

# PREA Facility Audit Report: Final

**Name of Facility:** Oklahoma Reentry Opportunity Center

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 04/15/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Barbara Jo Denison	<b>Date of Signature:</b> 04/15/2024

AUDITOR INFORMATION	
<b>Auditor name:</b>	Denison, Barb
<b>Email:</b>	denisobj@sbcglobal.net
<b>Start Date of On-Site Audit:</b>	03/26/2024
<b>End Date of On-Site Audit:</b>	03/27/2024

FACILITY INFORMATION	
<b>Facility name:</b>	Oklahoma Reentry Opportunity Center
<b>Facility physical address:</b>	400 South May Avenue, Oklahoma City, Oklahoma - 73108
<b>Facility mailing address:</b>	

Primary Contact
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<b>Name:</b>	Monica Bennett
<b>Email Address:</b>	monica.bennett@corecivic.com
<b>Telephone Number:</b>	405-232-8233

<b>Facility Director</b>	
<b>Name:</b>	Todd Anderson
<b>Email Address:</b>	todd.anderson@
<b>Telephone Number:</b>	405-232-8233

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Monica Bennett
<b>Email Address:</b>	Monica.Bennett@corecivic.com
<b>Telephone Number:</b>	
<b>Name:</b>	Todd Anderson
<b>Email Address:</b>	todd.anderson@corecivic.com
<b>Telephone Number:</b>	

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	53
<b>Current population of facility:</b>	35
<b>Average daily population for the past 12 months:</b>	41
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Both females and males
<b>Age range of population:</b>	18-70

<b>Facility security levels/resident custody levels:</b>	Community
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	25
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	1
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	4

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	CoreCivic, Inc.
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	5501 Virginia Way, Suite 110, Brentwood, Tennessee - 37027
<b>Mailing Address:</b>	
<b>Telephone number:</b>	6152633000

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	Damon T. Hininger
<b>Email Address:</b>	
<b>Telephone Number:</b>	6152633000

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Eric Pierson	<b>Email Address:</b>	Eric.Pierson@corecivic.com

# Facility AUDIT FINDINGS

## Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

### Number of standards exceeded:

5

- 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.217 - Hiring and promotion decisions
- 115.231 - Employee training
- 115.233 - Resident education
- 115.288 - Data review for corrective action

### Number of standards met:

36

### Number of standards not met:

0

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

<b>1. Start date of the onsite portion of the audit:</b>	2024-03-26
<b>2. End date of the onsite portion of the audit:</b>	2024-03-27

#### Outreach

<b>10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<p><b>a. Identify the community-based organization(s) or victim advocates with whom you communicated:</b></p>	<p>The agency has a Memorandum of Understanding (MOU) with the Sexual Assault Center of East Tennessee, a Program of the Helen Ross McNabb Center. On 3/21/24, the Director of Victim Services of that agency was contacted to confirm and review the terms of the MOU. The Center provides a 24-hour crisis hotline that inmates can access by dialing *999 on an inmate telephone. If an inmate reports sexual abuse, the advocate will follow-up with KCSO's PREA Coordinator with the permission of the inmate. The inmate may remain anonymous if he/she chooses to. The Center has 15 SANE nurses and one SANE Coordinator on staff. SANE are perform SANE exams at the Center or at a local hospital. The Sexual Assault Center of East Tennessee ensures a victim advocate be available at the victim's request during the SANE exam and during investigative interviews. Victims of sexual abuse are offered sexually transmitted infections and contraception prophylaxis. Following the SANE exam, advocates offer victims emotional support services, counseling, information and referrals upon the inmate's release from KCSO custody. Advocates are available to accompany victims for civil and criminal court services and can assist victims with applying for victim compensation and orders of protection. All services provided are confidential and at no cost to the victim.</p> <p>According to Chapter 3, Subsection 3.9, page 3, section D-4, if the Sexual Assault Center of East Tennessee is not able to provide victim advocate services, or if the victim has current charges of sexual assault, KCSO will make available a qualified programs staff member to provide those services.</p>
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<b>AUDITED FACILITY INFORMATION</b>	
<p><b>14. Designated facility capacity:</b></p>	<p>53</p>
<p><b>15. Average daily population for the past 12 months:</b></p>	<p>41</p>

<b>16. Number of inmate/resident/detainee housing units:</b>	10
<b>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

**Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit**

**Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit**

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	49
<b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	2

<b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	3
<b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b>	3
<b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b>	No text provided.



<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
<b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b>	26
<b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	6
<b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	0
<b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b>	No text provided.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
<b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	11

<p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p><input type="checkbox"/> Age</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input checked="" type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>I did not take this into consideration when selecting random residents to interview.</p>
<p><b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>No text provided.</p>
<p><b>Targeted Inmate/Resident/Detainee Interviews</b></p>	
<p><b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>8</p>

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

<p><b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>In discussion with the Assistant Facility Director/PREA Compliance Manager, she reported there were no residents in this category assigned to the facility.</p>
<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>In discussion with the Assistant Facility Director/PREA Compliance Manager, she reported there were no residents in this category assigned to the facility.in this category.</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>In discussion with the Assistant Facility Director/PREA Compliance Manager, she reported there were no residents in this category assign</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>2</p>

<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>In discussion with the Assistant Facility Director/PREA Compliance Manager, she reported there were no residents in this category assigned to the facility.</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>3</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>In discussion with the Assistant Facility Director/PREA Compliance Manager, she reported there were no residents in this category assigned to the facility.</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>In the past 12 months there was one report of employee-on-inmate sexual abuse reported. The alleged victim was no longer assigned to this facility.</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>3</p>

<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility is a community confinement facility and does not have segregated housing.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>One of the housing units was vacant at the time of the onsite audit visit. Two residents each from eight of the housing units were interviewed and three residents were interviewed from one housing unit.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>6</p>

<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>All random staff scheduled to work on the two days of the audit were interviewed.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>11</p>
<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>



<b>78. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>79. Were you able to interview the PREA Compliance Manager?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

**80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)**

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input type="checkbox"/> Other
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of VOLUNTEERS who were interviewed:</b>	4
<b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	Interviews of the PREA Coordinator and the Agency Head Designee were conducted at the beginning of this reaccreditation period. During the Pre-Onsite Audit Phase, the Senior Director of Sexual Assault Services from the YWCA and the Lieutenant from the Sex Crimes Division of the Oklahoma City Police Department were interviewed by telephone. During the Post Audit Phase, the four volunteers were interviewed by telephone.

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

<b>84. Did you have access to all areas of the facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Was the site review an active, inquiring process that included the following:</b>	
<b>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>88. Informal conversations with staff during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

**89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).**

It was recommended during the site review that a mirror be added in the laundry room. On the last day of the audit the Facility Director provided a copy of a purchase order for a mirror to be installed in the laundry room. The facility will provide photos of the mirror once installed. It was also recommended a camera be added outside of the entry door to the Case Managers' and Employment Specialist offices and one in the hallway leading to their offices. The Facility Director agreed with this recommendation. On the first day of the audit, the PREA screening of one incoming resident was observed. The Monitor conducting the screening took the resident to an intake room located behind Central Control. The door was closed for privacy. The resident was asked the screening questions and answers were recorded electronically in COATS. The resident was given a Resident Handbook and a YWCA pamphlet and viewed the *Let's Learn About PREA* video. The resident signed a PREA Acknowledgment, an acknowledgement he received the handbook and another acknowledgement he received the YWCA pamphlet. The resident was given an opportunity to ask questions after receiving verbal information, written information and viewing the PREA video. There is a phone behind Central Control residents can use to make calls. The external reporting number was called (972-730-8830) and found to be accessible. The call was answered by the Federal Bureau of Prisons. During the site review 12 residents were informally interviewed.

### **Documentation Sampling**

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

<p><b>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p>	<p>Nineteen random resident records were reviewed to determine compliance with screening requirements and compliance with PREA education for residents.</p> <p>Thirteen employee HR records were reviewed, and four volunteer records were reviewed.</p> <p>Since the last PREA audit there were two PREA allegations reported and investigated. Both allegations were reported in the past 12 months. Both investigative files were reviewed.</p>

**SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY**

**Sexual Abuse and Sexual Harassment Allegations and Investigations Overview**

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

**92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:**

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	1	0	1	0
<b>Total</b>	1	0	1	0

**93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:**

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	1	0	1	0
<b>Total</b>	1	0	1	0

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

#### 94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

#### 95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	1	0	0
<b>Total</b>	0	1	0	0

### Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.



**96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

**97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	1	0	0
<b>Total</b>	0	1	0	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

<b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	1
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<p><b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>1</p>
<p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>1</p>
<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<b>Staff-on-inmate sexual harassment investigation files</b>	
<b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	1
<b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>	No text provided.
<b>SUPPORT STAFF INFORMATION</b>	
<b>DOJ-certified PREA Auditors Support Staff</b>	
<b>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No

## Non-certified Support Staff

**116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.**

Yes

No

## AUDITING ARRANGEMENTS AND COMPENSATION

**121. Who paid you to conduct this audit?**

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

<b>Standards</b>
<p><b>Auditor Overall Determination Definitions</b></p> <ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>
<p><b>Auditor Discussion Instructions</b></p> <p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>

<b>115.211</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p>
	<p><b>Auditor Discussion</b></p> <p>115.211 (a) CoreCivic’s policy 14-2 CC, <i>Sexual Abuse Prevention and Response</i>, is the agency’s written plan mandating zero tolerance towards all forms of sexual abuse and sexual harassment and outlines the agency’s approach to preventing, detecting and responding to such conduct. Page 3 of the policy includes definitions of prohibited behaviors. Sexual activity between residents or employees, contractors and volunteers are strictly prohibited and subject to administrative and criminal disciplinary sanctions. CoreCivic’s policy 14-2 CC is comprehensive and clearly outlines the procedures to be followed to reduce and prevent sexual abuse and sexual harassment of residents. The policy addresses each standard as guidance to staff ensuring compliance to the PREA standards.</p> <p>115.211 (b): The agency employs a PREA Coordinator, who when interviewed at the beginning of this reaccreditation period, reported that he has sufficient time and authority to develop, implement and oversee CoreCivic’s efforts to comply with the PREA standards. The agency employs an upper-level, agency-wide PREA Coordinator at the corporate level. The agency’s organizational chart depicts the</p>

	<p>PREA Coordinator's position within the agency. The PREA Coordinator oversees the agency's efforts to comply with the PREA standards in all CoreCivic's facilities. Page 2 of policy 14-2 CC outlines the responsibilities of the PREA Coordinator. When interviewed, the PREA Coordinator stated he has sufficient time and authority to oversee the agency's PREA program. The PREA Coordinator stated, "In CoreCivic community corrections, each Facility Director selects a PREA Compliance Manager. The PREA Office at the Facility Support Center (FSC) in Nashville consists of two individuals. I am the Senior Director and handle audits and compliance issues, including policy. Heather Baltz is a director and coordinates PREA investigations. We have quarterly training sessions with PREA Compliance Managers via Teams and travel to the facilities for audits and training sessions. We are in contact with them daily on investigation and audit issues. CoreCivic has a comprehensive PREA program that includes a PREA policy (14-2 CC) for community corrections. This policy is reviewed and revised on a regular basis to ensure that facility procedures and practice meet the PREA standards and best practices."</p> <p>CoreCivic operates 63 facilities, and each facility has a designated PREA Compliance Manager. The responsibilities of the PREA Compliance Managers are found on Page 2 of policy 14-2 CC. The Assistant Facility Director is designated as the PREA Compliance Manager. The PREA Compliance Manager answers to the agency's Managing Director and indirectly to the agency's PREA Coordinator. When interviewed, the Assistant Facility Director/PREA Compliance Manager stated she does not always feel she has enough time and feels she needs another PREA person to assist, but she makes it work. When asked how she coordinates the agency's efforts to comply with the PREA standards, she responded, if she identifies an issue complying with a PREA standard she would meet with staff, provide more training and reach out to FSC for assistance. When interviewed, the PREA Coordinator stated, "We work closely with PREA auditors and assist the facility in developing corrective action plans. If the issue is a policy issue, we can undertake a policy revision if necessary. We can provide technical on-site assistance for training that can correct improper practices that may have developed due to a misunderstanding of PREA standards. We are also able to involve CoreCivic Managing Directors and Vice Presidents to elevate concerns that need to be addressed at their level."</p> <p>The agency policy was found to be very comprehensive and both the PREA Coordinator and the PREA Compliance Manager were very knowledgeable when interviewed; therefore, the facility was found to exceed in the requirements of this standard.</p>
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<b>115.212</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>115.212: CoreCivic is a private provider and does not contract with other agencies for the confinement of its residents; therefore, this standard is not applicable to this</p>

