were properly reassessed.

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

A second staff responsible for risk screening (case manager who completes reassessments) asserts case managers complete reassessments within 30 days of the inmate's arrival at DCF. The Offender Management System (OMS) alerts the classification coordinator regarding the 30-day reassessment due date and she advises the case manager(s) of the same.

Four of nine random inmate interviewees who arrived at DCF during this audit period assert they were reassessed within 30 days of arrival. The auditor's review of one file related to those inmates who assert they were not reassessed reveals he was reassessed within 30 days of arrival at DCF.

The auditor notes many randomly reviewed reassessments were completed within days to a few weeks of arrival at DCF. The auditor recommends that reassessments be facilitated within the 20-30 day range to allow for receipt or discovery of additional information.

The auditor's on-site review of 12 of 16 random resident files reveals timely and comprehensive completion of reassessments in accordance with 115.41(f). The auditor is satisfied DCF is substantially compliant with 115.41(f).

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

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

According to the PCM, there has been zero examples during the last 12 months wherein an inmate was reassessed based on a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

The staff who performs screening for risk of victimization and abusiveness interviewee (case manager) asserts he reassesses inmate risk levels, as needed, due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. If the affected inmate received a related Misconduct Report, he would reassess following notification by the unit manager.

The auditor found no evidence substantiating deviation from either policy or standard in regard to the subject-matter of 115.41(g).

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

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

ODOC OP-030102 entitled Inmate Housing, page 3, section II(A)(3) addresses 115.41(h).

The PCM asserts there has been no examples during the last 12 months wherein an inmate was disciplined for refusing to answer (or for not disclosing complete information related to):

Whether or not the inmate has a mental, physical, or developmental disability;

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

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

CC APS OP-030601 entitled Oklahoma PREA, page 7, section (F)(10)(d) addresses 115.41(i).

According to the CCPC, DCF PCM, and both staff who perform screening for risk of victimization and abusiveness interviewees, the agency has outlined who should have access to an inmate's risk assessment within the facility in order to protect sensitive information from exploitation. According to the DCF PCM, such information consumption is generally limited to Unit Managers, Case Managers, the PCM, Chiefs of Security, Assistant Wardens, and Warden. One of the risk screener interviewees asserts access is limited to unit staff and above while the other interviewee asserts access is limited to the PCM, Warden, and chief of unit management.

In view of the above, the auditor finds DCF substantially compliant with 115.41.

## Standard 115.42: Use of screening information

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

#### 115.42 (a)

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

#### 115.42 (b)



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

#### 115.42 (c)

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

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) X  Yes  No  NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) X  Yes  No  NA
- 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, bi-

sexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) X  Yes  No  NA

### Auditor Overall Compliance Determination

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

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

ODOC OP-030601 entitled PREA, pages 16 and 17, sections B(1)(a-c), (d), (e), and (h) addresses standard provisions 115.42(a-g).

The PCM asserts unit managers actually make cell assignments following completion of the 14-2B and Cell Assignment forms. PREA classifications are entered into a document, reflective of the same.

The 14-2B is used to determine potential victim (PV)/known victim (KV) or potential predator (PP)/known predator (KP). The fifth classification is unrestricted (U). PPs/KPs are not housed with PVs/KVs however, Us can be housed with any of the other four classifications. Additionally, PPs can be housed with KPs and PVs can be housed with KVs.

The staff responsible for initial risk screening interviewee asserts the 14-2B dictates whether the inmate is a potential victim (PV)/known victim (KV) or potential predator (PP)/known predator (KP). The fifth classification is unrestricted (U). PPs/KPs are not housed with PVs/KVs however, Us can be housed with any of the other four classifications. Additionally, PPs can be housed with KPs and PVs can be housed with KVs. The interviewee advises she does not make cell assignments.

The staff responsible for 30-day reassessments interviewee added that the unit manager makes cell assignments. He/she utilizes a roster bearing the above information to effect cell assignments according to the aforementioned procedure.

The auditor's cursory review of a document bearing the above information reveals substantial compliance with 115.42(a).

Pursuant to the PAQ, the Warden self reports the facility makes individualized determinations about how to ensure the safety of each inmate.

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

The PCM asserts the agency or facility determines housing and program assignments for transgender/intersex inmates in the same manner as any other inmate as mentioned in the narrative for 115.42(a). All programming areas are supervised by staff.

The agency considers whether the placement will ensure the inmate's health and safety. Additionally, the agency considers whether the placement would present management or security problems.

According to one transgender inmate interviewee, staff asked him questions about his safety since arrival at DCF. The interviewee also asserts he has not been placed in a housing area only for transgender or intersex inmates. Furthermore, he asserts he has no reason to believe he was strip searched for the sole purpose of determining genitalia.

Conversely, the other transgender inmate asserts staff have not asked her questions about her safety since arrival at DCF. Pursuant to contact with the PCM, the auditor learned that he (PCM) has frequent contact with the interviewee, to include questioning as to programming and safety. The auditor notes the interviewee arrived at DCF on August 6, 2020.

Both interviewees assert they do not feel safe at DCF however, they have not been sexually abused, etc. One interviewee asserts other inmates frequently attempt to persuade him to participate in sexual acts. The other interviewee asserts he feels sexually unsafe as the result of her transgender transformation.

The PCM asserts placement and programming assignments for each transgender/intersex inmate are reassessed twice per year for any threats to safety experienced by the inmate. The staff responsible for risk screening reassessments asserts a transgender/intersex inmate's own views of his/her own safety are given serious consideration in placement and programming assignments.

The auditor notes that both transgender inmates arrived at DCF during August, 2020. ODOC Case Notes for one of the transgender/intersex inmates reveals a meeting was facilitated and he was questioned regarding his personal safety. This meeting was not a 115.42(e) meeting in view of the short period of time he had been at DCF.

The PCM asserts transgender/intersex inmate's views with respect to his/her safety are given serious consideration in placement and programming assignments. Both staff responsible for risk screening interviewees validate the above statement of the PCM.

As mentioned in preceding paragraphs, both transgender interviewees were admitted to DCF in August, 2020. Accordingly, the 115.42(e) meetings are not yet due.

The PCM asserts transgender/intersex inmates are given the opportunity to shower separately from other inmates. The inmate must request separate showering, in writing, to the unit manager. Such showers are then scheduled around institutional routines when all other inmates confined in the unit are secured in their cells.

Both staff responsible for risk screening interviewees validate the PCM's statement. Such showers are supervised by staff.

According to the CCPC, facility staff in all CC facilities are keenly aware that designated facilities, wings, etc. are unacceptable for the housing of lesbian, gay, bisexual, transgender, or intersex inmates unless the agency is subject to a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates. The PCM asserts the facility is not subject to a consent decree, legal settlement, or legal judgment requiring that it establish a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex inmates. Two transgender, two gay, and two bisexual inmate interviewees assert they have not been placed in a housing area only for transgender/intersex, lesbian, gay, bisexual inmates.

During the facility tour and review of housing assignments for LGBTI interviewees, the auditor found no dedicated housing areas as defined in 115.42(g).

In view of the above, the auditor finds DCF substantially compliant with 115.42.

## **Standard 115.43: Protective Custody**

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

#### 115.43 (a)

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

#### 115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? X  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? X  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? X  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? X  Yes  No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) X  Yes  No  NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) X  Yes  No  NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) X  Yes  No  NA

#### 115.43 (c)

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

#### 115.43 (d)

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

#### 115.43 (e)

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

### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made with a determination that there is no available alternative means of separation from likely abusers. The Warden further self reports zero inmates at risk of sexual victimization were held in involuntary housing in the last 12 months for one to 24 hours awaiting completion of assessment.

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

The Warden asserts agency policy prohibits placing inmates at a high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there are no alternative means of separation from potential abusers. The Warden further asserts an inmate may request placement in segregated housing.

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

The staff who supervises inmates in segregated status interviewee asserts access to recreation, education, mental health (MH), medical, and laundry services is granted to such inmates similarly situated. Work opportunities are limited based on the nature of the unit and mission. Staff bring all services and programs to inmates.

Any and all denials or deprivations of any program/service is documented in logs or on Segregation Activity Records (SARs). SARs are individual records unique to the inmate. The associate warden authorizes any restrictions.

The PCM asserts zero inmates were housed in segregated housing based on 115.43(a) rationale, at the time of the on-site audit.

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

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

The Warden asserts inmates at high risk for sexual victimization or who have alleged sexual abuse are placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. Generally, alternative housing can be successfully arranged.

Such placements are short term, generally less than two weeks in duration.

The staff who supervises inmates in segregated status interviewee asserts inmates are generally not placed in involuntary segregated housing as a means of separation from likely abusers, unless it is during the initial stages of the incident for investigation. Placement in involuntary segregated housing as a means of separation from likely abusers is generally limited to the same day up to two weeks.

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

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

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

The staff who supervises inmates in segregated status interviewee asserts weekly reviews are conducted for inmates assigned to involuntary segregated housing for purposes articulated throughout 115.43, to determine if continued segregated housing placement is needed.

In view of the above, the auditor finds DCF substantially compliant with 115.43.

## REPORTING

### Standard 115.51: Inmate reporting

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

##### 115.51 (a)

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

##### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? X  Yes  No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? X  Yes  No
- Does that private entity or office allow the inmate to remain anonymous upon request? X  Yes  No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes)  Yes  No X  NA

##### 115.51 (c)

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

- Does staff promptly document any verbal reports of sexual abuse and sexual harassment?  
X  Yes  No

#### 115.51 (d)

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

#### Auditor Overall Compliance Determination

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

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

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

ODOC OP-030601 entitled PREA, page 15, section B(5) addresses 115.51(a).

The auditor's review of one sexual abuse investigation dated November 10, 2019 substantiates the fact inmates do have opportunities and methods to report such incidents. In this case, it appears the inmate personally reported the incident to staff.

All 12 random staff interviewees advised of multiple methods of reporting as defined in 115.51(a). Responses included the following:

Report in-person to staff, inclusive of medical staff;  
Submit a letter to the Warden/other staff;  
Call the PREA Hotline; and/or  
Submit a third party report.

Seventeen of 22 random inmate interviewees were able to cite at least one method of reporting. Of note, random inmate interviewees overwhelmingly cited the PREA Hotline number. Four of the five interviewees who did not provide a response, assert they would not report.

