

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: September 3, 2015

Auditor Information			
Auditor name: Lynn McAuley			
Address: 1903 S Greeley Hwy., No 105, Cheyenne, WY 82007			
Email: mom@kideral.com			
Telephone number: 208 794 1901			
Date of facility visit: August 3-5, 2015			
Facility Information			
Facility name: Howard McLeod Correctional Center			
Facility physical address: 1970 E Whipoorwill Lane, Atoka, Oklahoma 74525			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 580 889 6651			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Tommy Sharp			
Number of staff assigned to the facility in the last 12 months: 138			
Designed facility capacity: 691			
Current population of facility: 686			
Facility security levels/inmate custody levels: Minimum			
Age range of the population: 20-71			
Name of PREA Compliance Manager: Vickie Caesar		Title: Correctional Case Manager III	
Email address: Vickie.caesar@doc.state.ok.us		Telephone number: 580 889 6651 ext 243	
Agency Information			
Name of agency: Oklahoma Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 3400 Martin Luther King, Oklahoma City, OK 73111			
Mailing address: <i>(if different from above)</i> PO Box 11400, Oklahoma City, OK 73111-0400			
Telephone number: 405 425 2505			
Agency Chief Executive Officer			
Name: Robert Patton		Title: Director	
Email address: Robert.patton @doc.state.ok.us		Telephone number: 405 425 2505	
Agency-Wide PREA Coordinator			
Name: Millicent Newton-Embry		Title: Agency Wide PREA Coordinator	
Email address: millicent.newton-embry@doc.state.ok.us		Telephone number: 405 425 7074	

AUDIT FINDINGS

NARRATIVE

The Prison Rape Elimination Act (PREA) Audit for Howard McLeod Correctional Center (HMCC) from initial notification through this auditor's Summary Report Adult Prisons and Jails/PREA final report began June 2015 with the notice that the Oklahoma Department of Corrections through the American Correctional Association (ACA) had scheduled a PREA Audit with a tour date of August 3-5, 2015, of the Howard McLeod Correctional Center, Atoka, Oklahoma. PREA Certified Auditor Marilyn (Lynn) McAuley (lead) was notified by ACA e-mail of her appointment and schedule.

The audit process started with contact from Millicent Newton-Embry, State-wide PREA Coordinator, Oklahoma Department of Corrections, Oklahoma City, Oklahoma. Howard McLeod PREA Compliance Manager mailed a USB thumb drive to the auditor. The thumb drive contained four essential areas; the daily facility count for twelve months prior to the audit, the check list file for each standard including copies of compliance documents, copy of the ACA Visiting Committee Report (VCR) for the May 4-6, 2015 Standards Compliance Reaccreditation Audit and the PREA Audit: Pre-audit Questionnaire Adult Prison and Jails. Also the flash drive contained the Department and Facility's Mission Statements and the Howard McLeod Correctional Center facility layout providing excellent information prior to the actual facility tour. A tremendous amount of material was included in these folders (facility count sheets folder, standards folder, ACA VCR Report, and PREA Pre-audit Questionnaire folder) The daily facility count identified the daily population for the 1st, 10th, and 20th day of the month for the past twelve months. The 43 standards folders (one for each standard) contained substantiated compliance documentation for each of the standards addressing: interviews, health appraisals of the incoming inmates, and treatment of offenders with intersex conditions, gender identity disorder, gender dysphoria, and staff personnel discipline forms. The ACA Standards Compliance Reaccreditation Report provided medical and investigative reports. The fourth folder contained the Pre-audit Questionnaire which was a stand-alone folder. The Questionnaire provided comprehensive, specific material that could be verified with review of documentation, interviews and tour of the facility.

The PREA Resource Audit Instrument used for Adult Prisons and Jails was furnished by the National PREA Resource Center. To summarize, there are seven sections, A through G, comprised of the following: A) Pre-Audit Questionnaire, sent by Oklahoma Department of Corrections; B) the Auditor Compliance Tool; C) Instructions for the PREA Audit Tour; D) the Interview Protocols; E) the Auditor's Summary Report; F) the Process Map; and G) the Checklist of Documentation.