	facility.
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<b>115.213</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.213 (a) Based on policy 14-2 CC, pages 7 &amp; 8, section D, the agency has developed and documented a staffing plan that provides for adequate levels of staffing and uses video monitoring to protect residents against sexual abuse. The agency took into consideration the physical layout of the facility, the composition of the recent population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, the number and placement of supervisory staff, programs occurring on a particular shift and the resources the facility has available to commit to ensure adequate staffing levels. The agency also considers generally accepted detention and correctional practices and any findings of inadequacy from federal investigative agencies, internal or external oversight bodies, any applicable state or local laws or regulations and any other relevant factors. When interviewed the PREA Coordinator stated, "Subsequent to the development of a safe plan for the deployment of staff, video cameras are placed throughout all CoreCivic facilities to supplement direct supervision and eliminate identified blind spots. Often in community corrections, the composition of the population includes both male and female residents. Staff rounds and presence is adjusted accordingly. Each facility uses Incident Reviews to identify any contributing factors related to staffing." In interview with the Facility Director, he confirmed what is considered when assessing staffing levels. He stated the contract with BOP mandates at a minimum there must be one male and one female Monitor on duty at all times.</p> <p>115.213 (b): The facility makes every effort to comply with the approved PREA staffing plan and documents and justifies any deviations. The current staffing plan was predicted on a population of 62 residents. According to the Pre-Audit Questionnaire, the average daily population for the past 12 months was 41 residents and the average daily population since the last PREA audit was 53 residents. In review of the <i>Operational Staffing Plans</i> each year since the last PREA audit allocates a total of 12 Security Monitors. When the Facility Director was interviewed, he shared that the facility has never had deviations to the staffing plan. The Assistant Facility Director/PREA Compliance Manager and he fill in for absences to ensure the staffing plan is adhered to at all times. According to agency policy, if there is deviation to the staffing plan, the PREA Compliance Manager is responsible for notifying the PREA Coordinator and documenting and describing the deviation on the 5-1B, <i>Notice to Administration</i> in IRD. In interview with the Facility Director and in information provided on the Pre-Audit Questionnaire, in the past 12 months there were no deviations to the staffing plan. The Facility Director stated he reviews the Daily Logs and staffing schedules daily.</p> <p>115.213 (c): The staffing plan is reviewed annually by the PREA Compliance</p>



	<p>Manager who completes an <i>Annual PREA Staffing Plan Assessment</i> (14-2I-CC) and forwards it to the Facility Director for review, who forwards it to the PREA Coordinator. This annual review also includes assessments of the policy, physical plant, and video monitoring systems. The PREA Coordinator forwards the 14-2I-CC to the Vice President, Core Services for signature and approval of any recommendations made which would include changes to the policy and procedures, physical plant, video monitoring or the staffing plan. <i>Annual PREA Staffing Plan Assessments</i> since each since the last PREA audit were provided for review. The last <i>Annual PREA Staffing Plan Assessment</i> was completed on 3/12/24. There were no recommendations for changes to the established staffing plan. When interviewed the PREA Coordinator stated, "The agency PREA Coordinator is responsible for distributing the initial PREA staffing plan template for signing the final plan."</p>
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<b>115.215</b>	<b>Limits to cross-gender viewing and searches</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>115.215 (a): Based on review of policy 14-2 CC, pages 12-14, section J, cross-gender strip or cross-gender visual body cavity searches of residents shall not be conducted except in exigent circumstances. In information provided on the Pre-Audit Questionnaire, in the past 12 months, there were no cross-gender strip or cross-gender visual body cavity searches of residents.</p> <p>115.215 (b): The facility does not permit cross-gender pat-down searches of female residents except in exigent circumstances. Residents are searched in accordance with the gender of the institution, or housing assignment in which they are assigned. At this facility, BOP policy standards on cross gender pat searches are followed. As stated on page 13, section J-5 of policy 14-2 CC, "FBOP RRC's: For purposes of pat searching and visual searches, residents will be searched in accordance with the gender of the institution or housing assignment in which they are assigned. Transgender residents may request an exception. The exception must be pre-authorized by the Facility Director. Exceptions must be specifically described (e.g., "Pat Search only by female staff"), and clearly communicated to relevant staff through a memorandum. Residents should be provided a personal identifier (e.g., notation on commissary card, etc.) that indicates their individual exception, to be carried at all times and presented to staff prior to pat searches." Visual searches: Search which requires the person to remove clothing other than outer garments (e.g., strip search, cavity search) are only authorized through the RRM and must be conducted by law enforcement or medical personnel. RRC staff are not authorized to conduct such searched and must coordinate searches through the RRM and law enforcement personnel".</p> <p>115.215 (c): If cross-gender strip searches are performed, the searches will be documented in log maintained by the facility and in an Incident Report in</p>

accordance with CoreCivic policy 5-1 CC, *Incident Reporting* using form 5-1B, *Notice to Administration*. Policy also requires any cross-gender pat-down searches of female residents be documented.

115.215 (d): The facility has policies and procedures in place that enable residents to shower, perform bodily functions and change clothing without staff of the opposite gender viewing their breasts, buttocks or genitalia. Residents are informed they are to dress and change in the shower area only. They are also informed they must be fully clothed in their sleeping area and in all other areas of the facility.

Verbal announcement upon arrival is required when an opposite gender staff enters a housing unit. Signs above entry to the female dorm and the male dorms remind staff to make opposite gender announcements before entering (“Opposite Gender Must Announce Upon Entry”). The practice of opposite gender staff announcing their presence when they entered the housing units was observed during the site review of the facility. Residents interviewed confirmed announcements are made and shared they feel they have privacy when they shower, toilet and change clothing when opposite gender staff are in their dorm. Each dorm has an individual restroom with a solid entry door to the restroom for privacy.

115.215 (e): According to policy 14-2 CC, pages 13 & 14, section J-10, searches or physical examinations of transgender and intersex residents for the sole purpose of determining the resident’s genital status is prohibited. If the resident’s genital status is unknown, it may be determined during conversations with the resident, by reviewing the medical records, or, if necessary, by a medical examination conducted in private by a medical practitioner. In interview of random and specialized staff, they knew that this was prohibited by policy. At the time of the onsite audit visit, there were no transgender or intersex residents assigned to the Oklahoma Reentry Opportunity Center.

115.215 (f): In addition to general training provided to all staff, staff receive training on how to conduct cross-gender pat-down searches and searches of transgender and intersex residents. BOP requires all residents be pat searched in accordance with their gender of the institution or housing assignment which they are assigned. The *Search Procedures* curriculum was provided for review. Staff are trained on how to conduct pat searches, including searches of transgender and intersex residents, in a professional and respectful manner. Receipt of this training was verified through review of random staff training records and training reports and was confirmed in interviews with staff who reported they receive training on search procedures annually. Random staff interviewed reported cross gender pat searches are not allowed. Female staff interviewed reported there are always female staff on each shift to search them. In interview of six female residents, they reported there is always a female on duty to pat search them.

**115.216**

**Residents with disabilities and residents who are limited English proficient**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

115.216 (a): Based on review of policy 14-2 CC, page 11, section H-6-8, residents are provided PREA education in formats accessible to all residents, including those who are deaf or hard of hearing, blind or have low vision, cognitive deficits or have limited reading skills. The facility will ensure information is effectively communicated orally if necessary. In interview with the Vice President, Core Services (agency head designee), he stated, "The CoreCivic corporate office provides assistance to facilities to enable them to locate potential vendors and/or agencies to provide support services for residents with disabilities. The agency maintains a comprehensive contract with Language Line Services and some even have MOU's with organizations in the local communities to provide translation services when needed. TTY phones are provided, and arrangements are also made to assist those residents who are blind. The TTY is stored in a storage room adjacent to the Facility Director's office and is accessible to all staff. A contract with Language Line Services provides for sign language interpretation. In interview with the Vice President, Core Services (agency head designee) he stated, "The CoreCivic corporate office provides assistance to facilities that enable them to locate potential vendors and/or agencies that would provide support services for inmates/residents with disabilities. The agency maintains a comprehensive contract with Language Line Services and some even have an MOU with organizations in the local communities to provide translation services when needed. TTY phones are provided, and arrangements are also made to assist those inmates/residents who are blind." According to information provided by the Assistant Facility Director/PREA Compliance Manager, at the time of the audit, there were no residents who were deaf, with low vision or with or cognitive deficits. There were two residents who were hard of hearing assigned to the facility. Both residents were interviewed and both residents stated they did not have any problems hearing the PREA video or any verbal PREA information.

115.216 (b): The agency takes steps to ensure residents who are limited English proficient have access to all PREA information in a format they can understand. Residents receive a *Resident Handbook* and a *CoreCivic PREA Prevent, Detect, Respond* brochure (14-2 AA) available in English and Spanish. A contract with Language Line Services is used for the translation of any language. At the time of the onsite audit visit, there were no..... residents assigned to the facility identified as limited English proficient. The Language Line was tested and found to be accessible.

115.216 (c): The agency prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances. Staff translators or Language Line Services are utilized to convey information to limited English proficient residents. From information provided on the Pre-Audit Questionnaire, in the past 12 months, there have been no instances where residents were used for this purpose. Random and specialized staff interviewed knew the agency prohibits using residents for this purpose.

<b>115.217</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>115.217 (a): Per policy 14-2 CC, pages 4 &amp; 5, section B, the agency prohibits hiring or promoting anyone who may have contact with residents, or to enlist the services of any contractor, who have engaged in sexual abuse in a prison, jail, lockup, community confinement, juvenile facility or other institution. It also prohibits hiring or promoting anyone who has been convicted of engaging or attempting to engage in sexual activity in the community or who has been civilly or administratively adjudicated to engage in these activities. In interview with the HR/Finance Coordinator, she explained the agency’s process for conducting criminal background checks.</p> <p>115.217 (b): According to agency policy and in interview with the HR/Finance Coordinator, CoreCivic considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.</p> <p>115.217 (c): The agency requires that before hiring new employees a criminal background check be conducted. According to the HR/Finance Coordinator, criminal background checks are conducted by the Federal Bureau of Prisons Reentry Services Division. According to information provided on the Pre-Audit Questionnaire, in the past 12 months there were six employee criminal background checks conducted. An effort is 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 <i>PREA Questionnaire for Prior Institutional Employers (3-20-2B)</i> is used to solicit prior employment information.</p> <p>115.217 (d): CoreCivic performs criminal background checks before enlisting the services of any unescorted contractor who may have contact with residents. The Oklahoma Reentry Opportunity Center does not utilize the services of contractors.</p> <p>115.217 (e): According to policy 14-2 CC, page 6, section 3-c, CoreCivic ensures criminal background checks are conducted at least every five years. Five-year background checks are conducted by the Federal Bureau of Prisons Reentry Services Division. In 2021 the contract with BOP became in effect and criminal background checks were conducted on all employees assigned to the facility at that time. In 2026, criminal background checks will be conducted on all employees assigned to the facility.</p> <p>115.217 (f): All applicants and employees are asked about previous misconduct. The <i>Self-Declaration of Sexual Abuse/Sexual Harassment</i> form (14-2H-CC) is completed as part of the hiring process as an applicant, when hired, when an employee is being considered for a promotion and annually. The CoreCivic application asks applicants to disclose any previous misconduct. Employees have a continuing affirmative duty to disclose any sexual misconduct. The 14-2H-CC forms</p>