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

Report to staff;  
Report via PREA Hotline;  
Submit letter to Warden and other staff; and  
Submit Grievance.

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

ODOC OP-030601 entitled PREA, page 15, section B(5) addresses 115.51(b).

It is noted inmates are not housed at DCF solely for the purpose of civil immigration purposes and the PCM validated the same.

The auditor notes the Office of the Inspector General's three digit telephone number is listed in the DCF Medium Security and Maximum Security Inmate Handbooks. According to these resources, identifying information is not required when using this option.

The PCM asserts OSBI is the public entity, not affiliated with the facility, to whom an inmate can report sexual abuse/sexual harassment. Requisite information is provided in the DCF Inmate Handbook and on unit PREA posters.

These procedures do enable receipt and immediate transmission of inmate reports of sexual abuse/harassment to agency officials that allow the inmate to remain anonymous upon request. The ODOC Hotline is a 24/7 entity. Staff who man the same do provide notification to the Warden, PCM in rapid fashion.

Seventeen of 22 random inmate interviewees assert they are allowed to make a report without giving their name.

During the facility tour, the auditor accessed the DCF PREA Hotline using an inmate telephone. The call was successfully placed and the PCM subsequently received notification of the test call via email.

Subsequent to completion of the on-site visit, the auditor facilitated a test call through the ODOC Hotline. It was determined there was a glitch in the system, thereby inhibiting effectiveness. However, subsequent to immediate follow-up by DCF staff, the Hotline issue was resolved and a successful test was conducted. Hotline staff followed up with the PCM pursuant to submission of an email validating the test.

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

ODOC OP-030601 entitled PREA, page1, section X(A) addresses 115.51(c).

The PCM asserts any verbal allegation of sexual abuse is reported immediately and written reports are submitted to the employee's supervisor.

Eleven of 12 random staff interviewees assert when an inmate alleges sexual abuse or sexual harassment, he can do so verbally, in writing, anonymously, and from third parties. Eleven of 12 random staff interviewees also assert they immediately document verbal reports of sexual abuse and sexual harassment.

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

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

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

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

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



All 12 random staff interviewees assert staff can privately report sexual abuse and sexual harassment by any of the following:

Submission of a written report to the Warden/PCM/Administrative Duty Officer/supervisory staff;  
Closed door verbal report to the same staff;  
Inmate Hotline(s);  
Staff Ethics Line; and  
Telephone call to supervisor.

In view of the above, the auditor finds DCF substantially compliant with 115.51.

## Standard 115.52: Exhaustion of administrative remedies

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

#### 115.52 (a)

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

#### 115.52 (b)

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

#### 115.52 (c)

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

#### 115.52 (d)

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

by which a decision will be made? (N/A if agency is exempt from this standard.)

X  Yes  No  NA

- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) X  Yes  No  NA

#### 115.52 (e)

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

#### 115.52 (f)

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

#### 115.52 (g)

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

### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the agency does utilize the ODOC grievance procedure to address grievances regarding sexual abuse. As previously referenced in the narrative for 115.42, the CCPC asserts the contract requires adherence with ODOC policies.

ODOC OP-090124 entitled Inmate/Offender Grievance Process, page 16, section IX(A) addresses 115.52(a).

Of note, sexual abuse grievances are filed as Emergency or Sensitive grievances pursuant to this policy. Such grievances are filed directly to the reviewing authority [defined as the Warden or correctional health services administrator (CHSA)], without informal resolution process. No time limit is applied to any part of the grievance that deals with sexual abuse and the grievance may be filed at any time, regardless of the time the incident occurred.

ODOC OP-090124 entitled Inmate/Offender Grievance Process, pages 16 and 17, section IX(A)(2) addresses 115.52(a) and (b).

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

While the DCF Medium Security Inmate Handbook does not specifically spell out each provision of 115.52, the same does direct the inmate reader to page 29, section 27(G) wherein inmates are directed to ODOC OP 090124, which is available in the inmate library, for guidance with filing. As reflected throughout the narrative for 115.52, the same policy is governing with respect to sexual abuse and the grievance procedure at DCF.

Page 28, section 27(D) reflects verbiage regarding deposit of Emergency or Sensitive grievances in a mail-box located across from central control.

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

ODOC OP-090124 entitled Inmate/Offender Grievance Process, pages 16 and 17, section IX(A) and IX(A)(4) addresses 115.52(c). Page 17, section IX (A)(4) specifies inmates forward their grievance(s) directly to the reviewing authority as described in the narrative for 115.52(a) and if the complaint involves the reviewing authority, the inmate may bring the grievance to the administrative review authority (ARA).

The PCM asserts inmates confined in E and F Units (secure) can submit their sensitive grievance in a sealed envelope to the Warden or PCM. They can drop their grievance in the box during shower or recreation however, in most cases, they confide sensitive information during sick call. Of course, inmates con-

fined in these units may also provide their sensitive grievances to the facility executive staff and managers during MBWA rounds.

Pursuant to the PAQ, the Warden self reports agency policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. The Warden further self reports zero grievances were filed within the last 12 months wherein sexual abuse was alleged. The Warden further self reports the agency notifies the inmate, in writing, when the agency files for an extension, including notice of the date by which a decision will be made.

ODOC OP-090124 entitled Inmate/Offender Grievance Process, page 17, section IX(B) addresses 115.52(d).

The auditor notes the time frames for grievance resolution are more stringent than those required by 115.52(d). Specifically, a decision must be made as to whether the grievance meets the criteria for an emergency or sensitive complaint and if determined to be emergency or sensitive, a response is completed within 48 hours of receipt of the grievance, excluding weekends and holidays. The inmate may appeal that response and the ARA, in turn, provides an expedited response within 72 hours of receipt of the grievance, excluding weekends and holidays.

In view of the above, the auditor finds ODOC policy and DCF implementation exceeds 115.52(d) provision expectations.

None of the five inmates who reported sexual abuse at DCF assert they filed a grievance.

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

ODOC OP-090124 entitled Inmate/Offender Grievance Process, pages 17 and 18, section IX(C)(1-3) addresses 115.52(e).

Pursuant to the PAQ, the Warden self reports the agency has a policy and established procedures for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. The Warden further self reports the agency policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. Zero emergency grievances alleging substantial risk of imminent sexual abuse were reportedly filed within the last 12 months. Agency policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within five days.

The policy citation reflected in the narrative for 115.52(d) is also applicable to 115.52(f). Additionally, the explanation of response time frames is applicable to 115.52(f).

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

ODOC OP-090124 entitled Inmate/Offender Grievance Process, page 18, section X(A)(1)(a-e) addresses 115.52(g).

In view of the above, the auditor finds DCF exceeds standard expectations with respect to 115.52.

## Standard 115.53: Inmate access to outside confidential support services

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

#### 115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.)  Yes  No  NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?  Yes  No

#### 115.53 (b)

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

#### 115.53 (c)

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

### Auditor Overall Compliance Determination

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

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

Giving inmates mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national advocacy or rape organizations;

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

ODOC OP-030601 entitled PREA, page 24, second paragraph addresses 115.53(a).

None of the 22 random inmate interviewees were aware of services available outside of the facility for dealing with sexual abuse, if needed. Specifically, interviewees assert they were not aware and/or did not know of such services. They had not been apprised of the name(s) and address(es) and telephone numbers applicable to such services. Additionally, they were not aware of whether such calls were free and confidential. However, four interviewees assert they can make contact with staff from such agencies at any time.

The five inmates who reported a sexual assault at DCF interviewees assert DCF does not provide mailing addresses and telephone numbers for outside services. Interviewees further assert they are unaware of the circumstances under which they can talk to people who provide such services.

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

The auditor's observations and research validates the statements of interviewees. As mentioned in the narrative for 115.21, Project Safe VAs are triggered when requested during the forensic examination and investigatory process facilitated at the facility. Project Safe VAs provide no 115.53 services, as confirmed by the PCM. Oklahoma City YWCA Domestic Violence, Sexual Assault, and Stalking Crisis Services VAs are available to provide services during investigatory interviews at either the hospital or the facility.

In view of the above, the auditor finds DCF non-compliant with 115.53(a). Accordingly, the auditor imposes a 180-day corrective action period in which DCF will demonstrate institutionalization of 115.53(a) requirements and therefore, requisite compliance with the provision. The corrective action completion date is established as June 20, 2021.

To substantiate institutionalization and standard compliance, the PCM, in coordination with CC Legal, will develop and implement an MOU with an appropriate provider of 115.53(a) services. Upon completion of the same, the PCM will provide a copy of the MOU to the auditor for review and inclusion in the audit file.

To ensure relevant stakeholders (e.g. Warden, Assistant Wardens, duty officers, shift commanders and lieutenants, and unit staff) are abreast of MOU provisions, the PCM will provide training regarding the nuances of the MOU and accompanying materials. A copy of the lesson plan and training documentation substantiating that all stakeholders completed the training, will be provided to the auditor.

The auditor notes that during the on-site visit, the PCM provided a copy of a flyer regarding such services and the same information must be disseminated to the inmate population.

Upon completion of the above, the auditor will consider closure of 115.53(a) and (c).

#### **December 18, 2020 Update:**

**The PCM asserts that in regards to 115.53, DCF and Oklahoma City YWCA Domestic Violence, Sexual Assault, and Stalking Crisis Services executives signed an MOU regarding provision of 115.53(a) services to affected DCF inmate victims. An Oklahoma City YWCA Domestic Violence, Sexual Assault, and Stalking Crisis Services pamphlet is now part of the intake packet that each inmate receives upon arrival.**

**In addition to the above, the YWCA brochure runs on a constant feed on the inmate CCTV and is placed on each unit to ensure all inmates are informed of the services available through the YWCA.**

The PCM further asserts the MOU also provides counseling services through the Crisis Line or Toll-Free Hot Line. Inmates are informed they have access to either of these services and calls can be made at any time through arrangements with the case manager/unit manager. The calls are not monitored by staff as they are not linked to the inmate's telephone account. This is outlined in the MOU as all communications remain confidential pursuant to state, federal, and facility laws and regulations. This appears to encompass mandatory reporter requirements.

**March 19, 2021 Update:**

The auditor's review of a Training Activity Enrollment/Attendance Roster dated March 16, 2021 reveals 16 administrative duty officers and correctional supervisors received requisite training regarding the nuances of the aforementioned MOU and Project Safe MOU. Each attendee signed and dated the document, signifying receipt of the requisite corrective action training.

