

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## ADULT PRISONS & JAILS

NATIONAL  
PREA  
RESOURCE  
CENTER



# BJA

Bureau of Justice Assistance  
U.S. Department of Justice

<b>Name of facility:</b> Charles E. "Bill" Johnson Correctional Center			
<b>Physical address:</b> 1856 E. Flynn Street, Alva, OK 73717			
<b>Date report submitted:</b>			
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<b>Date of facility visit:</b> December 1 – 3, 2014			
<b>Facility Information</b>			
<b>Facility mailing address:</b> <i>(if different from above)</i>			
<b>Telephone number:</b> (580) 327-8000			
<b>The facility is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
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<b>Agency Information</b>			
<b>Name of agency:</b> Oklahoma Department of Corrections			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> State of Oklahoma			
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# AUDIT FINDINGS

## NARRATIVE:

The American Correctional Association contracted with the Oklahoma Department of Correction to conduct the PREA audit of the Bill Johnson Correctional Center. This auditor was assigned to conduct the audit. The auditor received a USB drive containing the pre-audit questionnaire and supporting documentation for each standard, approximately two weeks prior to the site visit. Interviews with the Agency Director and PREA Compliance Coordinator were conducted prior to the site visit.

The site visit was conducted from December 1 – 3, 2014. On November 30, 2014, the auditor met with the Millicent Newton-Embry, agency PREA Coordinator and Janice Melton, facility Warden to plan the site visit and discuss questions on the pre-audit questionnaire. The auditor selected random inmates and staff to be interviewed the following day.

On Monday, December 1, 2014 the site visit began with a tour of the facility. All areas of the facility were visited to include the administration area, chapel, programs area 1-4, laundry, housing units 1-4, education area, kitchen, warehouse, maintenance, auto mechanics area and wellness center.

Following the tour, the auditor began interviews with staff. Staff interviews included:

- Janice Melton, Warden
- Jason Bryant, Deputy Warden (Intermediate or Higher Level Staff), Monitors Retaliation
- Jeremy Judd, Contract employee
- Milford White, Volunteer
- Randy Harding, First Responder
- Dennis Kilmer, First Responder, Screens for Risk of Victimization
- Lisa Ackerman, Human Resource
- David Lantham, Incident Review Team, Investigative Staff
- Randy Harding, Intake Staff
- Shawn Dodson, Investigative Staff
- Ronda Carol Montalvo, Health Services Administrator – Screens for Risk of Victimization
- Tina Pettus, Mental Health staff – Screens for Risk of Victimization
- Justin Lau, PREA Manager
- Brandy Collison, Segregation Staff
- Todd Fink, Random Staff
- Michael Culbreath, Random Staff

On Tuesday December 2, 2015 the auditor interviewed eleven inmates. The auditor reviewed personnel files, training records, investigation reports, viewed cameras and met with Warden Melton and Ms. Embry-Newton to discuss corrective action.

The interim report was submitted to the agency on January 4, 2015. During the corrective action period, the facility provided a revised pre-audit questionnaire, submitted photos of modifications to the shower areas in each housing unit, camera views of newly installed cameras in the food service area, newly installed windows for solid doors, and submitted additional documentation as requested by the auditor. During this period, the auditor interviewed an additional six random inmates by video conferencing. The auditor also completed a phone interview with Karmen Thomas, Victim Advocate.

## **DESCRIPTION OF FACILITY CHARACTERISTICS:**

The Charles E. "Bill" Johnson Correctional Center (BJCC) is a minimum-security facility operated by the Oklahoma Department of Correction. The facility provides a substance abuse/cognitive behavior approach through two programs: a Delayed Sentencing Program for offenders 18-22 years of age and a Regimented Treatment Program for drug offenders. The agency added a 100-bed minimum-security housing unit in November 2012. The minimum-security housing unit is outside the main compound.

The mission statement of the Charles E. "Bill" Johnson Correctional Center (BJCC) is:

"In a safe and secure minimum security correctional environment, provide a comprehensive regimented substance abuse treatment program, meaningful work opportunities through institutional jobs and the Prisoner Public Work Program, educational opportunities, quality, efficient, and cost-effective health care services and, through re-entry and aftercare, return the offender to society with the tools necessary to be a productive citizen, in an effort to reduce recidivism."

The facility consists of six metal buildings, four modular buildings, and one brick building within a double fenced secure perimeter, equipped with razor wire. These buildings serve as administrative offices/medical, a food service area, and education building. In addition, there are four modular buildings used for program services. One brick building serves as the chapel, programs area and visitation.

There are eight buildings outside the fenced area. There are four metal buildings used for the maintenance shop and warehouse, storage, crew tool area, and sawmill. There are three block buildings: auto mechanics/wellness center, dog kennel, and caustics building. There is also a greenhouse outside the secure fencing.

The housing units are dormitory style design. Housing Unit One is a two story building with 133 beds in 1A and 147 beds in 1B. Housing Unit Two is also a two story building with 147 beds in 2A and 147 beds in 2B. Correctional officers are assigned to each floor of these housing units. Unit Three is a single story building with 90 beds. The facility laundry is also in Unit 3.

Unit Four is a one-story metal building located just outside the main treatment compound with a bed capacity of 104. Unit Four is surrounded by a single-wide fence, secured with razor wire. Case Managers office in the housing units and provide additional supervision for offenders. Cameras are placed in each housing area and monitored through Central Control. Cameras are positioned in a manner to afford offenders privacy when toileting, undressing and showering.