	<p>are retained in each employee's personnel file.</p> <p>The review of 13 employee human resource files, criminal background checks are being conducted as per agency and standard requirements and 14-2H-CC forms are completed as required and maintained in human resource files. The facility was found to exceed in the requirements of this standard.</p>
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<b>115.218</b>	<b>Upgrades to facilities and technology</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.218 (a): Based on policy 14-2 CC, page 8, section E, when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, CoreCivic will consider the effect of the design, acquisition, expansion or modification of existing facilities on the ability to protect residents from sexual abuse. In interview with the Vice President, Core Services (agency head designee) he stated "CoreCivic employs architects and other professionals who through experience, research and consulting have knowledge of the issues and needs presented by PREA. On new builds and renovations, the design staff will consult with the PREA Coordinator for recommendations and work to ensure that PREA is addressed. Real estate and design staff receive information from the field on privacy concerns in areas such as showers, restrooms, and any areas where inmate/residents may be in the state of undress. Blind spots are identified that can be corrected through video surveillance coverage. During acquisitions, the staff making the site visits develop a preliminary assessment and the PREA Coordinator is involved in the review of physical plant issues. At existing facilities, a form 7-1B (PREA Physical Considerations) Is used to ensure PREA is considered when initiating a renovation/new construction." According to information provided on the Pre-Audit Questionnaire and in interview with the Facility Director, since the last PREA audit there were no expansions or modifications of the existing facility, and the facility has not acquired any new facilities.</p> <p>115.218 (b): When installing or updating a video monitoring system, electronic surveillance system or other monitoring technology, CoreCivic will consider how such technology may enhance the ability to protect residents from sexual abuse. In interview the Vice President, Core Services stated, "Cameras are used to support direct/indirect staff supervision. Better quality systems have been installed and consideration to optimal coverage is addressed at the time of these upgrades. Camera placement also takes into consideration the privacy needs for cross gender viewing in areas like restrooms and shower areas. Technology is also discussed with the facility during the PREA Staffing Plan Assessment that is reviewed each year by facility staff and the FSC PREA Coordinator." In interview with the Facility Director, he stated since the last PREA audit the facility has not installed or updated the video monitoring system or the electronic surveillance system. The camera monitors were reviewed with the Assistant Facility Director/PREA Compliance</p>

	<p>Manager. The facility has 24 interior cameras and six exterior cameras. During the site review it was noted there were no cameras in the case manager's entry to building D or in the hallway after entry. A recommendation was made to consider installing an exterior camera at the entryway and another camera in the hallway to capture these areas.</p>
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115.221	Evidence protocol and forensic medical examinations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>115.221 (a): Based on policy 14-2 CC, page 24, section O - 4, CoreCivic and the Oklahoma Reentry Opportunity Center are responsible for conducting administrative investigations of sexual abuse. The agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evident for administrative proceedings and criminal prosecution. The Oklahoma City Police Department is responsible for conducting criminal investigations of allegations of sexual abuse that appear to be criminal. The Oklahoma Reentry Opportunity Center has a Memorandum of Understanding (MOU) with the Oklahoma City Police Department. The Police Department agrees to conduct criminal investigations, including allegations of sexual abuse and sexual harassment. On 3/15/24, contact was made with the Lieutenant of the Sex Crimes Division to discuss the process of their response to allegations of sexual abuse. If notified of an incident of sexual abuse by a resident or staff, a Patrolman would be sent to the facility to complete an initial report. If it was determined that a crime was committed, a Detective would be dispatched to the facility. A criminal investigation would be conducted, and the investigative report and all evidence would be turned over to the District Attorney for possible prosecution. The Oklahoma City Police Department follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence and fulfill all requirements of this standard. BOP is notified of all allegations of sexual abuse and sexual harassment reported. BOP may decide to conduct the investigation or will advise the facility to proceed with initiating the administrative investigation. Random staff interviewed knew how to preserve evidence and knew their responsibilities if they were the first responder to an allegation of sexual abuse.</p> <p>115.221 (b): The protocol is developmentally appropriate for youth where applicable and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the Department of Justice’s Office on Violence Against Women publication. “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents” or similarly comprehensive and authoritative protocols developed after 2011.</p> <p>115.221 (c): Resident victims of sexual abuse would be transported to the Oklahoma University Hospital for forensic exams.</p>

	<p>115.221 (d): The facility has a Memorandum of Understanding (MOU) with the YWCA Oklahoma City. In interview with the agency's PREA Coordinator he stated, "Each community corrections facility attempts to enter in an MOU with a local rape crisis center or other community agency to provide an advocate. In addition to the MOU, this is included in the MOU with local law enforcement to ensure that crisis center or hospital advocate have access to the resident." The Oklahoma Reentry Opportunity Center has a Memorandum of Understanding (MOU) with the YWCA. On 2/20/24, YWCA's Senior Director of the YWCA was contacted to confirm and review the terms of the MOU. The YWCA provides support services to victims of sexual assault and domestic violence. Trained staff assist with safety planning, education and referrals. The YWCA has a contract with the Oklahoma State Safe Line and provides 24/7 support services through that contract, as well as maintaining a sexual abuse and domestic violence hotline. Trained advocates answer hotline calls. YWCA advocates also provide victims with accompaniment to hearings or any other court proceedings related to the sexual abuse.</p> <p>115.221 (e): As requested by the victim, an advocate from the YWCA would be called upon to accompany the victim through the forensic exam process. According to the interview of the Senior Director of the YWCA, the YWCA provides accompaniment for forensic exams at three local hospitals. When a forensic nurse is dispatched to one of the three hospitals, an advocate is dispatched to respond as well. Victims of sexual abuse are provided with follow-up meetings either virtually or at the YWCA office. All services are free to victims and are confidential.</p> <p>115.221 (f): The trained facility PREA Investigators are the Facility Director and the Assistant Facility Director/PREA Compliance Manager. The facility PREA Investigators and BOP Investigators ensure they follow the requirements of the provisions of this standard. The terms of the MOU with the Oklahoma City Police Department ensure they comply as well.</p>
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<b>115.222</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.222 (a): Policy 14-2 CC, pages 23 &amp; 24, sections N-10 &amp; O-1-3, outline the agency's policy and procedures for investigating and documenting incidents of sexual abuse. The Facility Director is responsible for ensuring an administrative and/or criminal investigation be completed for all allegations of sexual abuse and sexual harassment. The facility is responsible for conducting administrative investigations of all allegations of sexual abuse and sexual harassment. CoreCivic is not a state entity or component of the Department of Justice responsible for investigating allegations of sexual abuse. The Oklahoma City Police Department is responsible for conducting criminal investigations of allegations of sexual abuse that appear to be criminal. If an employee is a perpetrator in a sexual abuse allegation,</p>

	<p>FSC would assign an investigator from another CoreCivic facility to conduct an administrative investigation, BOP may choose to conduct an investigation as well. According to information reported on the Pre-Audit Questionnaire, in the past 12 months there was one allegation of employee-on-inmate sexual abuse and one allegation of employee-on-inmate sexual harassment reported. In interview with the Vice President, Core Services (agency head designee), he stated, "It is CoreCivic's policy to refer all allegations of sexual abuse that are criminal in nature to law enforcement agencies with the legal authority to conduct criminal investigations. All administrative investigations are investigated by CoreCivic investigators who have received specialized PREA investigative training and/or law enforcement officials. All allegations are reported in the <i>CoreCivic Incident Reporting Database</i> (IRD) system which triggers an investigation. This system requires multiple levels of administrative oversight and review. All allegations that could result, if substantiated, in criminal violations are referred to the appropriate law enforcement officials (or by contracted partner investigative entity). Our staff work with outside law enforcement upon request."</p> <p>115.222 (b): According to page 24, section O-1 of policy 14-2 CC, CoreCivic facilities do not conduct criminal investigations of allegation of sexual abuse. The Oklahoma Reentry Opportunity Center has an MOU with the Oklahoma City Police Department to conduct criminal investigations of sexual abuse and sexual harassment. If an allegation of sexual abuse or sexual harassment appears to be criminal, the Facility Director will immediately report the allegation to the Oklahoma City Police Department and to BOP. All referrals are documented. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the CoreCivic website (<a href="http://corecivic.com/security-operations/prea">http://corecivic.com/security-operations/prea</a>). In interview with the Facility Director and the Assistant Facility Director/PREA Compliance Manager, they knew to refer any allegations that appear to be criminal to the Oklahoma City Police Department.</p> <p>115.222 (c): Information about investigations published on the agency website describes the responsibilities of the agency and the investigating entity.</p>
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<b>115.231</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>115.231 (a): Policy 14-2 CC, pages 5 &amp; 6, section C-1-3, addresses the agency's requirements of employee training. All CoreCivic employees receive training on the agency's zero-tolerance policy (14-2 CC) for sexual abuse and sexual harassment at pre-service and annually. The <i>PREA Overview</i> curriculum was provided for review. The training, completed by employees during pre-service and annually through web-based training, was found to include information on the agency's zero-tolerance policy for sexual abuse and sexual harassment, how to fulfill their</p>



responsibilities, the residents' right to be free from sexual abuse and sexual harassment, the rights of residents and staff to be free from retaliation, the dynamics of sexual abuse in a confinement setting, the common reactions of victims, how to detect and respond to signs of threatened sexual abuse, signs of predatory behavior, how to avoid inappropriate relationships with residents, how to communicate effectively and professionally with LGBTI residents and how to comply with relevant mandatory reporting laws.

115.231 (b): The training is tailored to meet the needs of male and female residents. Employees who are reassigned from facilities housing only one gender of residents are given additional training to meet the needs of the opposite gender population. Between trainings, employees are provided with ongoing PREA information in staff meetings, PREA Refreshers and e-mails from FSC.

115.231 (c): In information provided on the Pre-Audit Questionnaire, in the past 12 months, all assigned employees of the Oklahoma Reentry Opportunity Center completed PREA training. In interview with the Learning and Development Manager, he shared that the *PREA Overview* and *Search Procedures* training is classroom instruction-led by him for pre-service training requirements for new hires. New hires watch a 45-minute-long BOP video on searching transgender pat searches. Annually employees complete one-hour of PREA training in Talent Central, a web-based learning program. New hires are required to complete Pre-Service training before they can start work and annual training is required to be completed by December 31st each year.

115.231 (d): Prior to January 2023, employees were required to sign a CoreCivic *PREA Policy Acknowledgement and/or Training Acknowledgement* form (14-2A-CC) acknowledging they have reviewed agency 4-2 CC policy and have completed and understood the PREA training provided. Upon completion of annual PREA training in Talent Central, employees acknowledge electronically they have completed the training and that they understood the training they received.

Employees interviewed acknowledged receiving PREA training and were knowledgeable of the zero-tolerance policy and of their responsibilities related to the prevention, detection and response to sexual abuse and sexual harassment. In review of 13 employee training records, documentation was found to be complete. Employees who were employed since the last PREA audit (2021) had documentation of training in 2022 and 2023 and some for the current year as well. PREA training is continuously reinforced through information shared in staff meetings, and e-mail communications from FSC. The facility was found to exceed in the requirements of this standard.