**In view of the above, the auditor finds corrective action is complete and DCF is substantially compliant with 115.53(a) and (c).**

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 10, section 14-2.3(E)(3) addresses 115.53(b) in totality.

The auditor's review of the CC PREA Prevent. Detect. Respond. tri-fold pamphlet, section entitled Confidentiality reveals substantial compliance with 115.53(b).

Fourteen of the 22, random inmate interviewees assert they believe the dialogue with people from these services remains private. Of these 14 interviewees however, four assert the conversations could be told to or listened to by someone else. The reason for such sharing of information is based on follow-up regarding criminal activity.

Four of the five inmates who reported a sexual abuse at DCF interviewees assert they do not know if they can communicate (talk or write) with those people from community or outside sources in a confidential way. One interviewee responded in the affirmative to this question.

In addition to the above, they do not know if their conversations with them can be told to or listened to by someone else.

The auditor notes that all inmates have the opportunity to be aware of 115.253(b) entitlements.

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

The auditor's review of the MOU between CC and Project Safe does not address the requirements of 115.53. Corrective action and the above Update with respect to 115.53(a) and (c) are articulated in the narrative for 115.53(a).

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

## **Standard 115.54: Third-party reporting**

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

### 115.54 (a)

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

### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the agency or facility provides a method to receive third-party reports of inmate sexual abuse or sexual harassment. Third-party reports can be provided as follows:

Third-parties may contact the CoreCivic Ethics and Compliance Hotline at 1-866-757-4448 or email at the address designated on the CC PREA website.

The Warden further self reports the agency or facility publicly distributes information on how to report inmate sexual abuse or sexual harassment on behalf of inmates as information is provided on the CC PREA link.

The auditor's review of the CC PREA website validates the above information.

The auditor's review of a poster (placed in the front lobby) reveals substantial compliance with 115.54(a).

In view of the above, the auditor finds DCF substantially compliant with 115.54.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

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

### 115.61 (a)

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



- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  Yes  No

#### 115.61 (b)

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

#### 115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?  Yes  No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

#### 115.61 (d)

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

#### 115.61 (e)

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

#### Auditor Overall Compliance Determination

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

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

Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency;  
Any retaliation against inmates or staff who reported such an incident; and  
Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

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

All 12 random staff interviewees assert agency policy requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities

that may have contributed to an incident or retaliation. Minimally, all interviewees advise these issues must be reported to the lieutenant or captain immediately.

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

ODOC OP-030601 entitled PREA, page 10, section A(3) and page 32, section XVI address 115.61(b).

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

According to the medical and mental health interviewees, disclosure of confidentiality limitations and duty to report is provided to inmates prior to initiation of services. Minimally, this requirement is policy, licensure, and HIPPA driven. Similarly, reporting any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of the same, is policy driven. Both interviewees assert they have not become aware of such incidents during the last 24 months. Interviewees assert they would report to the captain, administrative duty officer (ADO) staff, the health services administrator (HSA) or the clinical supervisor.

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

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

According to the Warden, male adult offenders are housed at DCF and according to their classified level of care, they are not considered to be vulnerable adults under the State Vulnerable Persons Statute.

The Warden asserts no individuals under the age of 18 are housed at DCF. Vulnerable adult reporting is addressed in CC Policy 14.2.

According to the CCPC, if an inmate under the age of 18 or a vulnerable adult were housed at a CC facility, he would ensure facility staff notify either Child Protective Services or Adult Protective Services or applicable agency, based on the situation.

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

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

The Warden asserts the investigator is notified of all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports. He (the investigator) calls OFAI or ODOC OIG to follow-up on sexual abuse allegations as they generally facilitate such investigations. ADO staff refer allegations during non-regular business hours.

The auditor's review of a 5-1A packet regarding an incident that allegedly occurred on November 10, 2019 reveals substantial compliance with 115.61. All proper notifications to OFAI, the facility investigator, institutional executive staff, ODOC, and corporate staff were made on the same date and documented.

Of note, receipt of information regarding the alleged incident was received by medical staff. The Health Services Unit Officer overheard the inmate's statement and immediately reported the information to the shift supervisor. Communication was limited to the chain of command, those staff involved in the matter, and staff in a decision-making capacity.

In view of the above, the auditor finds DCF substantially compliant with 115.61.

## Standard 115.62: Agency protection duties

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

#### 115.62 (a)

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

#### Auditor Overall Compliance Determination

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

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

ODOC OP-030601 entitled PREA, page 5, section II addresses 115.62(a).

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

When it is learned an inmate may be in imminent danger of sexual abuse, the Warden asserts the potential victim is removed from the danger zone and moved to a safe location until alternative housing can be arranged.

All 12 random staff interviewees assert the potential victim would be immediately removed from the danger zone when it is learned he is in imminent danger of sexual abuse. The incident is then reported to the shift supervisor.

In view of the above, the auditor finds DCF substantially compliant with 115.62.

## Standard 115.63: Reporting to other confinement facilities

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

### 115.63 (a)

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

### 115.63 (b)

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

### 115.63 (c)

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

### 115.63 (d)

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

### Auditor Overall Compliance Determination

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

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

ODOC OP-030601 entitled PREA, pages 22 and 23, section XI(A) addresses 115.63(a).

During the course of inmate interviews, four inmates assert they were sexually abused at other institutions. Two of the these inmates were allegedly abused at another CC facility and the PCM determined investigations were completed at that facility.

A third inmate was allegedly sexually abused at the Oklahoma State Penitentiary (OSP) and the Warden at that facility was advised of the few specifics provided by the inmate. The information was gleaned from the inmate during victimization/aggressor screening (at intake) on August 12, 2020 and subsequently reported to OSP/documented in a Notification to Administration Form on the same date.

With respect to the last inmate, his allegation was investigated by OIG at DCF.

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

ODOC OP-030601 entitled PREA, page 23, section XI(A)(1) addresses 115.63(b).

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

ODOC OP-030601 entitled PREA, page 23, section XI(A)(2) addresses 115.63(c).

Pursuant to the PAQ, the Warden self reports the facility requires that allegations received from other facilities/agencies are investigated in accordance with PREA standards. The Warden further self reports in the last 12 months, one allegation of sexual abuse was received from another facility regarding an incident alleged to have originated at DCF.

ODOC OP-030601 entitled PREA, page 23, section XI(A)(3) addresses 115.63(d).

The auditor's review of one 115.63(d) contractor-on-resident sexual abuse allegation received by the Warden on May 22, 2020 reveals substantial compliance with 115.63(d). Requisite notifications and a request for OIG investigation were facilitated on the same date. The matter was handled pursuant to contract with ODOC.

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

The Warden asserts OFAI or OIG is contacted and they initiate the investigation. As a starting point however, the investigator reviews Incident Reports to determine if the incident was already reported and investigated.

The Warden further asserts OFAI or OIG was contacted to commence the investigation at the other facility.

In view of the above, the auditor finds DCF substantially compliant with 115.63.

## Standard 115.64: Staff first responder duties

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

#### 115.64 (a)

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

#### 115.64 (b)

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

### Auditor Overall Compliance Determination

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

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

Separate the alleged victim and abuser;

Preserve and protect any crime scene until appropriate steps can be taken to collect physical evidence;

If the abuse occurred within a time period that still allows for the collection of physical evidence, request the alleged victim not take any actions that could destroy physical evidence, including as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and

If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure 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.

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

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

The auditor's review of one investigation wherein two inmates were involved in a fight which later led to an allegation of sexual abuse by one of the combatants, resulted in the alleged victim's admission the sexual abuse incident did not occur. Allegedly, the sexual abuse incident was articulated as having occurred nearly one week prior to the report. Accordingly, while the alleged victim and perpetrator were separated, first responder duties with respect to the alleged sexual abuse, could not be conducted.

With respect to another incident, the victim was separated from the alleged abuser by the captain with whom he spoke. No additional first responder steps were required given the nature of the allegation.

Both the security and non-security first responder interviewees cited all four 115.64(a) requirements and responsibilities.

The five inmates who reported a sexual abuse incident at DCF assert they were immediately separated from the alleged perpetrator. In one case mentioned in the narrative for 115.64(b), the alleged perpetrator had already been removed from the situation. Additionally, all five interviewees assert they feel staff first responders reacted in a quick manner.

Pursuant to the PAQ, the Warden self reports agency policy requires that if the first responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff. The Warden further self reports that in all nine cases, the first responder was a security staff member.

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

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

The auditor's review of one investigation wherein the victim alleged a staff member stated to him she would have him raped, reveals substantial compliance with 115.64(b). The case manager to whom the information was reported, immediately reported the same and the alleged perpetrator was removed from inmate contact.

The second investigation involving the recipient of a report of sexual abuse by another inmate reflects the victim reported the incident to a medical staff member and he/she reported the same to an appropriate unit manager. The unit manager immediately interviewed the victim and determined the victim and the alleged perpetrator had not been housed together for nearly six weeks from the date of the alleged incident.

With respect to the third investigation, the victim reported a sexual abuse incident to a mental health practitioner who, in turn, immediately reported the allegation to unit staff. A correctional supervisor immediately interviewed the victim and initiated protocols.

The victim was housed separately from the alleged perpetrator. Aside from this step, no further first responder steps were appropriate in view of the fact pattern.

Five of 12 random security staff interviewees correctly identified all four first responder requirements. All interviewees were in possession of the CC card bearing all directions. The CC card clearly directs staff to request the victim to refrain from destroying physical evidence while ensuring the perpetrator does not destroy the same.

Of note, all seven random staff first responders who failed to properly articulate the four first responder steps, presented confusion regarding "requesting the victim not destroy physical evidence while ensuring the perpetrator doesn't destroy physical evidence." When evaluating the totality of the evidence presented (random staff and security staff and non-security staff first responders), as well as, policy, the laminated first responder cards, and actual practice as ascertained pursuant to review of investigations, the auditor finds substantial compliance with 115.64. However, the auditor recommends that facility staff conduct training regarding first responder duties, articulating the nuances of requesting the victim and ensuring the perpetrator not destroy physical evidence.

In view of the above, the auditor finds DCF substantially compliant with 115.64.