## **SUMMARY OF AUDIT FINDINGS:**

There were eighteen standards requiring corrective action. One staff person supervises the food service area. There is one camera monitoring this area and numerous blind spots. Extra security supervision is present during meal times. The facility installed two additional cameras, installed five windows in doors to allow easy viewing, and required the roving officer to conduct two additional unannounced checks.

The shower areas in the housing areas did not provide adequate privacy for offenders. Although some toilets allowed for privacy, the toilet nearest the entryway was clearly visible and did not afford privacy. During the corrective action period, the facility modified the shower areas in housing unit 4 by replacing the existing partial walls in the shower areas that did not afford adequate privacy for offenders, with metal walls. In Units 1 and 2 curtains were installed in the shower areas and one wall extended in the toilet area to afford privacy. Facility staff also amended shower hours.

Plumbing chases in the housing areas were accessible to most staff. This area was not restricted and was

not in full view of the cameras. To address this concern, the facility limited access with postings on each door, modification to the key policy and required authorization when entering this area. Key access is now limited to the building officer who must notify central control and the shift supervisor of any entry into the plumbing chases.

Numerous offices and areas did not provide viewing into the area. Thirty-one windows were added to solid core doors, allowing visibility into the areas and reducing blind spots. Five mirrors were also added within the facility to reduce blind spots. Unannounced rounds were added to the areas outside of the secure perimeter.

The facility submitted a corrected pre-audit questionnaire and provided additional documents as requested and participated in several phone conferences to discuss corrective action and clarify procedures with the auditor.

Number of standards exceeded: 0

Number of standards met: 40

Number of standards not met: 0

Number of not applicable standards: 3

**115.11****Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The agency has a zero tolerance policy for inmate-on-inmate sexual assault, staff-on-inmate sexual misconduct and sexual harassment. In September 2012, the agency assigned Millicent Newton-Embry as the agency PREA Coordinator. Ms. Newton-Embry coordinates PREA compliance with the assistance of PREA Managers assigned to each facility. The PREA Coordinator reports directly to the Inspector General. Interviews and observations confirm the statewide PREA Coordinator has sufficient time and authority to manage the agency's PREA efforts.

The agency has designated thirty-eight Compliance Managers throughout the agency. Justin Lau is assigned as the facility's PREA Manager and reports directly to the Warden. He is responsible for the facility's PREA efforts in addition to other duties. The Procedures Officer assists him.

Compliance was determined by review of the OP and BJCC 030601 Oklahoma Prison Rape Elimination, agency and facility organizational charts, observations and interviews with the PREA Compliance Coordinator and PREA Compliance Manager.

**115.12****Contracting with other entities for the confinement of inmates.**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Although the Bill Johnson Correctional Center is a state run facility, the agency has several contracts to provide for confinement of offenders. The agency contracts with private prison agencies and county jails. All agency contracts for the confinement of offenders include requirements to meet the PREA standards. The agency employs a contract monitor who monitors the private prison contracts to ensure compliance. The county jail contracts are monitored by a host facility, appointed by the Division Manager for West institutions. Community corrections contracts are monitored by the host district.

Compliance was determined by review of agency contracts and review of Oklahoma policy (OP) 030401 Private Prison Monitoring, OP 030402 Community Corrections Residential Contracts and OP 090109 Contract County Jail Program.

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The agency requires each facility to develop a staffing plan. The average daily number of inmates is 688. The staffing plan was based on a population of 734. The staffing plan for this facility provides adequate supervision. Deviations from the plan are documented as required. The most common reasons for these deviations are sick leave, enforced and annual leave, training, and CERT response. The PREA Coordinator reviews this plan annually. The PREA Coordinator maintains camera overlays for each facility that are updated as needed.

There are no findings of inadequacies from internal or external oversight bodies, courts, or federal investigative agencies.

Unannounced rounds are conducted by intermediate and higher level staff on all shifts. These rounds are documented on the unit logs and the Administrative Staff/Duty Officer Weekly Inspection Report. Staff is prohibited from alerting other staff of these rounds and violations will result in progressive discipline sanctions.

During the audit tour, the auditor found blind spots in the kitchen, plumbing chases in the housing areas (where several housing area staff had key access), specific areas in the housing areas, program areas, warehouse, laundry, and maintenance.

During the corrective action period, the facility addressed these concerns with the installation of two additional cameras in the kitchen area as well as three additional unannounced rounds by the yard officer. The facility installed windows in five doors in the kitchen to allow easy visibility into the area.

The plumbing chase access was improved by restricting key access to the assigned unit officer only. Signage was also added designating this area as restricted. Revised post orders now require the housing officer to notify central control and the shift supervisor if access to this area is required. This is also documented on the unit log.

Windows have been added to solid core doors to housing units 1, 2, 3 and 4 which includes 2 Case Manager offices and 1 officer station; program buildings 1-4, warehouse, maintenance, laundry and the property hallway. Daily unannounced tours are now required by senior staff of the warehouse and maintenance areas. To increase visibility and reduce blind spots in staff offices, mirrors were added to 5 offices in housing units 1 and 2, education and the leisure library.