<b>115.232</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p>115.232 (a): CoreCivic policy 14-2, pages 6-7, section C-8, outlines the training requirements for contractors and volunteers. The objectives of the trainings ensure volunteers and contractors are trained of their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection and response policies and procedures.</p> <p>115.232 (b): The level and type of training provided to contractors and volunteers is based on the services they provide. Per policy and standard requirements, all contractors and volunteers who have contact with residents are notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed of how to report such incidents. The <i>PREA Overview: Training for Contractors and Volunteers</i> (14-2K-CC) curriculum was provided for review.</p> <p>115.232 (c): On information on the Pre-Audit Questionnaire, it was reported the Oklahoma Reentry Opportunity Center had five volunteers. While onsite, the Assistant Facility Director/PREA Compliance Manager reported there were only four volunteers. The records of the four volunteers were reviewed. Each volunteer had a <i>PREA Zero Tolerance Policy Acknowledgement</i> (14-2J-CC) form in their file. While conducting a telephone interview with one of the volunteers, she stated she has never had PREA training at this facility. The PREA training she has completed has been with DOC quite a while ago. She also reported there were two other volunteers from her church that were volunteering at the facility. This information was shared with the Assistant Facility Director/PREA Compliance Manager who said she was not aware they were volunteering. I asked her to ask the HR/Finance Coordinator if they had criminal background clearances. The HR/Finance Coordinator forwarded background clearances for the two volunteers. Post-audit telephone interviews were held with three more volunteers. All three volunteers reported the only PREA training they had was through DOC and they received no PREA training at this facility. The Assistant Facility Director/PREA Compliance Manager was informed that in order to meet compliance to this standard, all volunteers must complete volunteer training. On 4/13/24, the Assistant Facility Director/PREA Compliance Manager met with the six volunteers and provided PREA training. Volunteers signed a <i>PREA Zero Tolerance Policy Acknowledgement</i> (14-2J-CC) form and signed the last page of the <i>PREA Overview: Training for Contractors and Volunteers</i> (14-2K-CC), acknowledging completion and understanding of the training provided. The facility was found to meet compliance to all provisions of this standard.</p>
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<b>115.233</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	115.233 (a): Based on CoreCivic’s policy 14-2 CC, pages 10 & 11, section H-1-5, all residents receive information upon arrival to the facility about the zero-tolerance

policy and how to report incidents of sexual abuse or sexual harassment, their rights to be free from retaliation for reporting such incidents and are informed of the agency policy and procedures for responding to such incidents. In information provided on the Pre-Audit Questionnaire, in the past 12 months 166 residents assigned to the Oklahoma Reentry Opportunity Center received PREA information at intake. Residents receive a *Resident Handbook* and a YWCA pamphlet on day of arrival to the facility. PREA information is provided to residents on page 30 of the *Resident Handbook*. Residents are given verbal information by Monitors of the zero-tolerance policy and informing them of methods of reporting allegations of sexual abuse and sexual harassment. Residents also view the *Let's Learn About PREA* video upon arrival. When interviewed, Monitor's confirmed the PREA information provided to residents upon arrival to the facility. In interview of 19 residents formally and 12 residents informally, they all confirmed receiving PREA written information and viewing the PREA video on their day of arrival to the facility.

115.233 (b): Residents who transfer from another community confinement facility receive the same PREA education as all residents assigned to the facility. In information provided on the Pre-Audit Questionnaire, in the past 12 months there were no residents who transferred from a different community confinement center.

115.233 (c): Residents are provided PREA information in formats accessible to all residents. Written PREA information and posted information is provided in both English and Spanish. The facility has a contract with Language Line Services to provide translation of PREA information in any language. A TTY is available for residents who are deaf or hard of hearing and the contract with Language Line Services provides for sign language interpretation.

115.233 (d): Nineteen resident records were reviewed to determine compliance to the requirements of PREA education for residents. On day of arrival to the facility residents sign a *PREA Acknowledgement Zero Tolerance Acknowledgements for Offenders (115.233)* form, acknowledging receipt and understanding of the PREA written and verbal information they received and acknowledged viewing the PREA video. They sign an acknowledgement of receipt of the Resident Handbook and an acknowledgement for receipt of a YWCA pamphlet. All resident records reviewed showed all three signed acknowledgement forms are being maintained by the facility.

115.233 (e): PREA information is posted on bulletin boards in all dorms and in various other locations throughout the facility. The Assistant Facility Director/PREA Compliance Manager holds bi-monthly Town Hall Meetings where PREA information is reviewed. Case Managers meet with new arrivals within one or two days after their arrival and they review PREA information with the resident. The facility was found to exceed in the requirements of this standard.

<b>115.234</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard

	<p><b>Auditor Discussion</b></p> <p>115.234 (a): Based on CoreCivic’s policy 14-2 CC, page 6, section C-5, in addition to general training provided to all employees, CoreCivic ensures facility Investigators receive training on conducting sexual abuse investigations in confinement settings. The Facility Director/PREA Compliance Manager is the facility’s trained Investigator. When interviewed, the Facility Director and the Assistant Facility Director/PREA Compliance Manager confirmed completing specialized investigative training.</p> <p>115.234 (b): The training includes techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warning, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or referral for prosecution as verified in review of the <i>Investigating Sexual Abuse in Confinement Settings</i> curriculum provided for review. When interviewed, the Facility Director/PREA Compliance Manager confirmed the topics addressed in the training.</p> <p>115.234 (c): The facility provided copies of certificates of completion of specialized investigative training the Facility Director and the Assistant Facility Director/PREA Compliance Manager. Upon completion of the training the Investigators sign a <i>CoreCivic PREA Training Acknowledgement Specialized Training form (14-2A1-CC)</i>. The facility also maintains documentation of the general PREA training provided to all employees completed by the facility investigators.</p> <p>When interviewed, the Facility Director and the Assistant Facility Director/PREA Compliance Manager knew their responsibilities in conducting administrative investigations of sexual abuse and sexual harassment and their responsibility for referral of any allegation that appear to be criminal to the Oklahoma City Police Department.</p>
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<b>115.235</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.235 (a): According to CoreCivic policy 14-2 CC, page 6, section C-6 &amp; 7, in addition to general training provided to all employees, CoreCivic ensures all full and part-time Qualified Health Care Professionals and Qualified Mental Health Professionals, who work regularly in their facilities shall specialized medical training.</p> <p>The Oklahoma Reentry Opportunity Center does not employ medical or mental health staff; therefore, this standard is not applicable to this facility. All medical and mental health services are provided by referral to off-site providers.</p>

115.241	Screening for risk of victimization and abusiveness
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1461 873">115.241 (a): Residents are screened for their risk of being sexually abused or sexually abusive towards others according to policy 14-2 CC, pages 9 &amp; 10, section G. Upon admission to the Oklahoma Reentry Opportunity Center, all residents are screened for their risk of being sexually abused or sexually abusive towards others. Monitors conduct initial risk assessments. When interviewed, Monitors explained the intake screening process. On the first day of the audit, the screening of one new resident was observed. The resident was screened in an intake room located adjacent to Central Control. The door was closed for privacy and the screener completed the screening tool electronically in COATS, an electronic assessment tracking program. The screener gave the resident verbal information and written PREA information, which he signed for acknowledging he received the information. Upon completion of the screening, the resident viewed the <i>Let's Learn About PREA</i> video.</p> <p data-bbox="280 913 1442 1155">115.241 (b): At the Oklahoma Reentry Opportunity Center intake screening is completed within 24 hours of arrival to the facility. In information provided on the Pre-Audit Questionnaire, in the past 12 months, 166 residents assigned to the facility were screened upon arrival for their risk of sexual victimization and sexual abusiveness. Residents interviewed confirmed being screened on the first day of arrival to the facility.</p> <p data-bbox="280 1196 1477 1312">115.241 (c): Residents are screened, using CoreCivic's <i>Sexual Abuse Screening Tool</i> (14-2B-CC), an objective screening tool. The 14-2B-CC is completed electronically in the COATS.</p> <p data-bbox="280 1352 1430 1509">115.241 (d): In review of the screening tool, it was found to consider all of the criteria required in this provision of this standard. The Monitors interviewed confirmed the information the <i>Sexual Abuse Screening Tool</i> (14-2B-CC) screening tool contains.</p> <p data-bbox="280 1550 1449 1706">115.241 (e): The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse in assessing residents for risk of being sexually abusive, as confirmed by interview of Monitors.</p> <p data-bbox="280 1747 1439 2074">115.241 (f): According to policy 14-2 CC, page 10, section G-11, between 20-29 days after arrival to the facility, residents are rescreened by Case Managers using the <i>Sexual Abuse Screening Tool</i> (14-2B-CC) to reassess the resident's risk of victimization or abusiveness. According to information provided on the Pre-Audit Questionnaire, in the past 12 months 166 residents assigned to the facility whose length of stay was over 30 days were reassessed for their risk of victimization or abusiveness. Case Managers interviewed described the process of completing 30-day reassessments.</p>

115.241 (g): In interview of Case Manager, they reported a resident's risk level shall also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

115.241 (h): Residents are not disciplined for refusing to answer or for not disclosing complete information in response to questions asked on the screening form. This was confirmed in interview with Case Managers and Monitors.

115.241 (i): The 14-2B-CC forms are stored electronically in COATS. All staff have access to COATS and therefore have access to resident screening information. Screeners print and make two copies of the 14-2B-CC forms. One copy is given to the Assistant Facility Director/PREA Compliance Manager and one to the resident's assigned Case Manager. Paper copies are secured in the respective locked offices of the Assistant Facility Director/PREA Compliance Manager and the Case Manager to ensure confidentiality to this information. In interview with the PREA Coordinator he stated, "Access to the 14-2B and/or partner agency risk assessments are secured in the inmate's files in record offices where access is controlled to only those who need access such as Case Manager and treatment personnel. Those assessments on computers are protected by passwords."

In review of 19 resident records to determine compliance with screening procedures, initial screenings were completed on the first day of arrival to the facility exceeding the 72-hour requirement of provision 115.241 (b). All 30-day reassessment screenings were found to be completed within 30-days of a residents' arrival to the facility.

115.242	Use of screening information
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>  115.242 (a): According to policy 14-2 CC, page 9, section G-1, residents are assessed during intake screening in order to obtain information relevant to make housing, bed, work and program assignments with the goal of separating residents at high risk of being sexually victimized from residents at high risk of being sexually aggressive. In interview with the PREA Coordinator he stated, "The goal is to separate actual and potential victims and abusers. Each facility uses the 14-2B-CC, risk screening instrument to identify victims and abusers and separate them accordingly in housing placement. To the extent possible in community corrections this is also considered in job placement and programming. Monitors and Case Managers interviewed explained how information from risk screenings is used.  115.242 (b): Page 12 of policy 14-2 CC, section I, addresses how individualized determinations are made about how to ensure the safety of each resident. In interview with the PREA Compliance Manager, Monitors and Case Managers, they

explained how the facility utilizes information from the screening to keep residents safe from sexual abuse. Residents who score at risk for victimization or abusiveness are not housed together. Those who score as victims are housed in the front of the dorms. Victims and predators are tracked on *PREA Alert Rosters* generated from screening information in COATS.

115.242 (c): Guidelines on housing and program assignments for the management of transgender and intersex residents are outlined in policy 14-2 CC, page 12, section I-7. In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, CoreCivic considers on a case-by-case basis whether the placement would ensure the resident's health and safety and whether the placement would present management or security problems. In interview with the PREA Coordinator he stated, "CoreCivic is a private company and the initial assignment of residents to each community facility is made by a partner agency.

Once at a facility, a housing assignment for a transgender and/or intersex resident is made on an individual basis. Through the partner agency, and following discussion with the resident, the best facility, dorm or room assignment is selected." At the time of the onsite audit visit, there were no residents who self-disclosed being transgender or intersex assigned to the Oklahoma Reentry Opportunity Center.

115.242 (d): Transgender and intersex residents' own view of his or her safety is given serious consideration. Upon arrival to the facility, a transgender or intersex resident would be interviewed by members of Sexual Abuse Response Team (SART) and a *Transgender/Intersex Assessment and Treatment Plan* (14-9A CC) form would be completed. Transgender and intersex residents are reassessed at least twice a year to review placement and programming assignments and any threats to safety experienced by the resident. In interview with the PREA Coordinator he stated, "The resident is involved in the process." Case Managers interviewed were knowledgeable of this requirement.

115.242 (e): According to agency policy, page 14, section J-10-h, transgender and intersex residents are given the opportunity to shower separately from other residents. In interview with the PREA Coordinator he stated, "Each facility has a plan for this based on the physical layout of the facility and shower areas. Most community facilities have individual shower stalls with curtains to ensure privacy." At this facility each dorm has an individual restroom with a shower and a solid door ensuring privacy while showering to all residents.

115.242 (f): CoreCivic does not place lesbian, gay, bisexual, transgender or intersex residents in dedicated facilities, units or wings solely on the basis of such identification. In interview of the PREA Coordinator he stated, "It is contrary to CoreCivic policy to place LGBTI residents together in one dedicated unit solely on the basis of their sexual orientation, genital status, or gender identity. Housing decisions are made individually at the facility level using the screening forms to assess risk. Transgender residents are reviewed individually with consideration made for their own safety concerns."