Following the protocols of making contacts, and checking on the posting of notices (posting was initiated through the American Correctional Association and the facility, Howard McLeod Correctional Center) the auditor, on her own, began review of the Pre-Audit Questionnaire and the material sent prior to discussion and the audit visit. Each item on the thumb drive was reviewed. Of particular interest to the auditor was the detailed information in the Pre-Audit Questionnaire completed by the facility PREA Compliance Manager (PCM) and the PREA Compliance Coordinator in July 2015. Also, in this preliminary review, special interest was taken in the compliance documentation provided for each standard. The information from the standards files was used to complete the list of the PREA Compliance Audit Instrument Checklist of Policies/Procedures and other Documents in advance to identify additional information that might be required. The auditor, in advance to arriving at the facility, provided a list of additional material to be made available on the first day of the tour and a schedule of activity for the three day audit to the facility PREA Compliance Manager. The material requested was provided to the auditor on arrival at the facility.

The PREA Audit of the Howard McLeod Correctional Center started with an introductory dinner on August 2, 2015 in McAlester, Oklahoma. Attending the meeting were the PREA Auditor, PREA Statewide Coordinator, Howard McLeod Chief of Security and PREA Compliance Manager. The Warden was out on sick leave and the Chief of Security was acting Warden during the audit.

The auditor stayed in McAlester, Oklahoma and commuted one and one half hours each way each day to Atoka, Oklahoma with the Department's agency-wide PREA Coordinator. The site visit began at 8:00 am on Monday, August 3, 2015 with arrival at the Howard McLeod Correctional Center. The Warden was out on sick leave and the Chief of Security was acting Warden. The Auditor and PREA Coordinator checked in with Central Control and proceeded to the Administration Building where a meeting was held with the Acting Warden and the facility PREA Compliance Manager. During the brief meeting the PREA Auditor was given the additional information she had requested. Included in this information was the inmate count list for Monday, August 3, 2015 for random selection of inmates to be interviewed, list of employees, list of volunteers by organization, 2015 Offender Orientation Manual and Howard McLeod brochure. At this time, a review of the inmate population was made and random inmates were selected from each housing unit for interview by the auditor. Random selection resulted in 17 inmates (2.62% of 649 inmate count) selected to be interviewed including one non-English inmate with an interpreter and one bisexual inmate. Random selection of 12 sample of staff and 4 from specialized staff resulted in 16 security staff interviewed out of 60 security staff for 26.7% of security staff interviewed.

Utilizing the PREA Compliance Audit Instrument for PREA Audit Tour the tour started Monday, August 3, 2015 at 8:30 am at the housing units with the PREA Auditor, PREA Coordinator, Acting Warden and facility PREA Compliance Manager in attendance. The facility has 35 building with 4 multiple occupancy cell housing units and two open bay/dorm housing units. The facility utilizes Unit Management and has a Unit Manager and Case Managers assigned to each of the housing units. PREA posters in English and Spanish and announcement of the PREA upcoming audit were strategically placed in the housing units and throughout the facility. Since the temperature was quite high

the tour of the facility was scheduled early each day. The second day, after touring the total complex by vehicle, the audit continued with touring special housing unit, vocational-tech, laundry, kitchen, classrooms, regular and law library, gym with two music rooms, visitors building and canteen. The third and final day was spent touring medical and mental health, maintenance and attending the inmate weekly PREA orientation conducted by the HMCC PREA Compliance Manager who did an excellent job as the instructor. When the video stressed an important part the instructor would stop the video and explain again what was shown and ask for questions and provided answers. Interviews with random security staff, specialized staff and inmates were held on all three days of the audit.

The facility is accredited by the American Correctional Association (ACA) and the reaccreditation audit was May 4-6, 2015. The ACA Compliance Reaccreditation Audit May 4-6, 2015 Report was reviewed. Over the last three years, HMCC had no notices of non-compliance with local, state, or federal laws or regulations, any consent decrees, class action lawsuits or adverse judgments and the Significant Incidents Summary was essentially zeros.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Howard McLeod Correctional Center (HMCC) is a minimum security male institution, operated by the Oklahoma Department of Corrections, located approximately 30 miles southeast of Atoka, Oklahoma. The physical address of the facility is 1970 East Whippoorwill Lane, Atoka, Oklahoma, 74525. Construction of the institution began in November 1961 and was completed a year later. The facility was constructed by offenders from Stringtown Correctional Center (currently Mack Alford Correctional Center), who were supervised by Stringtown Voc-Tech instructors. The HMCC was under the direction of the Oklahoma State Penitentiary (OSP) until July 1973. The facility's name change from McLeod Honor Farm to Howard McLeod Correctional Center was implemented in 1978 by the Oklahoma State Legislature. The building now known as west dorm was built from OSP brick and lumber sawmilled from trees harvested from state land and the facility is the only correctional center in Oklahoma that has ever utilized a sawmill to produce lumber.