Compliance was determined by review of OP and BJCC 030601 Oklahoma Prison Rape Elimination Act, the facility staffing plan, priority posting chart, diagrams of camera locations, and unit logs. Technology needs Assessment, 2013 and 2014 Position Budgeting Report, program activity calendars, observations during the site tour, photos of completed corrective action in the above noted areas and interviews with the Warden, intermediate or higher level staff also determined compliance.

**115.14**

## Youthful inmates.

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)
- Not applicable

Prior to the audit, youthful offenders were housed at the Bill Johnson Correctional Center. Youthful offenders are now housed at the Joseph Harp Correctional Center (JHCC - male offenders) and Mabel Bassett Correctional Center (MBCC- female offenders). This standard is not applicable.

**115.15**

## Limits to cross-gender viewing and searches.

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

This facility only houses male offenders. The sections of this standard referring to female offenders do not apply. The agency does not allow cross gender strip or body cavity searches, except in exigent circumstances or by trained medical personnel. During this audit cycle, there has been no cross gender strip or body cavity searches. The agency policy also prohibits staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining genital status. All facility security staff has received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs. Interviews of staff revealed staff was aware of this requirement.

There are video cameras in all housing areas and the cameras are positioned in such a manner to prevent viewing into shower or toilet areas.

The agency and facility has a policy regarding opposite gender announcements when entering the housing area. This was observed on the tour.

During the facility tour, the auditor observed there were showers and toilets in specific housing areas that do not afford privacy for showering and toileting. During the corrective action period, the facility corrected each area. In housing areas, three and four, metal panels replace the existing partial wall. In housing areas one and two, shower curtains were installed and wall extensions added to the toilet areas. Shower hours were also changed. These modifications afford offenders the required privacy.

Compliance was determined by observations on the site tour, interviews with the Warden, random staff and inmates, photographs of corrective actions and corrective action report, review of OP 030602 Offender Housing, OP 040110 Search and Seizure Standards, Shift Supervisor Post Orders and revised Shower Schedule.

**115.16****Inmates with disabilities and inmates who are limited English proficient.**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The facility provides assistance to Non-English speaking inmates, with Spanish interpreters available on-site and interpreters for several different languages available within the agency. These languages include but not limited to Mandarin Chinese, Taiwanese, French, Hindi, Estonian, and Portuguese. PREA information in Spanish is provided through handouts, Offender handbooks, and posters. Inmate interpreters or assistants are not utilized except in exigent circumstances. For inmates with literacy problems, intellectual disabilities, or visual or hearing impairments, assistance is provided to understand the material. The facility has staff on-site trained in American Sign Language.

The medical staff completes a Housing Summary and Decision Matrix for each offender at the reception center. Medical staff assesses the offender's physical capabilities, to include sight and hearing needs. This assessment is used to assign offenders to facilities equipped to address their limitations. This facility is a level two, minimum security facility.

Agency Director, staff and inmate interviews, tour observations, OP 060201 Initial Reception of Offenders, and OP 030601 Oklahoma Prison Rape Elimination Act determined compliance.

**115.17****Hiring and promotion decisions.**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The agency conducts criminal background checks and does not hire individuals with any of the listed offences in this standard. The agency considers any prior history of sexual harassment before hiring or promoting individuals or contracting for services. Applicants are asked each point on 115.17 a. 1-3, on the employment application. Agency contracts include all the necessary requirements for this standard. The agency ensures a criminal background check is completed every five years for employees and contract employees. There were 27 persons hired in the past twelve months. Criminal background checks were completed for all applicants.

During the corrective action period, the facility provided copies of the Personal Data Summary Sheet that documents PREA standard requirements for all newly hired or promoted employees. In addition, the facility provided confirmation of criminal records checks for contractors that were not completed at the time of the audit.

OP 110205 Individual Conduct of Employees prohibits violations of the agency's sexual abuse/sexual harassment policy. This policy requires employees to "promptly and truthfully report any improper actions which violate agency policies and procedures, endanger others, or undermine the principles contained herein."

Compliance was determined by review of employee personnel files hired in the past twelve months, interview with Human Resource Staff, OP 110205 Individual Conduct of Employees,

**115.18** Upgrades to facilities and technologies.

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)
- Not applicable

The facility has not made any substantial expansions or modifications since August 2012. There was no video surveillance or monitoring technology added since August 2012.

Compliance was determined by interviews with the Agency Director and Warden, review of diagram of camera locations, and 2014 Technology Needs Assessment.

**115.21** Evidence protocol and forensic medical examinations.

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Oklahoma State Statute, Title 57, "Prisons and Reformatories," Section 508.4, creates an Investigation unit within the Oklahoma Department of Corrections. The Office of the Inspector General is charged with conducting criminal and administrative investigations within all facilities of the Oklahoma Department of Correction, to include private facilities.

The investigating officer and the medical staff decide if an inmate who alleged to have suffered a sexual assault should receive a forensic medical exam. The facility has a Memorandum of Understanding with the Northwest Domestic Crisis Services to provide advocacy services and Woodridge Regional Hospital to provide forensic examinations. SAFE/SANE staff conducts the exams at no cost to the inmate. There were no forensic examinations required during the audit period.

Compliance was determined by review of OP 040117 Investigations, OP 040118 Emergency Care, MSRM (Medical Services Resource Manual) 140118-01 Management of Alleged Non-Consensual Sexual Contact, interview with the PREA Compliance Manager.