<b>115.251</b>	<b>Resident reporting</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1469 792">115.251 (a): Policy 14-2 CC, pages 15 &amp; 16, section K, outlines the procedures for resident reporting of allegations of sexual abuse and sexual harassment, retaliation by other residents or staff or staff neglect or violation of responsibilities that may have contributed to such incidents. Residents are informed of the zero-tolerance policy and methods of reporting in the <i>Resident Handbook</i>, pages 31-32, and on information posted throughout the facility in both English and Spanish. Residents are informed they can report allegations to the Facility Director or other supervisory staff by forwarding a letter, sealed and marked “confidential” and can verbally report to the PREA Compliance Manager or any employees. Residents are also told family and friends can report an allegation on their behalf. Residents and staff interviewed were aware of resident reporting options available to them.</p> <p data-bbox="280 833 1469 1240">115.251 (b): Residents are also informed that they have options to report abuse or harassment to a public or private entity that is not part of the agency. Residents dial 911 to reach the Oklahoma City Police Department or write to them at 701 Concord Dr., Oklahoma City, OK. They are also provided the phone number to the Bureau of Prisons Residential Reentry Manager's Office (RRM) (972-730-8830) and given the address (Reentry Management Office, US Armed Forces Reserve Complex, 344 Marine Forces Dr., Grand Prairie TX 75051). The majority of residents have their own personal cell phones and there is a phone residents can use located behind Central Control. The phone number for the RRM was called on this phone and found to be accessible.</p> <p data-bbox="280 1281 1469 1523">115.251 (c) Staff are to take all allegations of sexual abuse and harassment seriously whether they be made verbally, in writing, anonymously and from third parties and are required to promptly document all verbal reports as stated on page 17, section K-2-b of policy 14-2 CC. Staff interviewed knew the reporting options for residents and knew verbal reports must be documented. Staff who fail to report allegations may be subject to disciplinary action.</p> <p data-bbox="280 1563 1469 1890">115.251 (d): According to policy 14-2 CC, page 17, section K-2-f, CoreCivic employees, contractors, volunteers and third parties may privately report sexual abuse and sexual harassment of residents in writing or may contact the CoreCivic’s Ethics and Compliance Hotline at 1-800-461-9330 or report on CoreCivic’s website at <a href="http://www.corecivic.com/ethicsline">www.corecivic.com/ethicsline</a>. Ethics reporting methods can be found on the CoreCivic website and in the CoreCivic Code of Ethics, pages 16 &amp; 17. Staff are informed of the Ethics Line on <i>Speak Up</i> posters. Employees can also report in writing to the Facility Director in a sealed envelope marked “Confidential”.</p> <p data-bbox="280 1930 1469 2092">Residents interviewed were aware of the methods of reporting available to them. Staff interviewed were aware of privately reporting sexual abuse of residents by calling the agency’s Ethics and Compliance hotline or reporting on the ethics line website and in writing confidentially to the Facility Director.</p>



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<b>115.252</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.252 (a): According to policy 14-2 CC, page 17, section K-1-d, CoreCivic facilities do not maintain administrative procedures to address resident grievances regarding sexual abuse, unless specifically mandated by contract. Any PREA allegations received as a grievance are submitted to BOP. BOP SOW Program Statement number 1330.18, <i>Administrative Remedy Program</i> outlines the procedures for BOP's handling of grievances received alleging sexual abuse or sexual harassment. On information provided on the Pre-Audit Questionnaire, in the past 12 months the facility has not received any grievances alleging sexual abuse. In interview with the Assistant Facility Director/PREA Compliance Manager, she confirmed no PREA-related grievances were received in the past 12 months and stated any grievances received would be submitted to BOP.</p>

<b>115.253</b>	<b>Resident access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.253 (a): Policy 14-2 CC, pages 8 &amp; 9, section F, outlines the agency's policy on providing residents with access to outside victim advocates for emotional support services related to sexual abuse. Residents are given the telephone number to the YWCA Oklahoma City where residents can request victim advocacy and emotional support services. Upon intake, residents are given a YWCA pamphlet. In interview with residents, they were not aware of the YWCA and the services they provide. It was recommended to Case Managers and to the Assistant Facility Director/PREA Compliance Manager that this information needs to be reviewed during screening when the resident is given the YWCA pamphlet.</p> <p>115.253 (b): Residents are informed prior to giving them access to outside victim advocates to the extent to which such communication will be monitored and to the extent which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Residents are informed calls to the YWCA are not recorded and are not monitored and they can remain anonymous upon request. When interviewed, random residents knew they could remain anonymous upon request.</p> <p>115.253 (c): The Oklahoma Reentry Opportunity Center has a Memorandum of</p>

	<p>Understanding (MOU) with the YWCA. On 2/20/24, YWCA’s Senior Director of the YWCA was contacted to confirm and review the terms of the MOU. The YWCA provides services to victims of sexual assault and domestic violence. Trained staff assist with safety planning, education and referrals. The YWCA have a contract with the Oklahoma State Safe Line and provide 24/7 support services through that contract as well as maintaining a sexual abuse and a domestic violence hotline, where trained advocates answer hotline calls. Calls are not monitored or recorded. The YWCA provides advocates for accompaniment for forensic exams at three local hospitals. When a forensic nurse is dispatched to one of the three hospitals, an advocate is dispatched to respond as well. Victims of sexual abuse are provided with follow-up meetings either virtually or at the YWCA office. The YWCA also provides victims with accompaniment to hearings or any other court proceedings related to the sexual abuse. All services are at no cost to victims and are confidential.</p>
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<b>115.254</b>	<b>Third party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.254 (a): The agency has a method to receive third-party reports of sexual abuse and sexual harassment. Family members or other individuals may report verbally or in writing to the PREA Coordinator or the Facility Director. Per CoreCivic policy 14-2 CC, page 16, section K-2-f, information on third party reporting is made available on CoreCivic’s website (<a href="http://www.corecivic.com/ethicsline">www.corecivic.com/ethicsline</a>) with instructions for outside parties to contact the Facility Director or the PREA Coordinator, with telephone numbers and mailing addresses provided.</p> <p>Residents and staff are made aware of third-party reporting on <i>Ethics Matters! Breaking the Code of Silence</i> posters. The posters have the Ethics Line website information and the phone number to reach the Ethics Line (1-800-461-9330). Residents and staff interviewed were knowledgeable of this method of reporting.</p>

<b>115.261</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.261 (a): Based on Policy Change Notice 14-2 (01) CC to agency policy 14-2 CC, page 17, section K-2-a, all staff, including employees, contractors and volunteers are required to report immediately any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment, and any retaliation by other or</p>

staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Staff are to report all such incidents whether or not they occurred in a facility that is part of CoreCivic. Staff are to document all verbal reports promptly. Staff who fail to report allegations may be subject to disciplinary action. Random and specialized staff interviewed knew their reporting responsibilities. The *PREA Overview* training curriculum addresses staff reporting responsibilities during pre-service and annual training.

115.261 (b): Apart from reporting to designated supervisors, staff shall not reveal 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. Staff interviewed confirmed this practice.

115.261 (c): The Oklahoma Reentry Opportunity Center does not have medical or mental health staff; therefore, this provision of the standard is not applicable to this facility.

115.261 (d): The Oklahoma Reentry Opportunity Center houses adult male and female residents, none of whom according to their classified level of care are considered vulnerable adults under the State Vulnerable Persons Statue, as verified by interview with the Facility Director. If there is an allegation of a vulnerable adult, facilities are instructed to contact local law enforcement agencies responsible for conducting criminal investigations to be advised of any reporting requirements." In interview with the Facility Director/PREA Compliance Manager, she stated she would contact the Police Department for information on local laws involving vulnerable adults. When interviewed the PREA Coordinator stated, "Notifications are made in accordance with state law. CoreCivic community corrections facilities do not house offenders under the age of 18. For all others, the partner agency and local law enforcement are notified."

115.261 (e): The facility reports all allegations of sexual abuse and sexual harassment, including third party and anonymous reports to the Facility Director/PREA Compliance Manager. The *Sexual Abuse Incident Check Sheet (14-2C-CC)* is used to ensure all required steps and notifications are made. Interview with all specialized and random staff revealed staff is very knowledgeable of their responsibilities to report incidents of sexual abuse or harassment and know not to reveal any information about a sexual abuse incident to anyone other than to the extent necessary.

115.261 (e): The facility shall report all allegations of sexual abuse and sexual harassment, including third party and anonymous allegations to facility investigators.

<b>115.262</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard

	<p><b>Auditor Discussion</b></p>
	<p>115.262 (a): Policy 14-2 CC, page 17, section M-1 requires that when it is learned that a resident is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the resident. In interview with the Vice President, Core Services (agency head designee), he stated, "Staff take immediate action to protect the resident by removing the resident from the area and/or individuals where risk may be stemming from, and an investigation is immediately initiated."</p> <p>In interview with the Facility Director and on information reporting on the Pre-Audit Questionnaire, in the past 12 months there were no instances where it was necessary for the facility to take immediate action in regard to a resident being at substantial risk of sexual abuse. The Facility Director stated he would protect the resident if he felt he/she was at risk of sexual abuse. He would move him/her if necessary or transfer to another facility and do welfare checks. Staff interviewed were aware of their responsibilities if they felt a resident was at risk for sexual abuse. They knew they are required to report this information to their supervisor. All staff carry with them a <i>First Responder Card</i> reminding them of the actions to take in the event they are a first responder to an allegation of sexual abuse. The <i>Sexual Abuse Incident Check Sheet (14-2C-CC)</i> is used to ensure all required steps and notifications are made.</p>

<p><b>115.263</b></p>	<p><b>Reporting to other confinement facilities</b></p>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>115.263 (a): CoreCivic policy 14-2 CC, pages 21 &amp; 22, section M-16 was used to verify compliance to this standard. Upon receiving an allegation that a resident was sexually abused while confined at another facility, the Facility Director shall notify the head of the facility where the sexual abuse was alleged to have occurred, with a copy of the statement of the resident forwarded as part of the notification. In interview with the Vice President, Core Services (agency head designee) he stated, "This occurs most often at the facility level rather than the corporate office level. The information is received by the Warden for appropriate action. It then gets added into our incident system and the PREA protocols are initiated."</p> <p>115.263 (b): This notification is to occur as soon as possible, but no later than 72 hours of receiving the allegation. In interview with the Vice President, Core Services (agency head designee) he stated, "The most common examples are allegations inmates make during their intake process. The CoreCivic staff obtain as much information as possible from the inmate and provide this to the Warden at the other facility." In information provided on the Pre-Audit Questionnaire and in interview with the Facility Director, there were no notifications received that a resident was abused while confined to another facility.</p>

	<p>115.263 (c): The Facility Director is required to document 5-1 CC, <i>Incident Reporting Procedures</i>, that notification was provided.</p> <p>115.263 (d): Upon receiving notification from another facility that an incident/allegation of sexual abuse had occurred while the resident was previously confined at the facility, the facility will record the name of the agency making the notification and any information that may assist in determining whether an investigation was conducted. If the allegation was previously reported and investigated or referred for criminal investigation, if appropriate, the facility will document the allegation and that the allegation has already been addressed. If the allegation was not reported and/or investigated, the incident will be reported and investigated in accordance with the agency policy. In interview with the Facility Director he stated if he received notification from another facility of an allegation of sexual abuse or sexual harassment had occurred at this facility he would check to see if the allegation was reported and investigated when the alleged victim was assigned to this facility. If not previously investigated, he would immediately initiate an investigation.</p>
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<b>115.264</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.264 (a): CoreCivic policy 14-2 CC, pages 17 &amp; 18, sections M-2-6, outlines the procedures for first responders to allegations of sexual abuse by security and non-security staff. Per policy, upon learning of an allegation of sexual abuse, the first security responder is to keep the alleged victim safe with no contact with the alleged perpetrator and immediately escorted to a private area and ensure that the crime scene is preserved. If the abuse was alleged to have occurred within a period of time that allows for the collection of physical evidence, staff shall request the alleged victim to not wash, shower, remove clothing, use the restroom, eat, drink, smoke or brush his/her teeth and notify the highest supervisory authority on-site. Staff will ensure the alleged abuser does not take any actions that could destroy physical evidence. According to information reported on the Pre-Audit Questionnaire and in interview with the Facility Director and the Assistant Facility Director/PREA Compliance Manager, in the past 12 months there was one allegation of sexual abuse reported. The incident was not responded to by security or non-security staff. The resident alleged the abuse had occurred at the Oklahoma Reentry Opportunity Center during a pat search. The allegation was reported to the Assistant Facility Director/PREA Compliance Manager through an e-mail from a staff from the RRM's office.</p> <p>115.264 (b): Policy mandates that if the first responder to an allegation of sexual abuse is a non-security staff member, they shall advise the alleged victim not to take any actions that could destroy physical evidence and then notify security staff immediately.</p>