The facility is located on over 5,400 acres of rolling and wooded land at the end of a two lane winding road.. The facility is campus style with 35 individual buildings with most buildings located within walking distance of each other. Further away at distances that require use of a vehicle to reach are various other buildings including a large vocational training building housing the steel and aluminum welding, precision machine shop and heavy equipment classes and the farm and ranch operation headquarters. Other small buildings house the caustics, motor pool, dog yard, and CERT ready room. There is a fire station with staff that is fire certified and has a brush truck for grass fires and a pumper truck that is fully functional with firefighting gear. On occasions the pumper truck has responded to assist fires in the community. There are staff residences for the Warden, Deputy Warden and Chief of Security.

The agency's mission is to protect Public, Employees and Offenders. The facility mission is "To provide custody and control for minimum security offenders; to provide meaningful work opportunities through jobs for institutional support and work on the institutional farm; to provide community support through the Prisoner Public Work Program; to provide educational opportunities and vocational job training and, through reintegration activities, return the offender to society as a more productive citizen. Howard McLeod Correctional Center Health Services provides quality health care and supportive education to offenders, including contracted county jails in an efficient and cost-effective manner." The mission of the facility paraphrased is to provide custody and control of minimum custody inmates and provide meaningful agriculture work opportunities. The agriculture programs include a 100 acre vegetable garden providing produce for HMCC and other DOC facilities, cultivating and harvesting pecans from approximately 1200 trees, orchard with apples, peaches and plums and 400 head beef herd.

The facility has 35 building with 4 multiple occupancy cell housing units and two open bay/dorm housing units. In spite of their age, the outside of all buildings are well maintained and look relatively new. The inmate dorms were comfortable during the tour as air movement is by negative air pressure exhaust fans with large fans used to better circulate air as the tour was conducted during high temperatures. The auditor found HMCC to be extremely clean to spotless. Inmate orderlies were observed cleaning during the tour and throughout the visit.

Since the security level of HMCC is minimum there is no fencing around the compound and the only fencing is the cross fencing on the ranch operation and the outer edges of the 5,400 acres of property. There are 29 fixed and 4 Pan/Tilt/Zoom cameras monitoring the grounds and interiors of the inmate housing units, food service and officers constantly rove the grounds. Mirrors have been added to make sure there are no "blindspots". The inmates housing units are locked from the outside but from the inside doors may be opened using "panic bars" which is not unusual for minimum security housing. The security staff works on one of three eight hour shifts. The auditor attended the briefing prior to two of the shift changes and addressed the incoming security staff allowing time for questions and answers. The facility has a canine program consisting of six "track" dogs, one drug dog and one leash dog.

SUMMARY OF AUDIT FINDINGS

Number of standards exceeded: 5

Number of standards met: 35

Number of standards not met: 0

Number of standards not applicable: 3

Standard 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)

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.

The Oklahoma Department of Corrections (DOC) established an Oklahoma Prison Rape Elimination Act OP-030601 in November 2014. Prior to this date PREA standards were in place but found in different DOC documents. This OP-030601 now has all the requirements of PREA in one policy. It is the policy of DOC to provide a safe humane and secure environment for all offenders and staff. The agency supports and administers a program of education, prevention, detection, response, investigation and tracking of all reported acts of sexual assault and harassment. Punishment for the perpetrator is enforced. This plan requires DOC maintain a zero tolerance for offender-on-offender sexual assault, staff sexual misconduct and sexual harassment toward offenders. Every allegation of sexual assault, misconduct, harassment and retaliation is reported immediately and investigated.