**115.22**

## Policies to ensure referrals of allegations for investigations.

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The agency policy OP 030601 entitled Oklahoma Prison Rape Elimination Act requires that all allegations of sexual assault, misconduct, or harassment be thoroughly investigated. The facility conducts a preliminary inquiry, refers the incident to OIG for investigation, and documents all referrals. Of the three incidents, two were determined to be unfounded, and one is still under investigation by OIG.

The agency policy regarding the investigation of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website. During the corrective action period, this question was corrected on the pre-audit questionnaire.

Compliance was determined by interview with the Agency Director, review of OP 030601 Oklahoma Prison Rape Elimination Act, OP 040117 Investigations, Sexual Assault Reports, Requests for OIG investigations, Agency Policy and Procedure website.

**115.31**

## Employee training.

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The agency and facility policies require all staff that has contact with inmates to be trained in all requirements of this standard. The training course provided to employees is well developed and thorough.

Employees receive PREA training annually or whenever the PREA policies are updated. Employees sign indicating they have received and understand the required training. Over 99% of the employees who may have contact with inmates have been trained in the PREA requirements.

Compliance was determined by review of OP 030601 Oklahoma Prison Rape Elimination Act, PREA Training Power Point refresher training 2014, 2013 PREA update, training attendance rosters, completed staff training acknowledgement forms, and interviews with random staff.

**115.32**

## Volunteer and contractor training.

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

The agency and facility have policies that require employees, contract employees, and volunteers to receive PREA training. Volunteers and contract employees sign acknowledging that they understood the training received. There were fifty-seven volunteers or contractors trained in the PREA requirements. This number exceeds 100%.

Compliance was determined by interviews with Volunteer and Contract Employees, signed training acknowledgement forms, OP 090211 Volunteer Services, Course rosters for volunteers and contractors, Memorandum of Understanding and Confidentiality Agreement for Volunteers, Attachment M from OP-100101 entitled Individual Responsibilities for Pre-Service Training, for Temporary, Part-time and Contract Support Employees.

**115.33**

Inmate education.

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Inmates are provided written and verbal orientation at the reception facility. The orientation addresses the agency's zero tolerance policy, prevention, intervention, self-protection, reporting options that include instructions for the PREA hotline. Within 30 days of intake, inmates receive a more comprehensive PREA education. This information is also provided to inmates in the Offender Rules and Regulations Handbook and a booklet entitled Offenders' Guide to Sexual Misconduct. Of the inmates admitted in the audit period, 100% were provided PREA orientation.

Upon transfer, inmates are oriented to the facility's PREA policies. The facility documents all inmate PREA education. This information is readily available to inmates through offender handbooks and posters.

During the corrective action period, the facility clarified that they do not receive inmates who are visually or hearing impaired. The facility makes services available for inmates who are non-English speaking or who have limited reading skills.

Compliance was determined by review of completed Zero Tolerance Acknowledgement forms for offenders (Spanish and English), Offender Handbooks (Spanish and English), offender Orientation Sign-In rosters, OP 140105 Offender Health Education, Offenders Guide to Sexual Misconduct, interviews with intake staff and random inmates, and PREA related posters observed during the site visit.

**115.34** Specialized training: Investigations.

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The agency employs 13 investigators and all have received specialized training in conducting investigations. Investigators attended an NIC training entitled Investigating Sexual Misconduct: Training for Correctional Investigators. Trainers were provided from The Moss Group. The training meets the requirements of this standard. The agency maintains documentation verifying this training has been completed.

Compliance was determined by review of OP 040117 Investigations, Specialized PREA investigator training, Investigating Sexual Misconduct training course roster, and interview with investigative staff.

**115.35** Specialized training: Medical and mental health care.

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The agency requires and provides agency PREA training to all medical and mental health personnel. This training is documented and placed in the Employee file. The facility has seven (7) medical staff assigned to the facility. All staff has received the required training. The training addresses each requirement in this standard.

Compliance was determined by review of the power point entitled PREA for Medical Services completed in 2014, PREA Specialized Training for Agency Mental Health and Medical Staff conducted in 2013, course rosters for 2014 and 2013, training acknowledgement forms for 2013 and 2014 for medical and mental health staff, OP 030601 Oklahoma Prison Rape Elimination Act and interviews with medical and mental health staff.

**115.41** Screening for risk of victimization and abusiveness.

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Mental health staff conducts risk screening during the initial screening/evaluation reception process. This screening is conducted within 24 hours of admission. Upon arrival at BJCC, the case manager will conduct a screening utilizing the Cell Assessment Form, which assesses the inmate's risk of victimization or abuse.

This assessment addresses each of the required items. The inmate is reassessed if new information is received, upon request for reassessment, referral, or the inmate experiences sexual victimization. If the intake assessment indicates the inmate has experienced sexual victimization or perpetrated sexual abuse, the inmate will be offered a meeting with a psychological clinician within 14 days.

There were 1066 inmates who entered the facility for more than 72 hours during the audit period. Of these inmates, 100% were screened for risk of sexual victimization or risk of sexual abusing other inmates. Inmates are not disciplined for refusing to answer or not providing complete information during this assessment.

Sensitive and protected information is maintained in the electronic health record, which is restricted to medical and mental health staff.