## **Standard 115.65: Coordinated response**

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

#### **115.65 (a)**

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

### Auditor Overall Compliance Determination

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

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

ODOC OP-030601 entitled Oklahoma PREA, pages 19-21, ODOC OP 040117 entitled Investigations, pages 2-4, sections II-IV, and ODOC OP 140118 entitled Emergency Care, pages 1, 3, 4-6 address 115.65(a).

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

In addition to the above, the auditor's review of the DCF Institutional Plan Notification Process Re: Oklahoma PREA and accompanying documents reveals substantial compliance with 115.65(a).

The Warden asserts the facility has a plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. The Warden further asserts CC Policy 14.2 captures coordinated response procedures and the 14-2C Checklist is used to document the actions of involved staff throughout the incident. First Responders, medical and mental health staff responses, administration of a forensic examination (if applicable), security supervisor response, transport, notifications to OFAI/OIG/ODOC/Corporate staff, and investigation initiation are documented. This document is reviewed by multiple executives and appropriate stakeholders.

In view of the above, the auditor finds DCF substantially compliant with 115.65.

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

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

#### 115.66 (a)

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

#### 115.66 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination



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

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

Reportedly, there is no collective bargaining agreement at DCF.

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

In view of the above, the auditor finds DCF substantially compliant with 115.66.

## Standard 115.67: Agency protection against retaliation

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

#### 115.67 (a)

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

#### 115.67 (b)

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

#### 115.67 (c)

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

and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? X  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? X  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? X  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? X  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? X  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? X  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? X  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? X  Yes  No

#### 115.67 (d)

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

#### 115.67 (e)

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

#### 115.67 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

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

ODOC OP-030601 entitled PREA, page 21, section D addresses 115.67(a).

ODOC OP-030601 entitled PREA, pages 21 and 22, section D(1-3) addresses 115.67(b).

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

The Warden and retaliation monitor interviewee assert when she is advised an investigation of sexual abuse has been opened, she initiates retaliation monitoring. Housing changes to ensure personal safety, if not already implemented, would be an option. Minimally, if the alleged perpetrator's identity is known, housing, perhaps in segregated status, would be coordinated. If appropriate, a transfer would be coordinated in conjunction with contract monitors. With respect to inmates, emotional support oversight would either be recommended or increased and with respect to staff, the Employee Assistance Program (EAP) might be recommended. In essence, she coordinates the well being and personal follow-up to assess retaliation threat level. If the alleged perpetrator is a staff member, she collaborates with security staff to ensure the staff member is not assigned to the area in which the victim is housed..

She facilitates the actual monitoring meetings on a 30/60/90 day basis. The interviewee asserts she does reach out to victims following advisement by mental health, security staff, or the PCM. Minimally, meetings are facilitated at the aforementioned 30/60/90 day intervals and she documents findings.

The PCM reports there were no inmates housed in segregated housing for risk of sexual victimization/who allege to have suffered sexual abuse, at the time of the on-site audit.

All five inmate victims who reported a sexual abuse at DCF interviewees assert they do feel protected enough against possible revenge from staff or other inmates because they reported the incident.

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

ODOC OP-030601 entitled PREA, page 22, section D(4)(a-f) addresses 115.67(c).

The auditor's review of one alleged sexual abuse allegation reported on November 10, 2019 reveals retaliation monitoring commenced on November 11, 2019 and was concluded on December 13, 2019 as the investigation concluded the allegation was unfounded. The auditor's review of the relevant Protection Against Retaliation- Inmate form validates this information.

Additionally, the auditor's on-site review of six additional investigations reveals retaliation monitoring was facilitated in two cases, one case was determined to be unfounded, and another case involved an incident that allegedly occurred at another facility, but was investigated by OIG at DCF as the victim was housed there.

In one additional case (part of the investigation review described in the preceding paragraph), the alleged victim reported that he had been raped at DCF in May 2019. Of note, this report was made eight months following his transfer from DCF to OSP. Accordingly, retaliation monitoring relative to the incident could not be accomplished at DCF. The inmate victim was transferred to OSP four months following the alleged incident (September 10, 2019) when he was reclassified as Maximum security and transferred by ODOC.

In view of the above, the auditor finds DCF substantially compliant with 115.67(c).

The Warden and retaliation monitor interviewee assert 30/60/90 day (minimum) retaliation monitoring meetings, with check-ins, are facilitated to monitor the victim's status. The protective measures described in the aforementioned paragraphs are always implemented to ensure personal safety. This will continue throughout the minimal monitoring period and beyond, if deemed necessary.

The retaliation monitor interviewee asserts she assesses whether there is hygiene depreciation, suicide watches, recreation refusals, isolation, refusing showers, and accrual of misconduct reports to detect possible retaliation of inmates. She coordinates these observations with unit officers, case managers, counselors, and unit managers.

In regard to staff victims of retaliation, an increase in call-offs, increase in receipt of disciplinary charges, hygiene depreciation, isolation, and a decrease in performance are key indicators to monitor. She closely monitors the institution staff and inmate communication for signs indicative of retaliation.

ODOC OP-030601 entitled PREA, page 22, section D(4)(g) addresses 115.67(d).

ODOC OP-030601 entitled PREA, page 21, section D addresses 115.67(e).

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

In view of the above, the auditor finds DCF substantially compliant with 115.67.

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

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

#### **115.68 (a)**

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

#### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

Pursuant to the PAQ, the Warden self reports the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is/are no available alternative means of separation from likely abusers. The Warden further self reports zero inmates, alleged to have suffered sexual abuse, were held in involuntary segregated housing in the last 12 months for one to 24 hours awaiting completion of assessment. If an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population.

ODOC OP-030601 entitled PREA, pages 18 and 19, section IX(A-F) addresses 115.68(a).

The Warden asserts agency policy prohibits placing inmates at a high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there are no alternative means of separation from potential abusers. The Warden further asserts an inmate may request placement in segregated housing.

The Warden asserts inmates at high risk for sexual victimization or who have alleged sexual abuse are placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. Generally, alternative housing can be successfully arranged.

Such placements would be short term, generally less than two weeks in duration.

Finally, the Warden asserts there are no recent (within the last 12 months) circumstances in which segregated housing was used to protect an inmate who was alleged to have suffered sexual abuse.

The staff who supervises inmates in segregated status interviewee asserts access to recreation, education, mental health (MH), medical, and laundry services are granted to such inmates similarly situated. Work opportunities are limited based on the nature of the unit and mission. Staff bring all services and programs to inmates.

Any and all denials or deprivations of any program/service are documented in logs or on Segregation Activity Records (SARs). SARs are individual records unique to the inmate. The associate warden authorizes any restrictions.

The staff who supervises inmates in segregated status interviewee asserts inmates are generally not placed in involuntary segregated housing as a means of separation from likely abusers, unless it is during the initial stages of the incident for investigation. Placement in involuntary segregated housing as a means of separation from likely abusers would generally be limited to the same day up to two weeks.

The staff who supervises inmates in segregated status interviewee asserts weekly reviews are conducted for inmates assigned to involuntary segregated housing for purposes articulated throughout 115.43, to determine if continued segregated housing placement is needed.

The PCM asserts zero inmates were housed in segregated housing based on 115.68(a) rationale, at the time of the on-site audit.

Pursuant to the PAQ, the Warden self reports that if the facility restricts access to programs, privileges, education, or work opportunities. The following issues are documented:

The opportunities that have been limited;  
The duration of the limitations; and

The reason for such limitations.

Additionally, pursuant to the PAQ, the Warden self reports inmates are placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged and inmates are placed in involuntary segregated housing for a period that does not ordinarily exceed 30 days.

In view of the above, the auditor finds DCF substantially compliant with 115.68.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

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

#### 115.71 (a)

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

#### 115.71 (b)

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

#### 115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? X  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? X  Yes  No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? X  Yes  No

#### 115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?  Yes X  No

#### 115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? X  Yes  No

- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? X  Yes  No

#### 115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? X  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? X  Yes  No

#### 115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? X  Yes  No

#### 115.71 (h)

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

#### 115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? X  Yes  No

#### 115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? X  Yes  No

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) X  Yes  No  NA

#### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the facility has a policy related to criminal and administrative agency investigations.

ODOC OP-040117 entitled Investigations, page 2, section I(B) and pages 2, 3, section I(A) address 115.71(a).

The investigative staff interviewee asserts he contacts ODOC OIG and advises of the sexual abuse allegation. OIG may send an investigator to the facility and if so, the DCF investigator meets the OIG investigator at the facility. The investigator assists in any way necessary.

The ODOC OIG interviewee asserts any allegation of sexual abuse/harassment is immediately referred to his office. If the incident occurred within a 72 hour time frame, OIG investigators immediately report to the facility. Facility investigators are very responsive in terms of the entire process.

If OIG releases the matter to DCF, the investigative interviewee would report to the facility to minimally, ensure the crime scene is secure.

With respect to a local investigation, the investigative interviewee would commence the same immediately. In the case of a sexual harassment investigation, the investigative interviewee would commence the same immediately if he is on site. If off-site, he may direct the shift commander in terms of protocol.

Anonymous and/or third party reports of sexual abuse/harassment are handled in the same manner as any sexual abuse/harassment investigation.

The auditor's review of seven investigations (one included in the PAQ and on-site review of six random investigations) reveals substantial compliance with 115.71.

ODOC OP-040117 entitled Investigations, page 3, section II(A)(3) addresses 115.71(b).

Credentials and training regarding the DCF administrative sexual abuse/harassment investigators and ODOC OIG criminal sexual abuse investigators are discussed in the narrative for 115.34.

The auditor's review of slides from the PREA Investigators Training reveals discussions regarding techniques for interviewing sexual abuse victims, Miranda and Garrity rights, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The slides are a combination National Council on Crime and Delinquency (NCCD), the Bureau of Justice Assistance (BJA), and the Moss Group.

According to the investigative staff interviewee, he did receive training specific to conducting sexual abuse investigations in confinement settings. Some of the training was facilitated by the Moss Group and was entitled Conducting Sexual Abuse Investigations in a Confinement Setting. Operation Diamondback was comprised of primarily classroom work. Definitions, interviewing techniques, victim behavior, standards of evidence, and mock scenarios were covered during this training. Additionally, he has completed the NIC course entitled PREA: Conducting Sexual Abuse Investigations in a Confinement Setting.

The ODOC OIG investigator's synopsis of training is reflected in the narrative for 115.34.

ODOC OP-040117 entitled Investigations, pages 3 and 4, sections 5 and 6 addresses 115.71(c).