The auditor reviewed DOC Zero Tolerance OP-030601 beginning with 1) administration and designation of staff, 2) offender management and services, 3) offender screening and assessment, 4) reporting allegations, 5) investigation, 6) training and education and 7) data collection followed up with additional administrative considerations. Staff participation in the program is essential in implementing, monitoring and improving the Zero Tolerance Policy while identifying aggressive behavior and taking the necessary steps to ensure the safety and security of Oklahoma correctional institutions. Oklahoma's Prison Rape Elimination Act Policy is essential to the operations at HMCC and is adhered to at all times to ensure continuity and professionalism throughout the system.

Through discussions with staff and inmates during the facility tour, observation of bulletin boards, posters, handouts and materials, review of inmate and staff handbooks and personnel policies, it is clear that HMCC is committed to Zero Tolerance of Sexual Abuse and Sexual Harassment. Interviews with staff and inmates, review of supporting documentation and tour of the facility confirm that the Department's Zero Tolerance for Sexual Abuse and Sexual Harassment is in place, staff and inmates are informed, program is monitored and is a number one priority for the Department.

The Zero Tolerance Policy says the agency shall designate a State-wide PREA Coordinator to oversee the agency efforts to comply with PREA standards. Also, each facility (minimum security and above) shall assign one staff member as the facility PREA Compliance Manager with overall responsibility of coordinating facility efforts to comply with PREA standards. Organizational charts were reviewed and it was noted that the HMCC PREA Compliance Manager, a Case Manager III, has direct access to the Warden. The State-wide PREA Coordinator and the HMCC Compliance Manager when interviewed using the structured PREA Audit Tools indicated they have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

New inmates to HMCC are given the 2015 Offender Orientation Manual, with a PREA section, on the day they arrive at the facility. On the day they arrive they are placed on a mandatory PREA orientation list. All new inmates to HMCC are required to attend a PREA orientation that is given every Wednesday afternoon. The new inmate list is checked and the inmate signs a form confirming they have received and understand the PREA training. The auditor attended the inmate PREA orientation and was extremely impressed with the curriculum and the reinforcement of PREA. The facility PREA Compliant Manager is the instructor and when showing a video she will stop at important points and stress the importance and take questions. Of the 17 inmates interviewed 100% indicated they received verbal and written PREA information the day they arrived and attended a PREA orientation class within the first week at HMCC.

Each HMCC staff member carries a card with their Department badge that has the Zero Tolerance Policy on one side and the 1st Responder requirements on the other side. Formal interview with staff and inmates and informal interviews with staff and inmates during the tour of the facility confirm knowledge and commitment to the PREA Zero Tolerance Policy. Based on the evidence documented and confirmed the auditor feels HMCC substantially exceeds Standard 115.11.

Standard 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)

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.

Oklahoma PREA OP-030401 Private Prison Monitoring Requirements states any contract between DOC and a private prison contractor whereby the contractor provides for the housing, care, and control of offenders in a non-departmental facility operated by the contractor will contain in addition to other provisions, terms and conditions specific facility requirements of 57 O.S. 561-3 and 563. 1-2. Also, contractors must comply with DOC procedures as specified in the contract and as updated in the contract renewal.

Employees of Private Businesses and Governmental Entities Contracting with DOC, requires compliance with agency policy, specifically, PREA Zero Tolerance towards all sexual abuse and sexual harassment. Per this policy the contractor shall be required to comply with all PREA Prison and Jail standards and will be monitored by the host district.

Oklahoma Department of Corrections has 18 contracts; three with private prisons and fifteen with county jails. The auditor reviewed copies of all contracts and confirm the contracts include the entity's obligation to adopt and comply with the PREA standards. The Department confirms they monitors the contracts for compliance. The interview with the agency Contract Manger confirm that monitoring and audits of the host facility is the responsibility of the Warden with quarterly inspections to evaluate conditions and contract compliance. All contract facilities were scheduled for a PREA audit by June 2015. Choctaw County Jail (under HMCC) PREA Audit was completed May 12, 2015.

Standard 115.13 Supervision and monitoring

- 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)

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.