Compliance was determined by interviews with the PREA Compliance Coordinator and Manager, staff responsible for risk screening, and random inmates, OP 030102 Offender Housing, and OP 030601 Oklahoma Prison Rape Elimination Act.

**115.42** Use of screening information.

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Agency directive OP 030601 specifies that information received from the risk screening evaluation will be considered when making housing, work, education, and program assignments. These decisions are individualized with the goal to separate inmates at risk for sexual victimization from those at risk to victimize others and to ensure the safety of offenders. Assessments are completed within 72 hours of arrival at the facility. The agency policy also states program and housing assignments for transgender and intersex inmates are made on a case-by-case basis.

Interviews with the PREA Compliance Coordinator and Manager and staff responsible for risk screening, OP 030103 Offender Job and Program Assignments, and OP 030601 Oklahoma Prison Rape Elimination Act determined compliance.

**115.43** Protective custody.

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The agency policy entitled, Oklahoma Prison Rape Elimination Act specifies that inmates at high risk of victimization will not be placed in involuntary segregation unless no other alternatives are available. If an immediate assessment cannot be made, the offender can only be placed in segregation for 24 hours while

this assessment is completed.

If no alternatives are available to ensure the inmate's safety from the abuser the segregated inmate will be provided access to programs, privileges, education, and work opportunities to the extent possible. Any restrictions must be documented. There were no inmates segregated during the past 12 months at this facility.

Interviews with the Warden, Segregation Staff, and review of OP 030601 Oklahoma Prison Rape Elimination Act determined compliance.

**115.51** Inmate reporting.

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The Oklahoma Department of Correction has established several methods for offenders to report sexual abuse, harassment, retaliation, or staff neglect. These methods include an unmonitored hotline to the Inspector General Office, reports to family, or any staff member. Inmates may also report privately by writing to the Oklahoma State Bureau of Investigation. The agency has a Memorandum of Understanding with the Oklahoma State Bureau of Investigation that allows inmates to write the OSBI and these allegations will be forwarded to the Office of the Inspector General. The OSBI agrees to notify the inmate of receipt of the correspondence and referral to the OIG.

The policy OP 030601 states staff can privately report abuse through the PREA hotline, Office of the Inspector General or by email to a designated PREA reporting email address. Staff accepts verbal reports and documents these reports before the end of their shift.

The agency does not have inmates detained solely for civil immigration purposes, so this section of the standard is not applicable.

Staff is informed of these procedures through a comprehensive PREA training program and acknowledges that they understand the material presented. Reporting options are also detailed on the agency website.

Interviews with a random sample of staff and inmates, the PREA Compliance Manager, review of OP 030601 Oklahoma Prison Rape Elimination Act, Offender Handbook, Zero Tolerance Acknowledgement, Memorandum of Understanding between the Oklahoma Department of Correction and the Oklahoma State Bureau of Investigation, Staff training acknowledgement, agency website postings, and observation of posting during the site visit determined compliance.

**115.52** Exhaustion of administrative remedies.

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

The agency policy OP 090124 details the administrative procedures for dealing with inmate grievances regarding sexual abuse. Inmate may submit grievances at any time if it is related to sexual abuse. There have been no grievances filed in the past twelve months alleging sexual abuse or substantial risk of sexual abuse.

If the grievance involves sexual abuse, the inmate does not have to use the informal grievance procedure. Inmates are allowed to submit grievances to staff who are not the subject of the grievance. Grievances are not referred to employees, who are the subject of the grievance. During the corrective action period, the facility corrected their response on the pre-audit questionnaire.

Inmates are instructed to mark any grievance alleging sexual abuse as "Emergency" or "Sensitive." Emergency and sensitive grievances are expedited. The grievance will be reviewed and a response provided to the inmate within 72 hours, excluding weekends or holidays.

Agency policies state emergency grievances that allege imminent risk of sexual assault or grievances of a sensitive nature will be reviewed within 24 hours to determine if the grievance is an emergency. If the grievance meets the criteria for an emergency or the grievance is of a sensitive nature, an expedited review will be conducted and a response within 48 hours of receipt of the grievance (excluding weekends and holidays). The inmate may appeal the decision. The appeal will be expedited and a response received within 72 hours of receipt of the grievance appeal (excluding weekends and holidays).

A third party may file a grievance on behalf of the inmate or assist the inmate in filing the grievance. The facility may require that the alleged victim agree to have the grievance filed on their behalf and may require the alleged victim to pursue any further steps in the grievance process. If the inmate does not want the grievance filed on their behalf, the facility documents the inmate's decision.

During the corrective action period, the facility corrected the pre-audit questionnaire. Agency policy requires an immediate response within 24 hours on sensitive grievances, which exceeds the standards requirement. The facility also provided the agency offender grievance policy, which outlines the extension process. The agency policy meets the requirement of this standard.

OP 090124 Offender Grievance Process and discussions with the Facility Warden determined compliance with this standard.

**115.53**

Inmate access to outside confidential support services.

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

The facility has a memorandum of understanding with Northwest Domestic Crisis Services, Inc. to provide support services related to sexual violence. These services include hospital accompaniment for an offender victim during the forensic medical examination process, in-hospital investigatory interviews, emotional support services, referrals, and follow-up crisis counseling on request of the facility or offender-victim.