The investigative staff interviewee asserts the following chronology of investigative events is followed in each case:

First Responder/preservation of evidence is immediately assessed and the crime scene is photographed to ensure zero loss of physical evidence (five to 60 minutes);  
Review inmate victim and witness statements (30-60 minutes);  
Review previous PREA complaints filed by the victim or complaints filed against the alleged perpetrator (30-60 minutes);



Review video and any audio, making notes (30 minutes to 60 minutes);  
Interview victim and witnesses (one to two hours);  
If the case is not deemed to be criminal, in nature, interview the perpetrator (zero to 40 minutes);  
Retrieve file materials (30 minutes); and  
Establish evidence credibility or refute credibility and write the report (two hours).

The auditor notes that as a result of the DCF investigator's prior employment and training as a police officer, he can collect physical evidence (clothing, sheets, etc.). In terms of indirect and circumstantial evidence, the interviewee collects video, files, statements, etc.

The ODOC OIG investigator asserts he employs a similar protocol as reflected above. He does initiate interviews quickly following review of documents and indirect/circumstantial evidence gathered by the DCF investigator. The ODOC OIG investigator collects physical evidence.

The auditor's review of one criminal investigation (facilitated by an ODOC OIG investigator regarding alleged non-consensual sexual abuse) reveals substantial compliance with 115.71(c). The report includes basics similar to those one would find in an administrative sexual abuse investigation. Pursuant to the report, the matter would be referred to the District Attorney (DA) by the OIG investigator.

ODOC OP-040117 entitled Investigations, page 4, section 6; page 8, section V(B)(3, 4, and C(1); and page 9, section D(2) addresses 115.71(d).

As reflected above, ODOC OIG is actively involved in the investigative process from start to finish. According to the investigative staff interviewee, ODOC OIG handles all prosecution liaison and compelled interviews.

The ODOC OIG interviewee validates the DCF investigative interviewee's statement as reflected above. The nature of the case and available evidence dictates prosecution referral.

ODOC OP-040117 entitled Investigations, pages 8 and 10, sections V(B)(5) and VI(A)(2)(b) and OP-030601 entitled Oklahoma PREA, page 10, section 6 addresses 115.71(e).

The investigative staff asserts he assesses credibility of an alleged victim, suspect, or witness by the consistency in their narrative as compared to direct and indirect evidence, prior convictions/disciplinary reports, any unit management notes regarding behavior, and history of lying behavior. Does the inmate appear to be under the influence of alcohol or drugs? Is the inmate coherent? Are there factors which make the victim more believable than not?

The interviewee further advises he does not require an inmate who alleges sexual abuse to submit to a polygraph examination or truth-telling device as a condition for proceeding with an investigation. All five inmates who reported a sexual abuse interviewees assert they were not required to take a polygraph test as a condition for proceeding with a sexual abuse investigation.

The ODOC OIG interviewee asserts victims, witnesses, and alleged perpetrators are considered credible until the evidence proves otherwise.

ODOC OP-040117 entitled Investigations, page 2, section I(A), (B); and page 8, section V(B)(2) addresses 115.71(f).

The investigative staff interviewee asserts he gathers and reviews reports, comparing the same against video, if applicable, to discern any inconsistencies. Were rounds made in accordance with policy and post orders? Were security checks facilitated? Was the crime scene secured? Compare staff actions/inactions against policy/procedure and the Code of Ethics.

In regard to report preparation, the investigative staff interviewee asserts he does document administrative investigations in written reports. The following topics are included in the report:

To whom was the allegation reported and define the timeline?;  
Interviews and content/context of the same;  
Physical evidence analysis;  
Interview(s) analysis;  
Video, file(s) analysis; and  
Conclusion, inclusive of policy violations.

ODOC OP-040117 entitled Investigations, page 9, section D(2) addresses 115.71(g).

It is noted criminal investigations are facilitated by the ODOC OIG investigators, as previously indicated. According to the investigative staff interviewee, criminal investigations are documented, generally in the same manner as an administrative investigation. Of note, the auditor's review of some OIG investigative reports validates the investigator's statement with respect to criminal investigative reports.

The investigative staff interviewee further self reports OIG generally submits their report(s) to the Warden and he disseminates relevant substance to stakeholders.

Pursuant to the PAQ, the Warden self reports substantiated allegations of conduct that appear to be criminal shall be referred for prosecution. The Warden further self reports one substantiated allegation of conduct that appeared to be criminal was referred for prosecution since the last PREA audit.

ODOC OP-030601 entitled Oklahoma PREA, page 11, section B(1)(d); and page 23, section XI(B) addresses 115.71(h). Additionally, ODOC OP-040117 entitled Investigations, page 9, section D(1) addresses the same provision.

The investigative staff interviewee asserts he does not refer cases for prosecution as the same falls under the purview of ODOC OIG. The ODOC OIG interviewee asserts probable cause must be present and there is a potential violation of the criminal code before a case is referred for prosecution.

Pursuant to the PAQ, the Warden self reports the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

ODOC OP-040117 entitled Investigations, page 6, section IV(D)(4) addresses 115.71(i). addresses 115.71(i).

The auditor did not discover any deviations from 115.71(i).

ODOC OP-040117 entitled Investigations, page 3, section II(A) addresses 115.71(j).

The investigative staff and ODOC OIG interviewees assert when a staff member alleged to have committed sexual abuse terminates employment prior to a completed investigation into his/her conduct, the investigation continues. This is also the case when a victim who alleges sexual abuse or sexual harassment or an alleged abuser leaves the facility prior to a completed investigation into the incident. Again, ODOC OIG is actively involved in the vast majority of such investigations and accordingly, they track and follow-up on such investigations.

If an outside agency investigates allegations of sexual abuse, the Warden asserts the OIG investigator emails him regarding the Opening Brief. The DCF investigator follows up with the OIG investigator on a weekly basis.

The CCPC relates, on a global basis, it depends on the customer as to how the agency remains abreast of the progress of an investigation facilitated by an outside agency. Designated facility staff follow-up with the outside agency on a schedule determined at the local level. The DCF PCM relates either he or the facility investigator remains in consistent contact, generally weekly, with OIG to obtain updates.

The facility investigator advises OIG facilitates the investigation in entirety and he provides support as a liaison and assists with evidence collection, etc.

In view of the above, the auditor finds DCF to be substantially compliant with 115.71.

## Standard 115.72: Evidentiary standard for administrative investigations

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

#### 115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?  Yes  No

#### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.

ODOC OP-030601 entitled Oklahoma PREA, page 6, section III addresses 115.72(a).

The investigative interviewee advises the standard of proof in a criminal matter is "Beyond a Reasonable Doubt". In an administrative matter, the standard of proof is "Preponderance". Preponderance can be described as 51% or more evidence the incident occurred than not.

The auditor's on-site review of the aforementioned six investigations plus the investigation included in the PAQ materials reveals substantial compliance with 115.72(a).

In view of the above, the auditor finds DCF substantially compliant with 115.72.

## Standard 115.73: Reporting to inmates

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

#### 115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?  Yes  No

#### 115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency

in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) X  Yes  No  NA

#### 115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? X  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? X  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? X  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? X  Yes  No

#### 115.73 (d)

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

#### 115.73 (e)

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

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the agency has a policy requiring that any inmate who makes an allegation he suffered sexual abuse in an agency facility is informed verbally, or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The Warden further self reports nine criminal and/or administrative investigations of alleged sexual abuse were completed by facility staff or ODOC OIG during the last 12 months and the requisite notification was provided in each case.

ODOC OP-030601 entitled PREA, page 27, section XII(A) addresses 115.73(a).

The auditor's review of one unfounded sexual abuse investigation conducted during the last 12 months reveals the requisite notification was completed in a timely manner and the victim refused to sign the same. The document provided to the victim for signature is titled "Notification of Investigation Status." Of note, this allegation was referred for ODOC OIG investigation.

The auditor's on-site review of six random resident investigative files reveals requisite 115.73(a) notifications were provide in a timely manner in four cases. All six cases were investigated by ODOC OIG.

The victim was not housed at DCF when the investigation was completed in one of the two remaining cases and accordingly, the notification was not completed. In the last case, the alleged sexual abuse allegedly occurred at another facility and the investigation was completed by OIG at DCF.

The Warden asserts DCF staff notify an inmate who makes an allegation of sexual abuse when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. A Notification Form is completed and issued to the affected inmate.

The investigative staff interviewee asserts agency procedures require that an inmate who makes an allegation of sexual abuse must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. He further asserts the classification coordinator makes such written notification.

Four of the five inmates who reported a sexual abuse at DCF interviewees assert they did not receive notification under these circumstances. The auditor's review of three investigations related to three separate interviewees clearly reveals they did receive requisite 115.73(a) notification.

Pursuant to the PAQ, if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the inmate of the outcome of the investigation. The Warden further self reports nine alleged inmate sexual abuse investigations were completed by an outside agency during the last 12 months and the requisite notification was provided in all nine cases.

Pursuant to the PAQ, the Warden self reports following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the facility subsequently informs the inmate (unless the agency has determined the allegation is unfounded) whenever:

The staff member is no longer posted within the inmate's unit;  
The staff member is no longer employed at the facility;  
The agency learns the staff member has been indicted on a charge related to sexual abuse within the facility; or  
The agency learns the staff member has been convicted on a charge related to sexual abuse within the facility.

The Warden further self reports there has been a substantiated or unsubstantiated complaint (e.g. not unfounded) of sexual abuse committed by a staff member against an inmate in an agency facility within the last 12 months and the requisite notification was provided to the victim in each case.

ODOC OP-030601 entitled PREA, pages 27 and 28, section XII(B)(1)(a-d) addresses 115.73(c).

The auditor reviewed one Notification of Investigation Status dated November 12, 2019, regarding an alleged sexual abuse incident with a contractor. The same addresses the status of the investigation (unfounded) and is therefore, not applicable to 115.73(c). This included review of the actual administrative investigation.

In addition to the above, the auditor's review of two of three additional 115.73(c) notifications reveals substantial compliance with 115.73(c).

Three of the five inmates who reported a sexual abuse incident at DCF assert they received no 115.73(c) notifications in response to their allegations of staff (to include contractors) on inmate sexual abuse.