	<p>All staff carry with them a First Responder Card that outlines their responsibilities in response to allegations of sexual abuse and sexual harassment. The <i>Sexual Abuse Incident Check Sheet</i> (14-2C CC) is used to ensure all required steps and notifications are made. Security and non-security staff are trained on first responder duties during annual PREA training. Interviews with security and non-security staff revealed that they knew the policy and practice to follow if they were the first responder to an allegation of sexual abuse or sexual harassment. They reported they knew that the alleged victim and abuser must be separated and knew how to preserve the crime scene and preserve any physical evidence.</p>
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<b>115.265</b>	<b>Coordinated response</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.265 (a): According to CoreCivic policy 14-2 CC, pages 16 &amp; 17, section L, the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse. Pages 17-23, section M, outlines the facility's coordinated response to an incident of sexual abuse. It is the responsibility of the <i>Sexual Abuse Response Team</i> (SART) to ensure coordination of the facility's coordinated response plan. The SART includes the Facility Director, Assistant Facility Director/PREA Compliance Manager, QM Manager and the HR/Finance Coordinator. In interview, the Facility Director confirmed the members of the SART.</p> <p>A <i>Sexual Abuse Incident Check Sheet</i> (14-2C-CC) is completed for all allegations of sexual abuse to ensure that all steps of the coordinated response plan are carried out and required notifications are made. All staff carry with them a <i>First Responder Card</i> to remind them of the steps to take in response to an allegation of sexual abuse. In interviews with the members of the SART, they knew their responsibilities in carrying out the coordinated response plan.</p>

<b>115.266</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.266 (a): CoreCivic policy 14-2 CC, pages 27 &amp; 28, section S-2-g &amp; h, was used to verify compliance to this standard. CoreCivic would not enter into any collective bargaining agreement or other agreement that would limit the agency's ability to remove alleged employee sexual abusers from contact with residents pending the outcome of an investigation. Employees are subject to disciplinary sanctions up to</p>

	<p>termination for violating CoreCivic’s policies on sexual abuse and sexual harassment. In interview with the Vice President, Core Services (agency head designee), he stated “CoreCivic as an agency has entered into and/or renewed collective bargaining agreements since August 12, 2012. The agreements permit CoreCivic to remove alleged staff sexual abusers from contact with an inmate pending an investigation or disciplinary action.”</p> <p>According to information provided by the Facility Director, since the last PREA audit, the Oklahoma Reentry Opportunity Center has not entered into or renewed any collective bargaining agreements. There are no restrictions to keep the agency from removing alleged staff sexual abusers from contact with residents pending the outcome of an investigation.</p>
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<b>115.267</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.267 (a): CoreCivic has as policy to protect residents who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff as outlined on pages 20 &amp; 21, section M-14 of policy 14-2 CC. The Assistant Facility Director/PREA Compliance Manager is responsible for monitoring residents and employees for retaliation. Monitoring is documented on the 14-2D-CC, <i>PREA Retaliation Monitoring Report</i>.</p> <p>115.267 (b): Multiple protection measures, such as housing changes, or transfers of resident victims or abusers, removal of alleged staff or resident abusers from contact with victims are taken. In interview with the Assistant Facility Director/PREA Compliance Manager, she explained what protection measures are taken to protect residents and staff from retaliation. In interview with the Vice President, Core Services (agency head designee), he stated, “For both inmates/residents and staff who have reported allegations of sexual abuse, we provide monitoring on a 30/60/90-day period (longer if needed) to ensure no retaliation has occurred. These reviews are documented on an attachment to our 14-2 policy. The review takes into consideration any action which may be perceived as retaliatory whether it be housing and/or job assignments and inmates/residents and shift changes, evaluations, etc. for staff. These reviews also occur for victims of sexual harassment/sexual abuse. Our policies and practices prohibit retaliation for any reason, and we include this expectation in training with staff. Any violations are acted upon accordingly.” In interview with the Facility Director, he stated he would consider moving the resident to another dorm and implement 30-minute watches. For staff he would consider a change of shift. In interview of the Assistant Facility Director/PREA Compliance Manager she stated she would move the resident to a different housing or recommend a transfer if she suspected retaliation. For staff she would consider a shift change.</p>

	<p>115.267 (c): Monitoring is required 30/60/90 days following an allegation and can continue beyond 90 days if there is a continuing need. If any other individual who cooperates with an investigation expresses a fear of retaliation, appropriate measures to protect that individual against retaliation are put in place. In interview with the Vice President, Core Services (agency head designee), he stated "Our policies and practices prohibit retaliation for any reason, and we include this expectation in training with staff. Any violations are acted upon accordingly." In interview with the Facility Director and the Assistant Facility Director/PREA Compliance Manager, they explained the process and time frames of retaliation monitoring and the things they would look for to determine if retaliation may be occurring. The Assistant Facility Director/PREA Compliance Manager stated she would monitor beyond 90 days if necessary.</p> <p>115.267 (d): In addition to monthly monitoring, residents will also have periodic status checks and any relevant documentation will be reviewed.</p> <p>115.267 (e): If other individuals who cooperate with an investigation express a fear of retaliation, appropriate measures will be taken to protect that individual from retaliation.</p> <p>115.267 (f): The agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.</p> <p>According to documentation provided on the Pre-Audit Questionnaire and in interview with the Facility Director and the Assistant Facility Director/PREA Compliance Manager, no incidents of retaliation have occurred in the past 12 months. Retaliation monitoring was not conducted for the two allegations reported in the past 12 months. Both alleged victims were left the facility shortly after the allegations were reported. In review of investigative files, a 14-2D-CC form was prepared for the alleged victim of the employee-on-inmate sexual abuse allegation, but was not presented to the resident.</p>
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<b>115.271</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.271 (a): The agency/facility conducts an investigation immediately when notified of an allegation of sexual abuse and sexual harassment including third party and anonymous reports. The Facility Investigators are responsible for conducting administrative investigations of all sexual abuse and sexual harassment allegations at the Oklahoma Reentry Opportunity Center. Administrative investigations are required to be conducted promptly, thoroughly and objectively. The agency's policy on administrative investigations is outlined in CoreCivic's policy 14-2 CC, pages 24 &amp; 25, section N, and criminal investigations are outlined on pages 25 &amp; 26, section O. According to policy 14-2 CC, all allegations of sexual abuse and sexual</p>



harassment are reported in the CoreCivic 5-1 CC policy, *Incident Reporting*. In interview with the Facility Director and the Assistant Facility Director/PREA Compliance Manager, they knew their responsibilities in the conduct of administrative investigations. They both stated they would initiate an investigation immediately following a report of a PREA allegation. On information provided on the Pre-Audit Questionnaire and in interview with the Facility Director and Assistant Facility Director/PREA Compliance Manager, there was one allegation of employee-on-inmate sexual abuse and one allegation of employee-on-inmate sexual harassment, and one allegation of employee-on-inmate sexual harassment reported in the past 12 months. Both allegations were administratively investigated.

115.271 (b): Documentation provided showed the Facility Director completed *Investigating Sexual Abuse in a Confinement Setting*, a web-based training, on 1/25/21 and the Assistant Facility Director/PREA Compliance Manager on 2/28/21. Copies of certificates of completion of this training were provided for review. When interviewed, Investigators confirmed the topics that were included in the training.

115.271 (c): The Investigators gather and preserves direct and circumstantial evidence, including physical and DNA evidence and available electronic monitoring data. In interview of Investigators, they reported they interview the alleged victims, suspected perpetrators and witnesses and review prior complaints and reports of sexual abuse involving the suspected perpetrator. Both Investigators stated they would gather evidence such as statements of the alleged victim, abuser and witnesses, video surveillance footage, pictures, and telephone records.

115.271 (d): Allegations involving staff or residents that appear to be criminal are referred to the Oklahoma City Police Department. If the evidence appears to support criminal prosecution, compelled interviews will be conducted after consulting with prosecutors.

115.271 (e): The credibility of an alleged victim, suspect or witness is assessed on an individual basis and shall not be determined by the person's status as a resident or a staff. The agency does not require a resident who alleges sexual abuse to submit to a polygraph test. This was confirmed in interview with the Facility Director and the Assistant Facility Director/PREA Compliance Manager.

115.271 (f): The administrative investigation shall include an effort to determine whether staff actions or failures to act contributed to the abuse. The administrative investigation is documented on the 5-1G-CC, *Incident Investigation Report*. The report includes investigative facts, physical evidence and testimonial evidence, reasoning behind credibility assessments, investigative findings and whether actions and/or failures of staff to act contributed to the incident, including explanation as to what determined the conclusion.

115.271 (g): A criminal investigation shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence.

115.271 (h): Substantiated allegations shall be referred for prosecution. On

	<p>information provided on the Pre-Audit Questionnaire, since the last PREA audit there were no substantiated allegations of sexual abuse reported.</p> <p>115.271 (i): CoreCivic retains all written reports pertaining to administrative investigations of sexual abuse and sexual harassment for as long as the alleged abuser is incarcerated or staff member is employed by the agency, plus five years as required by the <i>CoreCivic Retention Schedule</i> (1-15 B).</p> <p>115.271 (j): If an alleged staff abuser or victim terminates employment before the conclusion of an investigation, the investigation continues. If a resident abuser or victim leaves the facility before the conclusion of the investigation, the investigation continues. Both the Facility Director and the Assistant Facility Director/PREA Compliance Manager when interviewed reported in both cases, they would continue the investigation.</p> <p>115.271 (k): CoreCivic/Oklahoma Reentry Opportunity Center has an MOU with the Oklahoma City Police Department. Terms of the MOU outlines the responsibilities of the Police Department in the conduct of investigations as in accordance with section 115.271 of the PREA standards. The MOU was renewed in October 2021. The Police Department agrees to conduct criminal investigations, including allegations of sexual abuse and sexual harassment. On 3/15/24, contact was made with the Lieutenant of the Sex Crimes Division to discuss the process of their response to allegations of sexual abuse. If notified of an incident of sexual abuse by a resident or staff, a Patrolman would be sent to the facility to complete an initial report. If it was determined that a crime was committed, a Detective would be dispatched to the facility. A criminal investigation would be conducted, and the investigative report and all evidence would be turned over to the District Attorney for possible prosecution.</p> <p>115.271 (l): The facility shall cooperate with outside investigators and remain informed of the progress of the investigation through communication with outside investigators. In interview with the PREA Coordinator he stated, "The facility stays informed of the progress of the investigation through direct contact with the local law enforcement agency." In interview with the Facility Director and the Assistant Facility Director/PREA Compliance Manager they stated they would contact the Investigator of the police department to check the status of their investigation.</p>
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<b>115.272</b>	<b>Evidentiary standard for administrative investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>15.272 (a): Based on CoreCivic's policy 14-2 CC, page 23, section N-8, the agency shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. When the facility Investigators were asked what standard of evidence was used in</p>

	determining if an allegation is substantiated, they confirmed the requirement of the agency's policy and the standard requirement.
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<b>115.273</b>	<b>Reporting to residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>115.273 (a): Policy 14-2 CC, pages 25 &amp; 26, section R, was used to verify compliance to this standard. The policy indicates that following an investigation of sexual abuse of a resident, the resident shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. It is the responsibility of the Assistant Facility Director/PREA Compliance Manager to present the notice to the victim.</p> <p>115.273 (b): If the facility did not conduct the investigation, the facility shall request the relevant information from the investigative agency in order to inform the resident.</p> <p>115.273 (c): The policy further states that following a resident's allegation that an employee has committed sexual abuse against the resident; the facility is required to inform the resident of the outcome of the investigation, unless the facility has determined that the allegation was unfounded. The resident will be informed if the staff member is no longer posted within the resident's unit, if the staff member was indicted on a charge related to sexual abuse or if the staff member has been convicted on a charge related to sexual abuse. On information reported on the Pre-Audit Questionnaire, in interview with the Assistant Facility Director/PREA Compliance Manager and in review of investigative files, one resident who reported an allegation of employee-on-resident sexual abuse was notified of the outcome of the investigation. The alleged victim of the employee-on-inmate sexual harassment was not notified because he had left CoreCivic custody prior to the conclusion of the investigation.</p> <p>115.273 (d): Following a resident's allegation that another resident sexually abused him/her, the agency shall inform the resident of the outcome of the investigation. The resident is informed if the alleged abuser was indicted on a charge related to sexual abuse or the alleged abuser was convicted on a charge related to sexual abuse. On information reported on the Pre-Audit Questionnaire, there were no allegations of inmate-on-inmate sexual abuse reported in the past 12 months.</p> <p>115.273 (e): All notifications or attempted notifications shall be documented on the 14-2E-CC, <i>Resident Allegation Status Notification</i> form. The resident signs the 14-2E-CC and the form is filed in the corresponding investigative file.</p> <p>115.273 (f): The facility's obligation to notify the resident shall terminate if the resident is released from the agency's custody.</p>