The Northwest Domestic Crisis Services is also a domestic violence shelter and has requested that address information remain confidential. If a sexual abuse incident occurs and the offender requests assistance from the crisis service, the facility will make the contact and coordinate the services. If requested and approved, up to two sessions may be provided for each requesting offender-victim as deemed necessary by the facility and the rape crisis personnel. A twenty-four hour hotline is available to offenders through the Office of the Inspector General.

Oklahoma state statute identifies correctional staff as mandatory reporters. This statute provide for mandatory reporting of abuse of a child or vulnerable adult and carry a penalty of misdemeanor with a maximum sentence of one year in jail.

Review of BJCC 030601-01 Oklahoma Prison Rape Elimination Act, MOU with Northwest Domestic Crisis Service (NWDCS), NWDCS Pamphlet, Mandatory Reporting Map and Law provided by NIC/WCL Project July 2008, PREA Hotline Posters and interviews with inmates determined compliance.

**115.54** Third-party reporting.

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The agency accepts third party reports of sexual abuse through several means. Offenders may file a grievance, utilize the PREA hotline, write the OIG or facility staff, or verbally report to facility staff. All others (family friends, staff, clergy, volunteers, contractors) may utilize email, call the PREA reporting line, call or write the Office of the Inspector General or verbally report to a facility administrator or staff member. This information is available to the public on the Oklahoma PREA Resource Webpage.

During the corrective action period, the facility provided further policy information concerning third party reporting.

The auditor's review of OP 030601 Oklahoma Prison Rape Elimination Act, PREA Acknowledgement for Offenders form, Photos of PREA Reporting Instructions, and Oklahoma PREA Resource webpage determined compliance.

**115.61** Staff and agency reporting duties.

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Agency and facility policy require staff, volunteers and contract employees to report any suspicion, knowledge or other information related to sexual abuse of an inmate within the agency or outside of the

agency. They are also required to report retaliation or neglect or violation of their responsibilities which may have contributed to an incident or retaliation. Mental health staff has the same reporting responsibilities and must inform inmates of their duty to report and limits of confidentiality.

Staff is prohibited from revealing any information related to sexual abuse except to the extent necessary for treatment, investigation, security or management decisions.

State law and agency policy requires that anyone who knows or suspects abuse of anyone under the age of 18 or a vulnerable adult must report this information to the Oklahoma Department of Human Resources. This is accomplished through the abuse hotline. This number is provided to all staff. Staff is required to forward documentation of these reports to the Office of the Inspector General.

During the corrective action period, the facility provided information about the statute that requires mandatory reporting of abuse of any vulnerable adult.

The auditor's interviews with the PREA Compliance Coordinator, Warden, random staff and medical and mental health staff, review of OP 050901 Reporting of Incidents, OP 110215 Individual Conduct of Employees, report of serious incident determined compliance.

**115.62** Agency protection duties.

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

There have been no reports or incidents of sexual abuse during this audit period in which the inmate was at substantial risk of imminent sexual abuse. Agency policies require that immediate action is taken to protect the inmate if the agency learns an inmate is at risk of imminent sexual abuse.

The auditor's interviews with the agency director, Warden and a random sample of staff and OP 030601 Oklahoma Prison Rape Elimination Act determined compliance.

**115.63** Reporting to other confinement facilities.

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

If the facility receives an allegation that an inmate was sexually abused while at another facility, the facility head is required to notify the facility head or office of the agency where the sexual abuse allegedly occurred. This notification is documented and reported as soon as received but no later than 72 hours after receiving the allegation. The facility head receiving the allegation must ensure the allegation is reported to the Office of the Inspector General for investigation.

During the corrective action period, the facility clarified that there have been no such reports during the audit period.

The auditor's interviews with the Agency director, Warden and a random sample of staff and OP 030601 Oklahoma Prison Rape Elimination Act determined compliance determined compliance.

**115.64** Staff first responder duties.

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The agency and facility policies clearly outline the steps staff is to take upon receiving a report of sexual abuse. All required items in the standard are met and staff is aware of the required actions in this circumstance. There have been three allegations during the audit period.

The auditor's interviews with first responders and random staff and review of OP 030601 Oklahoma Prison Rape Elimination Act, OP 040117 Investigations, and review of incidents determined compliance with this standard.

**115.65** Coordinated response.

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The facility policy clearly outlines the response from the first responder, medical and mental health responses, facility leaders, investigators, referral for prosecution if applicable and follow-up services for the victim.

The auditor's interview with the Warden, Victim Advocate and First Responders and review of BJCC 030601-01 Oklahoma Prison Rape Elimination Act determined compliance with this standard.

**115.66** Preservation of ability to protect inmates from contact with abusers.

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)
- Not applicable

The Oklahoma Department of Correction is non-unionized, so this standard is not applicable.

**115.67** Agency protection against retaliation.

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The agency has a policy that protects inmates and staff from retaliation for reporting or participating in the investigation of allegations of sexual abuse or harassment. The facility's Deputy Warden is charged with the responsibility to monitor retaliation for inmates and staff. The monitoring period continues for 90 days, or longer if needed. If the inmate is transferred, the Receiving Warden is notified and the retaliation monitoring continues. Monitoring is documented on a designated form. The Warden is notified of any findings of retaliation and is required to act promptly to remedy any such retaliation. Support services are offered for inmates and staff.

The auditor reviewed a report that included retaliation monitoring, from an incident that occurred prior to the audit period. The facility is in full compliance with this standard.