Pursuant to the PAQ, the Warden self reports that following an inmate's allegation he or she has been sexually abused by another inmate in an agency facility, the agency subsequently informs the alleged victim whenever:

The agency learns the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or

The agency learns the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

ODOC OP-030601 entitled PREA, page 28, section XII(D)(1) addresses 115.73(d).

Two of the five inmates who reported a sexual abuse incident at DCF assert they received no 115.73(d) notifications in response to their allegation(s) of inmate on inmate sexual abuse.

The auditor's on-site random review of one inmate-on-inmate sexual abuse allegation reveals he was provided 115.73(d) notification in a timely manner. The inmate refused to sign the written notification.

The auditor's on-site random review of one additional sexual abuse allegation reveals the incident allegedly occurred at another facility however, ODOC OIG investigated the same at DCF as the victim was housed at that facility. There is no evidence the inmate received written 115.73(d) notification.

The auditor finds DCF substantially compliant with 115.73(d).

Pursuant to the PAQ, the Warden self reports the agency has a policy that all notifications to inmates described under 115.73 are documented. The Warden further relates nine requisite documented notifications were provided to inmate victims during the last 12 months.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section 14-2.3(Q)(4) addresses 115.73(e) in entirety. Additionally, ODOC OP-030601 entitled PREA, page 28, section XII(D)(2) addresses 115.73(e).

In view of the above, the auditor finds DCF substantially compliant with 115.73.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

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

#### 115.76 (a)

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

#### 115.76 (b)

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

#### 115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?  Yes  No

#### 115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

#### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

CC APS-030601 entitled Oklahoma Prison Rape Elimination Act, page 10, section J(1)(a) addresses 115.76(a).

Pursuant to the PAQ, the Warden self reports zero facility staff have violated agency sexual abuse or sexual harassment policies during the last 12 months. The Warden further self reports zero facility staff have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies.

The policy citation reflected above in the narrative for 115.76(a) likewise applies to 115.76(b).

Pursuant to the PAQ, the Warden self reports disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The Warden further self reports in the last 12 months, zero facility staff have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.

CC APS-030601 entitled Oklahoma Prison Rape Elimination Act, page 10, section J(1)(b) addresses 115.76(c).

Pursuant to the PAQ, the Warden self reports all terminations for violations of sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The Warden further self reports in the last 12 months, zero staff from the facility have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

CC APS-030601 entitled Oklahoma Prison Rape Elimination Act, page 10, section J(1)(c) addresses 115.76(d).

In view of the above, the auditor finds DCF substantially compliant with 115.76.

## Standard 115.77: Corrective action for contractors and volunteers

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

#### 115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  No

#### 115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?  Yes  No

### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports any contractor or volunteer who engages in sexual abuse is reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The Warden further self reports agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates. During the last 12 months, one contractor or volunteer was reported to law enforcement (investigation) for engaging in sexual abuse of inmates.

ODOC OP-030601 entitled Oklahoma PREA, page 26, sections 3(c) and (d) addresses 115.77(a). It is noted that pursuant to ODOC OP-030601 entitled Oklahoma PREA, the terms "staff" and "employee" includes all ODOC employees, contract personnel, contract employers, and volunteers. Additionally, CC APS 030601 entitled Oklahoma PREA, page 11, section J(2)(a) addresses 115.77(a).



The auditor's review of the Incident Report regarding this matter reveals the alleged perpetrator was denied access to the facility pending the results of an investigation. This denial of access was implemented on the same date of the report.

The auditor's further review of an ODOC document reveals the alleged perpetrator was either discharged, access to the facility was terminated, or his/her contract was not renewed. Of note, referral of the matter to a licensing authority is not applicable based on the functions performed by the contractor.

The auditor has been advised (by the PCM) that the contract provider does not usually generate termination letters. However, the provider's records reflect the subject employee's termination reason was based on a security clearance pull.

Pursuant to the PAQ, the Warden self reports the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

CC APS 030601 entitled Oklahoma PREA, page 11, section J(2)(b) addresses 115.77(b).

The Warden asserts a contractor or volunteer's access privileges are pulled pending investigation in the case of any alleged violation of agency sexual abuse or sexual harassment policies. The contractor/volunteer has no access to the facility and consequently, inmates. If the investigation is substantiated, access privileges are revoked on a permanent basis.

In view of the above, the auditor finds DCF substantially compliant with 115.77.

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

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

#### **115.78 (a)**

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? X  Yes  No

#### **115.78 (b)**

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

#### **115.78 (c)**

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

#### **115.78 (d)**

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? X  Yes  No

#### **115.78 (e)**

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

#### 115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? X  Yes  No

#### 115.78 (g)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) X  Yes  No  NA

#### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse. The Warden further self reports inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for inmate-on-inmate sexual abuse.

In the last 12 months, there were zero substantiated administrative findings of inmate-on-inmate sexual abuse that occurred at the facility. Similarly, there were zero criminal findings of guilt for inmate-on-inmate sexual abuse that occurred within the facility.

ODOC OP-030601 entitled PREA, pages 10 and 11, section B(a) and (d) addresses 115.78(a).

Attachment A entitled Acts Constituting Rule Violation and Attachment A Range of Allowable Sanctions, ODOC OP-060125 entitled Classification addresses 115.78(b).

The Warden asserts varying degrees of sanctions are available pursuant to the disciplinary process. A sexual misconduct charge could warrant both administrative removal of the inmate from the facility followed by ODOC ratification of a disciplinary transfer of the inmate. The alleged perpetrator would, more than likely, be administratively removed from the facility prior to finalization of the disciplinary transfer. Additionally, criminal prosecution is always an option.

The Warden further asserts sanctions are proportionate to the nature and circumstances of the abuses committed, the inmate's disciplinary history, and the sanctions imposed for similar offenses by other inmates with similar histories. Additionally, assessment of mental disability or mental illness is built into the policy. Every disciplinary matter is evaluated by mental health practitioners.

ODOC OP-060125 entitled Classification, page 9, section A(2) (a) and (b) addresses 115.78(c) in entirety.

Pursuant to the PAQ, the Warden self reports the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. The Warden further self reports if the facility offers therapy, counseling, or other interventions designed to address and correct the

underlying reasons or motivations for abuse, the facility considers whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.

According to the mental health interviewee, therapy, counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse are offered to both victims and perpetrators. Inmate access to programming or other benefits is not contingent upon participation in such services. The PCM confirmed mental health staff offers counseling to both victims and perpetrators of sexual abuse designed to address and correct underlying reasons or motivations for abuse.

Pursuant to the PAQ, the Warden self reports the agency disciplines an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

The auditor was not provided any policy citation(s) to substantiate 115.78(e). While there is no ODOC policy addressing the same, CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section 14-2.3(R)(1)(a)(v) addresses 115.78(e) in entirety. The auditor found no deviations from this policy and henceforth, the policy provision.

The PCM asserts no incidents occurred wherein an inmate was disciplined for sexual contact with a staff member subsequent to a finding the staff member did not consent to such contact.

Pursuant to the PAQ, the Warden self reports the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

ODOC OP-030601 entitled PREA, page 14, section A(3) addresses 115.78(f).

Pursuant to the PAQ, the Warden self reports the agency prohibits all sexual activity between inmates. The Warden further self reports if the agency disciplines inmates for such activity, the agency deems such activity to constitute sexual abuse only if it determines the activity is coerced.

Attachment A, as referenced in the narrative for 115.78(b), addresses 115.78(g). Charge A-9 is the applicable charge. The same is clearly not deemed to be sexual abuse if the behavior, in question, is consensual.

In view of the above, the auditor finds DCF substantially compliant with 115.78.

## MEDICAL AND MENTAL CARE

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

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

##### 115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) X  Yes  
 No  NA

##### 115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) X  Yes  No  NA

#### 115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? X  Yes  No

#### 115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? X  Yes  No

#### 115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? X  Yes  No

#### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports all inmates at the facility who have disclosed any prior sexual victimization during a screening pursuant to 115.41, are offered a follow-up meeting with a medical or mental health practitioner. The Warden further self reports the follow-up meeting is offered within 14 days of the intake screening. Reportedly, in the last 12 months, 100% of inmates who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner. Reportedly, medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

ODOC OP-030601 entitled PREA, page 16, section VII addresses 115.81(a/c). Page 18 of the same policy, section A also addresses 115.81(a/c).

Two of five inmate interviewees who disclosed prior sexual victimization (four institutional and one community) during risk screening assert they were asked if they wanted to meet with a medical or mental health care practitioner. Both of the interviewees who responded in the affirmative assert they were seen within 14 days of arrival at DCF.

The auditor's review of files related to the three remaining interviewees who assert they were neither offered the meeting nor received the same contradicts their assertions. Minimally, affected inmates were seen within one week of arrival at DCF.

The staff who performs initial screening for risk of sexual victimization and abusiveness interviewee asserts she offers a follow-up meeting with a medical and/or mental health practitioner whenever the screening indicates an inmate has experienced prior sexual victimization, whether in an institutional setting or in the community. She further relates she advises medical/mental health staff immediately following the screening and the meeting generally occurs on the day of arrival.

Pursuant to the PAQ, the Warden self reports all prison inmates who have previously perpetrated sexual abuse, as indicated during the screening pursuant to 115.41, are offered a follow-up meeting with a mental health practitioner. The Warden further self reports the follow-up meeting is offered within 14 days of the intake screening. Reportedly, during the last 12 months, 100% of inmates who have previously perpetrated sexual abuse, as indicated during the screening, were offered a follow-up meeting with a mental health practitioner. Mental health staff reportedly maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

ODOC OP-030601 entitled PREA, page 16, section VII addresses 115.81(b).

The staff who performs initial screening for risk of sexual victimization and abusiveness interviewee asserts she offers a follow-up meeting with a mental health practitioner whenever the screening indicates an inmate has perpetrated prior sexual abuse, whether in an institutional setting or in the community. She further relates she advises medical/mental health staff immediately following the screening and the meeting generally occurs on the day of arrival.

Pursuant to the PAQ, the Warden self reports information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law.

ODOC OP-030601 entitled Oklahoma PREA, page 16, section VII(B)(1) also addresses 115.81(d). Additionally, CC APS 303601 entitled Oklahoma Prison Rape and Elimination Act, page 7, section 10(c) and (d) addresses 115.81(d). Finally, ODOC OP-140106 entitled Healthcare Record System, pages 1 and 2, section I(B)(1-6) also addresses 115.81(d).