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115.276	Disciplinary sanctions for staff
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.276 (a): Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse policy as outlined in policy 14-2 CC, page 27, section S-2-a-d. All new employees receive a <i>CoreCivic Code of Ethics Acknowledgement</i> form (3-3B-CC) and a <i>BOP Standards of Employee Conduct</i> form (3-3C-CC). New employees read and sign both forms acknowledging they have read the information and understand the contents.</p> <p>115.276 (b): Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.</p> <p>115.276 (c): Disciplinary sanctions for violation of agency policies related to sexual abuse or sexual harassment shall commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history and other sanctions imposed for comparable offenses by other staff with similar histories.</p> <p>115.276 (d): All terminations for violations of the agency's policies on sexual abuse and sexual harassment, or resignation, shall be reported to law enforcement agencies unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p>From information provided on the Pre-Audit Questionnaire and in interview with the Facility Director, in the past 12 months, there were no staff found in violation of the agency's sexual abuse and sexual harassment policy.</p>

115.277	Corrective action for contractors and volunteers
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.277 (a): Based on review of policy 14-2 CC, page 27, section S-2-e &amp; f, any volunteer or contractor who engages in sexual abuse is prohibited from contact with residents and shall be reported to law enforcement agencies or licensing boards, unless the activity was clearly not criminal.</p> <p>115.277 (b): Any other violation of CoreCivic sexual abuse or sexual harassment policies by a volunteer or contractor will result in further prohibitions.</p>

	<p>The Oklahoma Reentry Opportunity Center has religious volunteers and does not utilize the services of contractors. In interview with the Facility Director and on information provided on the Pre-Audit Questionnaire, in the past 12 months there were no volunteers who violated the agency's sexual abuse or sexual harassment policy. The Facility Director stated that if an allegation of sexual abuse by a volunteer, he would deny the volunteer access to the facility pending the outcome of the investigation and he would make notifications to the Oklahoma City Police Department and to BOP.</p>
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<b>115.278</b>	<b>Disciplinary sanctions for residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>115.278 (a): Per policy 14-2 CC, page 26, section S-1, residents will be subject to disciplinary sanctions following an administrative finding that the resident was found guilty of resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. Residents are informed on pages 31 &amp; 32 of the <i>Resident Handbook</i> of prohibited acts and the actions that will be imposed for committing these acts. According to information provided on the Pre-Audit Questionnaire and in interview with the Facility Director, in the past 12 months there have been no residents found in violation of the zero-tolerance policy.</p> <p>115.278 (b): Sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history and the sanctions imposed for comparable offenses by other residents with similar histories. In interview, the Facility Director confirmed this requirement.</p> <p>115.278 (c): The disciplinary process considers whether a resident's mental disabilities or mental illness contributed to his behavior in determining what type of sanction, if any should be imposed. In interview with the Facility Director, he stated a resident's mental disability or mental illness would be considered before sanctions were imposed.</p> <p>115.278 (d): In the case of sexual abuse, the alleged perpetrator is offered mental health services. Mental health services are provided by referral to an offsite provider after approval by the BOP.</p> <p>115.278 (e): A resident may be disciplined for sexual conduct with an employee only upon a finding that the employee did not consent to such conduct.</p> <p>115.278 (f): Residents who allege false claims of sexual abuse can be disciplined. A</p>

	<p>report of sexual abuse made in good faith based on a reasonable belief that the alleged contact occurred does not constitute falsely reporting an incident or lying, even if the investigation does not establish evidence sufficient to substantiate the allegation.</p> <p>115.278 (g): Sexual activity between residents is prohibited in all CoreCivic facilities and residents may be disciplined for such activity. Residents are informed that any sexual misconduct is a violation against the facility’s rules and regulations and what constitutes sexual misconduct. All sexual activity between residents is prohibited and residents are informed they will be disciplined for violations.</p>
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<b>115.282</b>	<b>Access to emergency medical and mental health services</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>115.282 (a): All resident victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services determined by medical and mental health practitioners according to their professional judgement, according to CoreCivic policy 14-2 CC, page 21, section M-15-a-d.</p> <p>115.282 (b): The Oklahoma Reentry Opportunity Center does not have medical or mental health practitioners on staff. Security staff first responders are required to take steps to protect the victim. Security and non-security staff interviewed confirmed their knowledge of the requirements to protect the victim. Resident victims are referred to the Oklahoma University Hospital for medical services and to the YWCA Oklahoma City for emotional support services.</p> <p>115.282 (c): Resident victims of sexual abuse are transferred to the Oklahoma University Hospital where SANE exams are performed. Resident victims of sexual abuse are offered information referral for timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.</p> <p>115.282 (d): Medical and mental health treatment services are provided at no cost to the victim whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p>

<b>115.283</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard

	<p><b>Auditor Discussion</b></p> <p>115.283 (a): Based on CoreCivic’s policy 14-2 CC, page 21, section M-15-e-j, the facility ensures medical and mental health evaluations and treatment to all residents who have been victimized by sexual abuse.</p> <p>115.283 (b): The treatment provided includes follow-up services, treatment plans and when necessary, referrals for continued care.</p> <p>115.283 (c): Medical and mental health services are provided by community providers. Ongoing medical services are offered at the Oklahoma University Hospital. Emotional support services are provided by the YWCA and mental health services are provided by Cornerstone, an agency that has a contract with BOP to provide mental health services to residents.</p> <p>115.283 (d): Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered referral for pregnancy testing. If pregnancy results, victims will receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.</p> <p>115.283 (e): Based on CoreCivic’s policy 14-2 CC, resident victims of sexually abusive vaginal penetration while incarcerated are offered referral for pregnancy tests. If pregnancy results, victims will receive timely access to lawful pregnancy-related medical services.</p> <p>115.283 (f): Resident victims of sexual abuse are offered tests for sexually transmitted infections as medically appropriate.</p> <p>115.283 (g): Treatment services are provided at no cost to the victim whether the victim names the abuser or cooperates with any investigation of the incident.</p> <p>115.283 (h): Inmate-on-resident abusers would be referred to community providers for a mental health evaluation, to be seen within 60 days.</p>
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<b>115.286</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>115.286 (a): Based on policy 14-2 CC, pages 24 &amp; 25, section P, the Assistant Facility Director/PREA Compliance Manager will ensure a post investigation review of a sexual abuse incident is conducted within 30 days of the conclusion of every sexual abuse investigation, unless the allegation was determined to be unfounded. The <i>Sexual Abuse or Assault Incident Review Report</i> (14-2F CC) is completed for this review.</p>

	<p>115.286 (b): The review shall occur within 30 days of the conclusion of the investigation.</p> <p>115.286 (c): It is the responsibility of the SART to conduct these reviews. Members of the SART include the Facility Director, Assistant Facility Director/PREA Compliance Manager, Quality Assurance Manager and the HR/Finance Coordinator, with the PREA Coordinator and/or the Director, PREA Compliance and Investigation in attendance via telephone or zoom. In interview with the Facility Director, he confirmed the members of the SART.</p> <p>115.286 (d): When reviewing an incident, the SART considers the requirements of 115.286 (d) of this standard, which includes whether the incident was motivated by race, ethnicity, and gender identity, sexual orientation or gang affiliation. They examine the area in the facility where the incident alleged to have occurred to assess for physical barriers, assess the adequacy of staffing levels in the area during different shifts to include supervisory staff and assess whether monitoring technology should be deployed. All findings and recommendations for improvement are documented and submitted to the PREA Coordinator. In interview with the PREA Coordinator, he stated he receives copies of the 14-2F CC reports. On information provided on the Pre-Audit Questionnaire and in interview with the Facility Director, in the past 12 months there was one allegation of sexual abuse reported. In review of investigative files, the administrative investigation of this allegation was closed on 6/27/23 and the incident review was conducted on 12/28/23. The Assistant Facility Director/PREA Compliance Manager stated she knows the review was late and she knows in the future incident reviews are to be conducted within 30 days of the conclusion of a sexual abuse investigation. Members of the SART interviewed knew their responsibilities as they relate to the review of sexual abuse incidents.</p> <p>115.286 (e): The facility will implement the recommendations for improvement or will document reasons for not doing so. In interview with the PREA Coordinator, he stated the Facility Director is tasked with taking corrective action to address any findings.</p>
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<b>115.287</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.287 (a): Information on data collection is found on pages 28, sections T-1-3, of CoreCivic’s policy 14-2 CC. CoreCivic collects uniform data for every allegation of sexual abuse at all facility under their control. The facility ensures incidents of sexual abuse are entered into the 5-1 CC reporting system as required in CoreCivic policy 5-1 CC, <i>Incident Reporting</i>.</p> <p>115.287 (b): At least annually, the PREA Coordinator aggregates the incident-based sexual abuse data. In interview with the PREA Coordinator he stated, "The agency</p>



reviews data collected and aggregated pursuant to 115.287 in order to assess and improve the effectiveness of the sexual abuse prevention, detection and response policies and training. Data from all facilities is included in the process."

115.287 (c): The data collected, will be at a minimum, the data necessary to answer all questions from the most recent version of the *Survey of Sexual Violence* conducted by the Department of Justice (DOJ).

115.287 (d): The facility maintains, reviews and collects data as needed including reports, investigation files and sexual abuse incident reviews. The facility will ensure that incidents of sexual abuse and sexual harassment are reported on the *Prison Rape Elimination Act (PREA) Reporting (5-1E)* form. According to CoreCivic's policy 14-2 CC, page 28, section T-11, aggregated PREA sexual abuse data is retained for 10 years and PREA investigation files and written reports for 5 years after the resident is released or post-employment of alleged abusers according to the *CoreCivic Retention Schedule (1-15B)*. In interview of the PREA Coordinator he stated, "Files and information relative to investigations of PREA allegations are retained in the CoreCivic 5-1 Incident Report Database. This is on a secured server. Hard copies of investigation files are secured at the facility. All annual reports are kept on the CoreCivic website. Everything is subject record retention schedules."

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

115.287 (f): Upon request, or no later than June 30, the agency provides aggregated data information for the previous calendar year to DOJ. According to information reported on the Pre-Audit Questionnaire, DOJ did not request this information in the previous calendar year.