The auditor's interviews with the Agency Director, Warden, and Deputy Warden and review of the retaliation monitor assignment, and retaliation monitoring log determined compliance with this standard.

**115.68** Post-allegation protective custody.

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Agency policy requires that involuntary segregated housing is only used to protect the victim after all other means are alternatives are considered and there is no feasible option to afford the alleged victim separation from the alleged abuser. If this assessment cannot be made immediately, the victim may be placed in segregated housing but must be reviewed within 24 hours. If segregated housing is the only alternatives, ordinarily the inmate does not remain in segregation over 30 days. If the segregation period should exceed this time period, the inmate is reviewed every 30 days. This is documented to include the concern for the inmate's safety and the reason why alternative means of separation cannot be arranged.

If the victim is placed in segregated housing, the inmate is afforded all privileges to the extent possible. If any privileges are restricted, there is documentation that notes the restricted privilege(s), reason for and duration of the restriction. There have been no instances that required segregated housing for 2013 or 2014.

The auditor's interviews of the facility Warden and staff who supervise segregated housing and review of OP 030601 Oklahoma Prison Rape Elimination Act determined compliance for this standard.

**115.71****Criminal and administrative agency investigations.**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The agency has a policy regarding criminal and administrative investigations. The Office of the Inspector General conducts the agency's formal investigations. Investigators have received specialized training in conducting sexual abuse investigation. All allegations of sexual abuse or harassment, including third party and anonymous reports are reviewed to determine if a formal investigation is indicated. OIG gathers direct and circumstantial evidence to include DNA, physical and electronic evidence. Sexual assault victims are not required to submit to polygraph examinations as a condition of continuing the investigation. Substantiated allegations of sexual abuse are referred to the appropriate district attorney or United States attorney for prosecution. All PREA investigations are retained as long as the abuser is incarcerated or employed by the agency, plus five years. The investigation continues despite an employee leaving the agency or the inmate leaving the institution.

During the corrective action period, the facility corrected the pre-audit questionnaire and provided additional information regarding sexual abuse/harassment allegations. This information confirms that during the audit period, there were three alleged incidents of sexual abuse or harassment. The auditor reviewed each of the incidents. Two of the allegations were unfounded and one was forwarded to OIG for investigation. The investigation is still pending.

The auditor's review of the Specialized PREA Investigation Training Power Point and course roster, OP 040117 Investigations, OP 110105 Employee Personnel Records, preliminary investigations, and interviews with the Warden, and investigative staff determined compliance for this standard.

**115.72****Evidentiary standard for administrative investigations.**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The agency policy requires that there will be no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

The auditor's interview with investigative staff and review of OP 030601 Oklahoma Prison Rape Elimination Act determine compliance with this standard.

**115.73****Reporting to inmates.**

- Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

At the conclusion of a sexual abuse investigation, agency policy requires that the facility head will inform the alleged victim whether the allegation has been substantiated, unsubstantiated or unfounded. For all substantiated and unsubstantiated allegations of staff on inmate sexual abuse, the agency requires the facility head to inform the inmate if the staff is no longer posted the unit, employed at the facility, indicted or convicted.

For inmate-on-inmate sexual abuse the facility head is required to inform the victim if the suspect is indicted or convicted for the sexual abuse charge. If the victim is released from custody the facility head is not required to make this notification. These notifications are documented in the OIG file.

The auditor's review of BJCC 030601-01 Oklahoma Prison Rape Elimination Act, review of investigations, and interviews with the Warden and investigative staff determined compliance with this standard.

**115.76**

Disciplinary sanctions for staff.

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Agency policies state the presumptive disciplinary action is termination for staff sexual abuse of an inmate. The agency utilizes a progressive form of discipline based on the nature and seriousness of the offense. The disciplinary history is also considered. Sexual abuse or sexual harassment violations are referred for prosecution by OIG, if the evidence indicates criminal wrongdoing.

During the corrective action period, the facility provided additional information regarding the three sexual abuse/harassment allegations during the audit period. There were three alleged incidents during the audit cycle. Two of the allegations were unfounded and one is still under investigation. None of the incidents resulted in disciplinary sanctions against staff.

The auditor's review of investigation reports, OP 030601 Oklahoma Prison Rape Elimination Act, OP 110215 Individual Conduct of Employees and OP 110415 Progressive Disciplinary Procedures, and discussions with the facility Warden determined compliance with this standard.

**115.77**

## Corrective action for contractors and volunteers.

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The agency volunteer policy clearly states that volunteers who violate the agency PREA policies will lose their volunteer status and will be reported to law enforcement. The agency contracts stipulate that all acts of sexual abuse will be reported to law enforcement and/or relevant licensing bodies. There have been no incidents of volunteers or contract employees engaging in sexual abuse of an inmate.

The auditor's review of OP 090211 Volunteer Services and interview with the facility Warden determined compliance with this standard.

**115.78**

## Disciplinary sanctions for inmates.

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The agency requires a formal disciplinary process to determine if an inmate is guilty of sexual abuse or is found guilty following criminal proceedings. Agency and facility disciplinary policy defines offenses and classifies offenses by the seriousness of the infraction. Sanctions are commensurate with the classification of the offense and the inmate's prior disciplinary history. If the inmate has a mental health classification of B, C1, C2 or D the mental health staff will provide recommendations to the assigned investigator. Consensual sexual activity is not allowed within the system. Inmates are not disciplined for sexual contact with staff unless the contact is non-consensual. During the corrective action period, the facility provided additional policies related to the disciplinary process.