The HMCC is a minimum security facility with staffing and perimeter security outlined in the description of the facility. The Warden and staff, including the Human Resource Department's comprehensive involvement, with oversight of the Department's PREA Coordinator have assured staffing according to the needs and priorities set by the agency. The staffing team routinely reviews the staffing plan, recruitment policies and institutional needs to assure the safety of staff and inmates.

Oklahoma DOC PREA OP-030601 states each facility shall have intermediate and higher level staff conducts unannounced rounds to identify any deviation from policy and procedure, including deviation from compliance with the Prevention of Sexual Abuse and Sexual Harassment Policy. Staff compliance is maintained through these unannounced rounds as well as through incident reviews and reports. Logs are maintained and provided to the auditor confirming the unannounced rounds. Interviews with staff and inmates confirm unannounced random rounds are conducted by intermediate and higher level staff.

The HMCC Staffing Plan includes adequate levels of staffing and video monitoring to protect offenders against sexual abuse. Documentation reviewed confirms the staffing plan is monitored and updated annually. The post orders address supervision duties and responsibilities including unannounced rounds. During the last 12 months the staffing plan increased by 17 officers from 61 to 78 officers a 27.9% increase. An additional camera was added in the Segregated Housing Unit and Housing Unit B Auxiliary and monitored by Central Control. Interviews confirmed staff and inmates felt safe at HMCC. During the previous year the staffing plan was not met but saw an increase number of security taff resulting in an "exceeds standard" rating.

Standard 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)

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.

This standard is N/A as HMCC does not house any youthful inmates. The facility only houses adults 18 years and older.

Standard 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)

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.

Oklahoma PREA OP-030601 states when the gender of the housing unit changes to the opposite gender a notification will be made to offenders announcing the staff member's presence when entering the housing unit, an offender shall be able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them except in exigent circumstances. Strip searches and visual body cavity searches will be conducted by gender specific staff and cross-gender strip searches shall be documented.

Policy and procedures governing cross gender viewing and searches were reviewed as well as actual searches conducted during the audit visit. Policy does allow cross gender strip and cross gender visual body cavity searches of inmates in emergency situations. However, no cross gender viewing or searches are conducted absent exigent situations. Interview of staff and offenders and review of documentations confirmed there were no cross-gender pat searches being done. This is a male facility so the parts of the standard referring females are N/A.

Staff of the opposite gender announces their presence when entering inmate housing, inmates can perform bodily functions, change clothing and shower without staff of the opposite gender viewing them. Inmate and staff felt there was some sense of privacy. All staff received training conducting pat-down searches, counts and unannounced rounds to help assure compliance with the standard that limits cross gender viewing searches.

Interviews, observations and review of procedures (OP-030102 Offender Housing, OP-030601 PREA, OP-040110 Section 04 Security, HMCC -030601-01Shift Supervisor Post Orders and Shower Time Report) confirm HMCC compliance to Standard 115.15 Limits to cross-gender viewing and searches.

Standard 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)

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.

Oklahoma DOC OP-030601 and OP-060201 provides disabled inmates equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment and provide inmates with limited English proficiency equal opportunity. Agency policy prohibits use of inmate interpreters or other types of inmate assistants except in limited circumstances where there may be an extended delay in obtaining an effective interpreter. In the past 12 months, there have been zero (0) use of inmate interpreters, readers or other types of inmate assistants. One of the offenders interviewed was limited English proficient and was assisted by a facility staff interpreter. The DOC has 108 state-wide staff interpreters in over 25 languages and five American Sign Language interpreters.

Interviews, observations and review of documents (OP-030601 PREA, OP-060201 Initial Reception of Offenders, HMCC-030601-01, Spanish Zero Tolerance Acknowledgement, Spanish Offender Handbook, Spanish Posters and Interpreter's List) confirm that inmates with disabilities and limited English proficient inmates 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.

Standard 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)

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.