Pursuant to the PAQ, the Warden self reports medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.

ODOC OP-140108 entitled Privacy of Protected Health Information, page 7, section 4(a) and (b)(1-3) addresses 115.81(e).

The Mental Health interviewee asserts, as a matter of routine, she ensures an Informed Consent form is completed prior to provision of services to any inmate. There is no separate informed consent process for inmates under the age of 18 as such inmates are not housed at DCF.

In view of the above, the auditor finds DCF substantially compliant with 115.81.

## **Standard 115.82: Access to emergency medical and mental health services**

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

#### **115.82 (a)**

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?

X  Yes    No

### 115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? X  Yes  No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? X  Yes  No

### 115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? X  Yes  No

### 115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? X  Yes  No

### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The Warden further self reports the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

ODOC OP-030601 entitled PREA, page 10, section B(1)(b); ODOC OP-030601 entitled PREA, page 21, section 6; and ODOC OP-140118 entitled Emergency Care, page 4, section C(5) address 115.82(a).

The medical and mental health interviewees assert victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. This occurs almost immediately following decision-making and a brief medical examination at DCF. The nature and scope of these services are determined according to the professional judgment of the provider, in addition to the physician.

The medical interviewee asserts she asks threshold medical questions as a starting point with respect to the victim. There is no unclothed inspection unless wounds dictate the same. She checks for visible cuts, bleeding, and bruises that are readily observable. She also strives to keep the victim calm and reassured.

She may suggest to the ODOC OIG investigator that a forensic examination is advisable. Such a recommendation is provided within her medical purview.

One inmate who reported a sexual abuse at DCF interviewee asserts he did not meet with mental health staff until four months subsequent to the incident. Another victim asserts there was no penetration and he

received a minor scratch on his shoulder. The auditor's review of the investigation in this matter reveals he was removed from the facility for further examination at a local hospital. Two other victims assert they were immediately taken to the Medical Department at the facility and one was taken to a local hospital for a forensic examination. The final interviewee asserts he was not given any medical or mental health follow-up regarding the assault.

The auditor notes that pursuant to his review of investigative packets regarding sexual abuse allegations perpetrated at DCF within the last 12 months, inmate victims were evaluated by medical professionals unless the fact pattern was not indicative of sexual abuse.

ODOC OP-030601 entitled PREA, pages 20 and 21, section B(4) and ODOC OP-140118 entitled Emergency Care, page 4, section C(5) address 115.82(b). The steps articulated in these policy provisions follow a chronological sequence with specific duties assigned (e.g the crime scene is secured by the highest ranking authority on-site and the safety of the victim is likewise ensured by this individual).

A recapitulation regarding security and non-security staff first responders is clearly articulated in the narratives for 115.21 and 115.64.

The auditor's review of a sexual assault packet and all follow-up medical/mental health documentation reveals substantial compliance with 115.82(a) and (b). On April 2, 2020, an inmate reported he had been sexually assaulted at DCF over a period of weeks. PREA sexual abuse protocols, relative to these provisions, were invoked commencing with a DCF medical examination. He was subsequently removed from the facility and transported for a forensic and mental health examination.

The auditor's review of the Sexual Abuse Incident Check Sheet reveals a chronological accounting of steps taken with respect to this allegation. Mental Health notes, completed the day following the alleged incident, capture the alleged victim's feelings, history, and strategic interventions employed in this matter.

Pursuant to the PAQ, inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

Of note and as previously indicated, DCF is a male only facility. However, the medical staff interviewee advises victims of sexual abuse are offered timely information about access to sexually transmitted infection prophylaxis. Such information would be provided minimally, by DCF medical staff.

The medical staff interviewee asserts victims of sexual abuse are offered timely information about access to emergency transmitted infection prophylaxis.

Three of five inmates who reported a sexual abuse at DCF interviewees assert they were provided information about, and access to, emergency contraception and/or sexually transmitted infection prophylaxis. One additional interviewee asserts he was provided neither timely information about nor access to sexually transmitted infection prophylaxis. A second interviewee asserts his situation did not warrant provision of the same as there was no penetration.

Of note, the auditor's review of the investigation regarding the latter inmate's sexual abuse investigation reveals compliance with 115.82(c). The specifics of the forensic examination are articulated in the narrative for 115.82(a).

Pursuant to the PAQ, the Warden self reports treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigations arising out of the incident.

ODOC OP-140118 entitled Emergency Care, page 5, section d addresses 115.82(d) in entirety.

In view of the above, the auditor finds DCF substantially compliant with 115.82.

## **Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers**

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

#### **115.83 (a)**

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? X  Yes  No

#### **115.83 (b)**

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? X  Yes  No

#### **115.83 (c)**

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

#### **115.83 (d)**

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

#### **115.83 (e)**

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

#### **115.83 (f)**

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

#### **115.83 (g)**

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? X  Yes  No



## 115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)  
X  Yes    No    NA

### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the facility offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

ODOC OP-030601 entitled PREA, page 30, section XIV(A-C) addresses 115.83(a).

The auditor's review of two sexual abuse investigations and follow-up medical/mental health examinations/evaluations reveals substantial compliance with 115.83(a). The PCM asserts one of the two alleged victims was not administered a forensic examination and he subsequently recanted his allegation, admitting he falsified the PREA allegation. The second inmate was likewise not administered a forensic examination.

The auditor notes ODOC OIG investigators make the call regarding administration of forensic examinations based on information and medical follow-up provided by facility staff.

The medical staff interviewee asserts evaluation and treatment of inmates who have been victimized by sexual abuse is described in detail in the narrative for 115.82(a). Additionally, any physical injuries (e.g. tearing, etc.) are noted in the Progress Notes. A SAFE/SANE recommendation may follow at the direction of OIG investigators.

The mental health staff interviewee asserts she evaluates mental health status. She calms, reassures, and supports the victim throughout the assessment. Additionally, she advises of treatment opportunities.

Two of the five inmates who reported sexual abuse interviewees assert the medical or mental health doctor did discuss with them follow-up services, treatment plans, or any, if necessary, referrals for continued care. Of note, the auditor's review of one investigation reflects no penetration. In another case, the record does reflect follow-up was facilitated and documented.

ODOC OP-140201 entitled Mental Health Services Duties and Responsibilities, page 2, section I(B)(2) addresses 115.83(c). Additionally, ODOC OP-140201 entitled Mental Health Services Duties and Responsibilities, page 12, section IV(A), (B), and (C) also addresses 115.83(c).

Both the medical and mental health staff interviewees assert medical and mental health services offered are consistent with the community level of care.

Services offered at the facility and subsequent to transport to a local hospital for a forensic examination, if applicable, meet the community standard of care.

Pursuant to the PAQ, the Warden self reports that 115.83(d) is not applicable to DCF as only male inmates are housed at the facility. The auditor's findings throughout the on-site audit are consistent with the same.

The auditor finds 115.83(d) to be not applicable to DCF.

Pursuant to the PAQ, the Warden self reports that 115.83(e) is not applicable to DCF as only male inmates are housed at the facility. The auditor's findings throughout the on-site audit are consistent with the same.

The auditor finds 115.83(e) to be not applicable to DCF.

Pursuant to the PAQ, the Warden self reports inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

ODOC OP-140118 entitled Emergency Care, page 3, section C(4) and OP-140118-01 entitled Non-Consensual Sexual Contact, page 2, section I(F) address 115.83(f).

Three of the five inmates who reported a sexual abuse interviewees assert they were afforded tests for sexually transmitted infections. In two cases, the same was not applicable as the inmates were not sent for a forensic examination.

As reflected in the narrative for 115.21(c), tests for sexually transmitted diseases are offered minimally, by DCF medical staff.

Pursuant to the PAQ, the Warden self reports treatment services are 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.

ODOC OP-140118 entitled Emergency Care, page 5, section d addresses 115.83(g).

All five inmates who reported a sexual abuse interviewees assert they did not have to pay for any treatment related to the incidents of sexual abuse. This is commensurate with the auditor's findings following document reviews and interviews.

Pursuant to the PAQ, the Warden self reports the facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental health practitioners.

ODOC OP-030601 entitled PREA, page 16, section VII and ODOC OP-140201 entitled Mental Health Services Duties and Responsibilities, page 8, section 2(a and b) address 115.83(h).

The mental health interviewee asserts mental health staff conduct an evaluation of all known inmate-on-inmate abusers and offer treatment, if appropriate, within 14 days of awareness of the alleged incident. Additionally, a mental health evaluation is facilitated for every inmate admitted to DCF.

The PCM asserts zero inmate-on-inmate sexual abusers have been housed at DCF during the last 24 months.

In view of the above, the auditor finds DCF substantially compliant with 115.83.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

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

#### 115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? X  Yes  No

#### 115.86 (b)

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

#### 115.86 (c)

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

#### 115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? X  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? X  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? X  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? X  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? X  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? X  Yes  No

#### 115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? X  Yes  No

#### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the facility conducts a sexual abuse incident review (SAIR) at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The Warden further self reports in the last 12 months, nine criminal and/or administrative investigations of alleged sexual abuse were completed at the facility.

ODOC OP-030601 entitled PREA, page 28, section XIII addresses 115.86(a).

Although not required pursuant to both standard and CC policy, the auditor's review of one sexual abuse investigation included in the PAQ packet (determined to be Unfounded) and accompanying SAIR reveals substantial compliance with 115.86(a). The investigation concluded on December 12, 2019 and the SAIR was completed on the same date.

Of the auditor's on-site review of six additional random sexual abuse investigations completed within the last 18 months, one sexual abuse investigation was likewise determined to be Unfounded however, a SAIR was conducted. The auditor's review of the five remaining sexual abuse investigations reveals a timely SAIR was completed in three cases. In regard to one of the other cases wherein a SAIR was not facilitated, the alleged incident occurred at another CC facility and an ODOC OIG investigator facilitated the investigation at DCF as the victim was housed at that facility.

In one case, the PCM reports the victim left DCF on September 10, 2019 when he was reclassified as Maximum security and transferred to OSP Max by ODOC. On May 22, 2020 (eight months after transferring from DCF to OSP), the inmate victim reported he had been raped at DCF in May 2019 (1 year prior to the PREA report). He had been at OSP for 8 months before making the PREA report and the SAIR was conducted on May 27, 2020.

In view of the above, the auditor finds DCF substantially compliant with 115.86(a) and (b).