The auditor's review of BJCC 060125-01 Department Offender Disciplinary Procedures, review of PREA allegations and investigations, and interviews with the facility Warden determined compliance for this standard.

**115.81**

## Medical and mental health screenings; history of sexual abuse.

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The agency PREA policy requires that an inmate is referred to mental health staff if the screening instrument indicates prior sexual victimization or sexually aggressive behavior. An Intra-System Health Screening is completed as soon as the offender is received at the facility. This screening asks the offender about prior sexual victimization or prior history of violence of sexual aggression. If the offender answers "yes" he is referred to mental health staff for assessment. Information regarding sexual victimization is kept confidential except to the extent needed for appropriate housing, bed and program assignments. Medical and mental health staff obtains a release of information consent prior to releasing information about sexual abuse that did not occur in an institutional setting.

The auditor's review of the Intra-System Health Screening form, progress note, consent form, blue sheet referral (mental health referral form), OP 030601 Oklahoma Prison Rape Elimination Act and interviews with medical and mental health staff determined compliance for this standard.

**115.82** Access to emergency medical and mental health services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The medical and mental health staff provides emergency medical and mental health services for inmates who are victims of sexual abuse. Medical and mental health staff is not at the facility after normally working hours but are available by video conferencing to assess inmates and provide services. Medical staff will refer inmates to Woodward Regional Hospital, if forensic medical exams or care is required. Facility medical staff and hospital staff provide sexually transmitted prophylaxis where medically indicated. There is no cost to the offender to receive these services.

During the corrective action period, the facility provided verification of mental health services which meets the requirements of this standard.

The auditor's review of OP 030601 Oklahoma Prison Rape Elimination Act, OP 140118 Emergency Care, Offenders' Guide to Sexual Misconduct, mental health progress note, and interviews with medical and mental health staff determined compliance with this standard.

**115.83** Ongoing medical and mental health care for sexual abuse victims and abusers.

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The medical department provides evaluation and on-going treatment to any inmate who suffers from sexual assault. The care provided is consistent with the community level of care. Inmates are provided testing for sexually transmitted infection. There is no cost to the inmate for these services.

During the corrective action period, the facility provided mental health treatment notes verifying mental health services were provided as required in the standard.

The auditor's review of OP 140118 Emergency Care, MSRM 140118-01 Management of Non-Consensual Sexual Contact, Offenders' Guide to Sexual Misconduct, mental health progress note, and interviews with medical and mental health staff determined compliance with this standard.

**115.86** Sexual abuse incident reviews.

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Agency policy requires an incident review will be conducted within 30 days of the conclusion of all incidents of sexual abuse, except cases in which the allegations were determined to be unfounded. The incident review team consists of administrative staff, with input from line supervisors, investigators, medical/mental health staff and the facility PREA compliance manager. The Warden appointed a standing committee which includes the Warden, Deputy Warden, PREA Compliance Manager, Health Services Administrator, psychological clinician, Chief of Security, Warden's Assistant, and the Procedures Officer.

The team considers all of the requirements of this standard and prepares a report which includes recommendations for improvements. This report is submitted to the agency PREA Compliance Coordinator and Division Manager.

Compliance was determined by review of Sexual Abuse Incident Review Committee minutes, and BJCC 030601-01 Oklahoma Prison Rape Elimination Act.

**115.87** Data collection.

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Agency policy requires the Office of Inspector General to collect accurate, uniform data to answer all questions from the Survey of Sexual Violence conducted by the Department of Justice. This data is collected from all facilities, to include private contract facilities. The data is collected from incident based documents, reports, investigation files and sexual abuse incident reviews. The report is approved by the director and published on the agency website. The report does not include any identifying information. Information is retained for ten years after the initial collection unless federal, state or local laws require otherwise. The 2012 and 2013 reports were reviewed on the website. This report meets all of the requirements of this standard.

**115.88**

Data review for corrective action.

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

After analysis of the sexual abuse data collected by the Office of the Inspector General and approval by the agency director, the report is posted on the agency website. The report includes the current year's data and corrective action taken and provides an assessment of agency's progress in addressing sexual abuse. A review of the agency website confirmed that the agency is in full compliance with this standard.

Compliance was determined by review of 2012 and 2013 data available on the agency website, OP 030601 Oklahoma Prison Rape Elimination Act, and interviews with the Agency Director and PREA Compliance Coordinator.

**115.89**

Data storage, publication, and destruction.

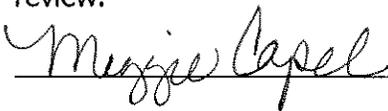
- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The Office of the Inspector General securely retains data concerning sexual abuse. The agency provides a report of this data, available to the public through the agency website. All personal identifiers are removed from the report. The agency maintains this data for ten years after the initial collection, unless otherwise required by federal, state or local laws. The agency is in full compliance with this standard.

A review of the agency website and OP 030601 Oklahoma Prison Rape Elimination Act and interview with the PREA Compliance Coordinator determine compliance with this standard.

**AUDITOR CERTIFICATION:**

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

  
\_\_\_\_\_

Auditor Signature

2/25/15  
\_\_\_\_\_

Date