Oklahoma DOC has five OPs pertaining to criminal background checks, promotions, hiring of employees and contractors, and policy concerning criminal background checks of current employees and contractors (OP-10105-Employee Personnel Records, OP-110210-Background Investigations, OP-110215 Individual Conduct of Employee, OP-110235 Hiring and Promotional Procedure, OP-110237 Separation Process) that were reviewed by the auditor. Additional documentation reviewed included; State of Oklahoma Terms and Conditions 28.0 PREA, Applicant Questionnaire, Request for Record, DOC 5 year Criminal Background Record Check for Staff and Contractors and personal Data Summary Sheets. There were 27 staff and 2 contractors hired during the last year that have contact with inmates and had background checks as part of the hiring process. These reviews reveal that before the hiring of any new employee who has contact with inmates, a criminal background check is done. Additionally, agency policy requires criminal background record checks be conducted at least every five years and that there is a system in place to do the record checks. Personnel files were reviewed, the Acting Warden and Human Resource Manager were interviewed and it was documented and evident that the agency policy and PREA law were being followed concerning hiring, promotional decisions and background checks.

Standard 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)

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.

This standard is N/A since there were no upgrades to HMCC facility or no new or updated video monitoring system. However, the interview with the agency’s Director found approximately five years ago the DOC began efforts to install video camera systems in all seventeen minimum through maximum security facilities. Each facility created a “camera overlay” which serves as a blueprint for where cameras will be installed for optimum utilization to ensure the technology may enhance the agency’s ability to protect inmates from sexual abuse. Additionally, the agency when designing or acquiring any new facility and in planning any substantial expansion or modifications of existing facilities considers the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect inmates from sexual abuse per Department policy.

Standard 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)

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.

Oklahoma is responsible for administrative and criminal sexual abuse investigations. Oklahoma OP-030601 PREA, OP-040117 Investigations and OP-140118 Emergency Care require the facility maintain or attempt to enter into MOU or other agreements with community service providers who are able to provide offenders with confidential emotional support services related to sexual abuse and DOC has a MOU with ZenGee Counseling Service to provide this service. These policies assure PREA trained investigators follow a uniform evidence protocol through the use of the Sexual Abuse Checklist operating memorandum. Emergency medical healthcare along with forensic examinations by SANE/SAFE staff under a Memorandum of Understanding with DOC are procured. Forensic medical examinations are offered without financial cost to the victim. Information from observations, review of policy and procedures and interviews with staff and inmates confirm that requirements of this standard are being met at HMCC. There have been no incidents requiring forensic medical examinations by SANE/SAFE staff during the past 12 months.

Standard 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)

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.

Oklahoma’s PREA Policy ensures referral of all allegations of sexual abuse and sexual harassment for investigation. Documentation is PREA Audit Report

made of all reports of sexual abuse and sexual harassment. These reports are investigated and reported with findings; documentation is maintained. Agency OP-040117 Investigations and Reporting Procedures indicate the immediacy of reporting these incidents and crimes to the Office of the Inspector General (OIG). The PREA Plan also outlines sexual abuse response and investigation and offender protection investigations, all of which are also outlined for inmates in the offender orientation. Interviews with the investigative staff, random staff and inmates indicate knowledge, familiarity and responsibility with these policies. The number of criminal and /or administrative investigations of alleged inmate sexual abuse and harassment that were received in the past 12 months was 0 criminal and 1 administrative. The administrative investigation was unfounded and the inmates involved were no longer at the facility at the time of the audit. A memo regarding the investigation was forwarded to the Warden at the facility receiving the inmates. Agency policy and the institutional procedure comply with PREA requirements relating to allegations and the investigation of such and document all allegations of sexual abuse and referrals of allegations of sexual abuse and sexual harassment for criminal investigation.

Standard 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)

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.

Oklahoma's PREA Policy addresses all ten points of the PREA Employee Training Standard. Training records, staff interviews and review of curriculum indicated that staff at the HMCC was well-trained. Staff is knowledgeable about the PREA Zero Tolerance Policy for sexual abuse and sexual harassment. Staff was clear on how to perform their responsibilities in prevention, detection, reporting and responding. Staff has received PREA written documentation outlining the Oklahoma's mission statement, the officers' code of ethics and a list of pertinent timely items such as first responder duties, emergency situations and safe prison programs. A 2 ½" X 3 ½" laminated card identifying the Department's policy on Zero Tolerance and the other side identifies the requirement of coordinated response to an incident of sexual abuse for first responder and supervisory staff. This PREA tool was designed for each staff member to be placed with their DOC identification card. The employee training covers information and notices detailing PREA Zero Tolerance Policy for sexual assault/abuse, red flags, suicide prevention and response techniques all emphasize and support the training efforts for HMCC correctional staff. Ongoing in-service PREA training is given to employees who may have contact with inmates and staff sign an acknowledge form showing they have received and understand the PREA training.