Pursuant to the PAQ, the Warden self reports the facility ordinarily conducts a SAIR within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. The Warden further self reports in the last 18 months, nine administrative or criminal investigations of sexual abuse were completed at the facility that were followed by a SAIR within 30 days, excluding only "unfounded" incidents.

ODOC OP-030601 entitled PREA, page 28, section XIII also addresses 115.86(b).

Pursuant to the PAQ, the Warden self reports the SAIR team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

ODOC OP-030601 entitled PREA, page 28, section XIII addresses 115.86(c).

The auditor's review of the aforementioned SAIR reports reflects compliance with 115.86(c).

The Warden asserts the DCF has a SAIR. He further asserts the SAIR is comprised of upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

Pursuant to the PAQ, the Warden self reports the facility prepares a report of its findings from SAIR, including but not necessarily limited to determinations made regarding the following:

Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;

Consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification;

Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;

Assess the adequacy of staffing levels in that area during different shifts;

Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and

Prepare a report of its findings, including, but not necessarily limited to, determinations made pursuant to the above and any recommendations for improvement and submit such report to the facility head and PCM.

ODOC OP-030601 entitled PREA, pages 28 and 29, section XIII (A)(2-7) addresses 115.86(d).

The auditor's review of the aforementioned SAIR reports reflects compliance with 115.86(d).

The Warden asserts the SART process is used to determine what we did both right and wrong; are physical security enhancements required; and are security procedures/policy/and training enhancements warranted. The SAIR process assesses "all things PREA" in terms of the incident.

Additionally, he asserts the SART team considers the following:

Whether the incident or allegation was motivated by race, ethnicity, gender identity, LGBTI identification, status, or perceived status, gang affiliation, and/or group dynamics at the facility;  
Examines the area in the facility where the incident allegedly occurred to assess whether the physical barriers in the area may enable abuse;  
Assesses the adequacy of staffing levels in that area during different shifts, and;  
Assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff.

The DCF PCM asserts a SART report is prepared regarding findings as described in 115.86(d-1) through 115.86(d-5). The SART reports are generated by the PCM and he is a permanent member of the SAIR. Finally, he asserts they would generally implement any corrective actions and hold staff accountable, where applicable. If not implemented, the PCM justifies the rationale for the same, in writing.

The SAIR member interviewee asserts the review team considers the following:

Whether the incident or allegation was motivated by race, ethnicity, gender identity, LGBTI identification, status, or perceived status, gang affiliation, and/or group dynamics at the facility;  
Examines the area in the facility where the incident allegedly occurred to assess whether the physical barriers in the area may enable abuse;  
Assesses the adequacy of staffing levels in that area during different shifts; and  
Assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff.

Pursuant to the PAQ, the Warden self reports the facility implements the recommendations for improvement or documents its reason for not doing so.

ODOC OP-030601 entitled PREA, page 29, section XIII (A)(8) addresses 115.86(e).

The auditor's review of the aforementioned SAIR reports reveals recommendations were not made with respect to the same.

In view of the above, the auditor finds DCF substantially compliant with 115.86.

## **Standard 115.87: Data collection**

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

#### **115.87 (a)**

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? X  Yes  No

#### **115.87 (b)**

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

#### 115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? X  Yes  No

#### 115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  
X  Yes  No

#### 115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)  Yes  No X  NA

#### 115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  
X  Yes  No  NA

#### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The Warden further self reports the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

ODOC OP-030601 entitled PREA, page 30, section XV(A) addresses 115.87(a-f). This same policy provision is applicable to DCF.

The auditor notes an SSV was completed for 2018 and the same is reflective of all requisite information. Additionally, the auditor's review of the 2019 Annual PREA Report reveals substantial compliance with 115.87(a/c).

Pursuant to the PAQ, the Warden self reports the agency aggregates the incident-based sexual abuse data at least annually.

ODOC OP-030601 entitled PREA, page 30, section XV(A)(1) addresses 115.87(b).

The auditor's review of aggregated data substantiates compliance with 115.87(b). Aggregated data is reflected on the CC website.

Pursuant to the PAQ, the Warden self reports the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

ODOC OP-030601 entitled PREA, page 30, section XV(A)(2) addresses 115.87(d).

The auditor's on-site review of relevant PREA documentation reveals the same is maintained and utilized in accordance with 115.87(d).

Pursuant to the PAQ, the Warden self reports 115.87(e) is not applicable to DCF as CC does not contract with other facilities for the confinement of its inmates.

Pursuant to the PAQ and in accordance with the above discussion regarding the 2018 SSV, the Warden self reports the agency provided the Department of Justice with data from the previous calendar year upon request.

ODOC OP-030601 entitled PREA, page 30, section XV(A)(4) addresses 115.87(f).

In view of the above, the auditor finds DCF substantially compliant with 115.87.

## Standard 115.88: Data review for corrective action

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

#### 115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? X  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? X  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? X  Yes  No

#### 115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse X  Yes  No

#### 115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? X  Yes  No

#### 115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  Yes  No

### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the agency reviews data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including:

Identifying problem areas;

Taking corrective action on an ongoing basis; and

Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as, the agency as a whole.

CC APS OP-030601 entitled Oklahoma PREA, page 11, section K(4)(a-c) addresses 115.88(a).

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

The auditor finds the CC commitment to enhancement of inmate sexual safety at DCF is exemplary and noteworthy. As such, the auditor finds this practice exceeds standard expectations.

The CCPC interviewee asserts the agency does review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training. Such data is securely retained in password protected programs at both the facility and CCPC's office. Access to this information is limited.

Of note, PREA investigation reports and ancillary documentation are electronically generated however, a safely secured filing cabinet is generally located in the investigator's office or PCM's office. The auditor observed these processes throughout the on-site audit.

The CCPC further advises the agency takes corrective action on an ongoing basis based on this data. For example, anything identified pursuant to a mock audit or SAIR review is considered for implementation.

The DCF PCM asserts agency reviews of data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training, are handled at the corporate office. Investigations and statistical documentation are electronically transmitted to corporate and the CCPC maintains the same. The DCF Investigator maintains hard copies of investigations in a locked cabinet in his office while the PCM maintains statistical data in his locked office. Reportedly, a lockable cabinet has been ordered for the PCM.



The auditor notes the 2019 CC PREA Annual Report does address corrective strategies throughout the company.

Pursuant to the PAQ, the Warden self reports the annual report includes a comparison of the current year's data and corrective actions with those from those of prior years. Additionally, the annual report provides an assessment of the agency's progress in addressing sexual abuse.

CC APS OP-030601 entitled Oklahoma PREA, page 11, section K(5) addresses 115.88(b).

The auditor's review of data collected pursuant to 115.87 and the 2017/2018/2019 corporate cumulative annual reports reflects substantial compliance with 115.88(b). The cumulative annual reports, in question, clearly address a comparison of data for the years 2017, 2018, and 2019.

The data collected pursuant to 115.87 is included in the annual report. Enhancements enacted as the result of pre-audits completed by CC staff, information gleaned from reviews conducted pursuant to 115.86, and PREA audits conducted during the year, are discussed in the annual report. Finally, a synopsis is included in the annual report addressing the "State of PREA" within CC. Reportedly, this is the most current Annual PREA Report.

Pursuant to the PAQ, the Warden self reports the agency makes its annual report readily available to the public at least annually through its website. The Warden further self reports the annual reports are approved by the agency head.

CC APS OP-030601 entitled Oklahoma PREA, page 11, section K(6) addresses 115.88(c).

The auditor's review of the aforementioned 2019 annual report clearly reflects the CC Chief Corrections Officer approved the report as the cover memorandum bears his signature. The auditor verified the report, in question, is posted on the CC website.

According to the Agency Head interviewee, he reviews all PREA Annual Reports as he is the direct supervisor of the CCPC. He copiously reviews each report for comprehensiveness and content, forwarding the same to the CC Chief Corrections Officer for final review and signature.

The CCPC interviewee asserts CC rarely redacts information from aggregated reports, etc. All data is collected in generic fashion.

In view of the above, the auditor finds DCF exceeds standard expectations with respect to 115.88.

## **Standard 115.89: Data storage, publication, and destruction**

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

#### **115.89 (a)**

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?  
X  Yes  No

#### **115.89 (b)**

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

#### **115.89 (c)**

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

#### 115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? X  Yes  No

#### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Warden self reports the agency ensures that incident-based and aggregate data are securely retained.

ODOC OP-030601 entitled PREA, page 30, section XV(A) addresses 115.89(a).

It is noted the CCPC clearly addressed secure retention of data (pursuant to 115.87) in the narrative for 115.88(a) above. The same statement applies to perpetual secure retention of data on an annual basis since the date of the last PREA audit.

Pursuant to the PAQ, the Warden self reports agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website.

ODOC OP-030601 entitled PREA, page 30, section XV(B) addresses 115.89(b).

As previously indicated, the auditor verified compliance with this provision pursuant to review of the CC website.

Pursuant to the PAQ, the Warden self reports before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

ODOC OP-030601 entitled PREA, page 30, section XV(B) addresses 115.89(c).

Pursuant to the PAQ, the Warden self reports the agency maintains sexual abuse data collected pursuant to 115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

ODOC OP-030601 entitled PREA, page 30, section XV(C) addresses 115.89(d).

The auditor finds no deviation from 115.89(d).

In view of the above, the auditor finds DCF substantially compliant with 115.89.

## AUDITING AND CORRECTIVE ACTION

## Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) X  Yes  No

#### 115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) X  Yes  No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.)  Yes  No X  NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.)  Yes  No X  NA

#### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? X  Yes  No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? X  Yes  No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? X  Yes  No

#### 115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? X  Yes  No

### Auditor Overall Compliance Determination

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

DCF staff provided exceptional assistance to the auditor during the pre-audit, on-site audit, and post-audit phases. Approximately two-thirds of pre-audit issues and documentary needs were resolved prior to the audit. The on-site audit was conducted in seamless fashion in terms of interview facilitation, file reviews, and resolution of remaining questions from the pre-audit phase. Completion of the on-site audit in a timely manner was the result of exceptional coordination and teamwork.

The auditor applauds the work of the entire DCF team!

## 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. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. 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.) X  Yes  No  NA

#### Auditor Overall Compliance Determination

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

NA

# AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

## Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

**K. E. Arnold**

**March 19, 2021**

**Auditor Signature**

**Date**

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<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110> .

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.