<b>115.288</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>115.288 (a): Based on policy 14-2 CC, page 28, section T-4-6 &amp; 8, and on interview with the PREA Coordinator, the agency reviews all of the data collected from all of its facilities and aggregates that data annually to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training. The PREA Coordinator prepares an annual report that provides problem areas and corrective actions for each facility and as the agency as a whole. When interviewed the Vice President, Core Services (agency head designee) stated, "A review of PREA data is made on a daily, monthly and annual basis. Incident data is provided daily to select FSC staff in a <i>Daily PREA Report</i>. Monthly and annually the data is reported as metrics in a format that can determine if there are trends at individual facilities or with inmate populations. Facilities can use the data to identify where sexual abuse may be occurring and</p>

	<p>whether changes to either physical plant, presence of staff/video coverage, or procedures would minimize the risks of incidents in those areas". The PREA Coordinator when interviewed stated, " The agency reviews data collected and aggregated pursuant to standard 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies and training. Data from all facilities is included in the process." The annual reports provide an excellent overview of the agency's efforts in the prevention of sexual abuse and sexual harassment in its facilities with data review and analysis and therefore, was found to exceed in the requirements of this standard.</p> <p>115.288 (b): The annual report includes a comparison of the current year's data and corrective actions with those from the previous years and provides an assessment of the agency's progress in addressing sexual abuse.</p> <p>115.288 (c): The PREA Coordinator forwards the annual report to the Chief of Corrections Officer for approval. The report is made public on CoreCivic's website and can be accessed at <a href="http://corecivic.com/the-prison-rape-elimination-act-of-2003-prea">http://corecivic.com/the-prison-rape-elimination-act-of-2003-prea</a>. Annual reports since the last PREA audit were found published on the agency's website.</p> <p>115.288 (d): Before making aggregated sexual abuse data public, all personal identifiers are redacted. In interview with the PREA Coordinator, he stated, "The report do not contain the identity or personal and medical information belonging to inmates or staff."</p> <p>The annual reports prepared by the PREA Coordinator and posted on the agency's website since the last PREA audit were well written with easy-to-read tables according to the type of allegations and the investigative findings of all CoreCivic facilities, as well as a narrative overview of this information. The report provides a review of incident-based data with a comparison of aggregated data for the previous years in the audit cycle. The facility was found to exceed in the requirements of this standard.</p>
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<b>115.289</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.289 (a): According to policy 14-2 CC, page 28, section T-7-11, the agency ensures that the data collected is securely retained. All case records associated with claims of sexual abuse, including incident reports, investigative reports, resident information, case disposition, medial and counseling evaluation finds, and recommendations for post-release treatment and/or counseling evaluation findings are securely retained. In interview with the PREA Coordinator he stated, "Files and information relative to investigations of PREA allegations are retained in the CoreCivic 5-1 <i>Incident Report Database</i>. This is on a secured server. Hard copies of</p>

	<p>investigation files are secured at the facility. All annual reports are posted on the CoreCivic website. Everything is subject to record retention schedules.”</p> <p>115.289 (b): The annual report is approved by the agency’s Chief of Corrections. CoreCivic makes all aggregated sexual abuse data, from facilities under its direct control readily available to the public annually on their website at <a href="http://corecivic.com/the-prison-rape-elimination-act-of-2003-prea">http://corecivic.com/the-prison-rape-elimination-act-of-2003-prea</a>.</p> <p>115.289 (c): Before making aggregated sexual abuse data publicly available, all personal identifiers are redacted.</p> <p>115.289 (d): According to the <i>CoreCivic Retention Schedule (1-15-B)</i>, the entire PREA packet including aggregated sexual abuse data is retained for 10 years. This information was confirmed in interview with the PREA Coordinator.</p>
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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.401 (a): Based on policy 14-2 CC, pages 28 &amp; 29, section U, CoreCivic ensures that an external audit of all of its facilities is conducted every three years to ensure compliance with the agency’s policy, the PREA National Standards and federal law and regulations. The FSC Quality Assurance Department in conjunction with the PREA Coordinator ensures that a DOJ Certified PREA Auditor conducts the external audit.</p> <p>115.401 (b): According to the agency’s PREA Coordinator, during the three-year period beginning on August 20, 2013, CoreCivic ensured that each of its facilities were audited at least once and continues to ensure that its facilities are audited every three years. The Oklahoma Reentry Opportunity Center was last audited in 2021.</p> <p>115.401 (f): I received and reviewed all relevant agency-wide policies for the Oklahoma Reentry Opportunity Center.</p> <p>115.401 (g): I reviewed a sampling of relevant documents and other records and information for the most recent one-year period.</p> <p>115.401 (h): During the audit, I was allowed access to all areas of the facility.</p> <p>115.401 (i): I was permitted to request and receive copies of any relevant documentation, including information that was stored electronically.</p> <p>115.401 (j): I have retained all documentation relied upon to make audit determinations. The documentation will be provided to the Department of Justice upon request.</p>

	<p>115.401 (k): I interviewed a representative sample of residents and staff, supervisors and administrators.</p> <p>115.401 (l): I reviewed camera monitors and electronically stored data.</p> <p>115.401 (m): I was permitted to conduct private interviews with residents and staff ensuring confidentiality to our conversation.</p> <p>115.401 (n): Residents and staff were notified on 1/28/24 through posted facility notices in both English and Spanish that they could send confidential correspondence to me and were given my name and mailing address. I did not receive correspondence from any resident or staff of the Oklahoma Reentry Opportunity Center.</p> <p>115.401 (o): The Oklahoma Reentry Opportunity Center has a Memorandum of Understanding (MOU) with the YWCA Oklahoma City. On 2/20/24, YWCA's Senior Director of the Sexual Assault Center was contacted to confirm and review the terms of the MOU. The YWCA provides services to victims of sexual assault and domestic violence. Trained staff assist with safety planning, education and referrals. The YWCA has a contract with the Oklahoma State Safe Line and provide 24/7 support services through that contract as well as maintaining a sexual abuse and a domestic violence hotline, where trained advocates answer hotline calls. The YWCA also provides victims with accompaniment to hearings or any other court proceedings related to the sexual abuse. The YWCA Oklahoma City provides accompaniment for forensic exams at three local hospitals. When a forensic nurse is dispatched to one of the three hospitals, an advocate is dispatched to respond as well. Victims of sexual abuse are provided with follow-up meetings either virtually or at the YWCA office. All services are free to victims and are confidential.</p>
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<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.403 (a): Based on policy 14.2 CC, page 29, section U-4, each audit includes a certification by the auditor that no conflict of interest exists with respect to his/her ability to conduct a CoreCivic audit. No audit may be conducted by an auditor who has received financial compensation from CoreCivic within the three years prior to CoreCivic retaining the auditor. CoreCivic will not employ with or otherwise financially compensate the auditor for three years subsequent to CoreCivic's retention of the auditor, with the exception of contracting for subsequent PREA audits. I certify by my signature in the Auditor's Certification section of this report that no conflict of interest exists with my ability to conduct this audit.</p>

115.403 (b): Audit reports shall state whether company-wide policies and procedures comply with relevant PREA National Standards. In thorough review of CoreCivic's *Sexual Abuse Prevention, Response* policy (14-2 CC), the policy was found to be well written and comprehensive complying with the PREA National Standards.

115.403 (c): For each standard, I made a determination of a finding of Exceeds Standard, Meets Standard, or Does Not Meet Standard. Standards 115.211, 115.217, 115.231, 115.233 and 115.288 were found to exceed in the requirements of the standard. All other standards were determined to meet compliance.

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

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

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

<b>Appendix: Provision Findings</b>		
<b>115.211 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.211 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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 community confinement facilities?	yes
<b>115.212 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
<b>115.212 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
<b>115.212 (c)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	na

	emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
<b>115.213 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	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?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
<b>115.213 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
<b>115.213 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
<b>115.215 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.215 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
<b>115.215 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
<b>115.215 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes



	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
<b>115.215 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.215 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
<b>115.216 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
<b>115.216 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.216 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
<b>115.217 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
<b>115.217 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
<b>115.217 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.217 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.217 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.217</b>	<b>Hiring and promotion decisions</b>	

<b>(f)</b>		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.217 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.218 (a)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
<b>115.218 (b)</b>	<b>Upgrades to facilities and technology</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	na

	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
<b>115.221 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
<b>115.221 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	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? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
<b>115.221 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.221 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.221 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.221 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na

<b>115.222 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.222 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.222 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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 conducting criminal investigations. See 115.221(a).)	yes
<b>115.231 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	yes



	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
<b>115.231 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
<b>115.231 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
<b>115.231 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.232 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.232 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
<b>115.232 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.233 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
<b>115.233 (b)</b>	<b>Resident education</b>	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
<b>115.233 (c)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
<b>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.233 (e)</b>	<b>Resident education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes

	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 criminal or administrative sexual abuse investigations. See 115.221(a)).	
<b>115.234 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	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 criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
<b>115.234 (c)</b>	<b>Specialized training: Investigations</b>	
	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 criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
<b>115.235 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	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.)	yes

	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.)	yes
	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
	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
<b>115.235 (b)</b>	<b>Specialized training: Medical and mental health care</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 does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	yes
<b>115.235 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.235 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by	yes

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	
<b>115.241 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
<b>115.241 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.241 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.241 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
<b>115.241 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.241 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

<b>115.241 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
<b>115.241 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
<b>115.241 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
<b>115.242 (a)</b>	<b>Use of screening information</b>	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes



	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.242 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
<b>115.242 (c)</b>	<b>Use of screening information</b>	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
<b>115.242 (d)</b>	<b>Use of screening information</b>	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
<b>115.242 (e)</b>	<b>Use of screening information</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.242</b>	<b>Use of screening information</b>	

<b>(f)</b>		
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
<b>115.251 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.251 (b)</b>	<b>Resident reporting</b>	

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
<b>115.251 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.251 (d)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.252 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
<b>115.252 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	na

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
<b>115.252 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	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.)	na
<b>115.252 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
<b>115.252 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	na

	of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	na
<b>115.252 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	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.)	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.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	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.)	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.)	na
<b>115.252 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to	na

	alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	
<b>115.253 (a)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
<b>115.253 (b)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.253 (c)</b>	<b>Resident access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.254 (a)</b>	<b>Third party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
<b>115.261 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	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
<b>115.261 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.261 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.261 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.261 (e)</b>	<b>Staff and agency reporting duties</b>	
	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

<b>115.262 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
<b>115.263 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
<b>115.263 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.263 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.263 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.264 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	yes



	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?	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.264 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.265 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
<b>115.266 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.267 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.267 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
<b>115.267 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	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:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	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 reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.267 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.267 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.271 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
<b>115.271 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
<b>115.271 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.271 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.271 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.271 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.271</b>	<b>Criminal and administrative agency investigations</b>	

<b>(h)</b>		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.271 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
<b>115.271 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
<b>115.271 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	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 any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
<b>115.272 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.273 (a)</b>	<b>Reporting to residents</b>	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.273 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	yes

	request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
<b>115.273 (c)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.273 (d)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
<b>115.273 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.276 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.276 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.276 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.276 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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
	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
<b>115.277 (a)</b>	<b>Corrective action for contractors and volunteers</b>	

	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.277 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
<b>115.278 (a)</b>	<b>Disciplinary sanctions for residents</b>	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
<b>115.278 (b)</b>	<b>Disciplinary sanctions for residents</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
<b>115.278 (c)</b>	<b>Disciplinary sanctions for residents</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.278 (d)</b>	<b>Disciplinary sanctions for residents</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a	yes



	condition of access to programming and other benefits?	
<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.282 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.282 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
<b>115.282 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.283 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.283 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.283 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.283 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident 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 residents 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
<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	yes

	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 residents 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.)	
<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

<b>115.286 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.286 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.287 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.287 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.287</b>	<b>Data collection</b>	

<b>(c)</b>		
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.287 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.287 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
<b>115.287 (f)</b>	<b>Data collection</b>	
	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.)	na
<b>115.288 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

<b>115.288 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.288 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.288 (d)</b>	<b>Data review for corrective action</b>	
	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
<b>115.289 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
<b>115.289 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.289 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.289 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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.)	yes
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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
	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.)	na
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with residents?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	yes

	same manner as if they were communicating with legal counsel?	
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	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, there has never been a Final Audit Report issued.)	yes