The auditor, in reviewing staff training rosters, acknowledgements and interviewing staff, noted that there is teamwork exhibited by the facility as a whole with an importance placed on professionalism and the efforts in complying with PREA standards, ACA standards and in the daily performance of duties. Random staff interview and random inmate interviews also clearly indicated a thorough and consistent PREA training program.

This facility places an emphasis and exceeds standards on Employee Training based on documentation of the excellent training curriculum used for employee training (trainers, videos, power points and instruction with questions), in-service training, laminated card carried by all staff and the priority placed on training by the Department and completed by the facility. The facility has 138 staff that were trained or re-trained in PREA Policy during the last 12 months. This auditor considers this Standard 115.31 to "exceed standards".

Standard 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)

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.

Per Oklahoma PREA OP-030601 and OP-090211 Section 09 Programs all DOC staff, contract staff, non-departmental offender work crew supervisors, volunteers and interns shall be trained and understand the agency’s PREA Zero Tolerance for sexual abuse or sexual harassment and retaliation against an offender or employee in any form as a result of reporting an allegation of sexual abuse/harassment.

The auditor review policies and procedures and interviewed a random selection of individuals in all categories and found they have been trained in their responsibilities and requirement of the Zero Tolerance policy. Copies of records provided show all volunteers and contractors who have contact with inmates have been trained in their responsibilities under the PREA Policy which include procedures regarding sexual abuse/harassment prevention, detection, and response. In the past 12 months, 53 volunteers and 8 active contractors were trained in the agency’s policies and procedures regarding sexual abuse/harassment/retaliation prevention, detection and response documented by logs and acknowledgement from the participants that they received and understood the PREA training.

Standard 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)

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.

Oklahoma PREA OP-030601 ensures every offender receive a written copy of DOC’s orientation material during assessment and reception both verbal and written about sexual abuse and harassment including the agency’s PREA Zero Tolerance standard, prevention/intervention, self-protection, how to report acts or suspicions of sexual abuse, assaults or harassment by offenders or staff to include reporting utilizing the offender PREA “hotline”. There are 30 phones inmates can use for the PREA “hotline” at HMCC. These phones receive weekly phone inspections and the Warden is notified if a phone is not working and the phone is serviced immediately.

New inmates to HMCC are given the 2015 Offender Orientation Manual, with a PREA section, on the day they arrive at the facility. On the day they arrive they are placed on a mandatory PREA orientation list. All new inmates to HMCC are required to attend a PREA orientation that is given every Wednesday afternoon. The new inmate list is checked and the inmate signs a form confirming they have received and understand the PREA training. The auditor attended the inmate PREA orientation and was extremely impressed with the curriculum and the reinforcement of PREA. The facility PREA Compliant Manager is the instructor and when showing a video she stops at important points and stresses the importance and take questions. Of the 17 inmates interviewed 100% indicated they received verbal and written PREA information the day they arrived and attended a PREA orientation class within the first week at HMCC.

Review of policies and procedures (OP-030601 PREA, OP-140105 Offender Health Education, Offender’s Guide to Sexual Misconduct and HMCC PREA OP-030601-01) inmate logs for orientation and acknowledge for receiving and understanding the PREA training, tour of facility, PREA posters strategically placed in housing and other buildings and interviews with staff and inmates confirms this standard requirements are exceeded by HMCC.

Standard 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)

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.

Oklahoma PREA OP-030601 and Investigations OP-040117 requires specialized training be provided for employees who may respond as part of their job duties to report incidents of sexual assault and sexual harassment. The Agency's Office of Inspector General agents have documented specific training requirements. The auditor reviewed the PREA and Investigations policies, along with the investigator training curriculum (including a power point), personnel policy and found they all reflect that investigators are trained in conducting sexual abuse and sexual harassment investigations in confinement settings and the training is documented. The specialty training was verified through investigators currently employed by the Department who have received and completed the required training. The agency maintains documentation showing that 100% of the 13 investigators have completed and documented receiving this special investigator training. The Office of the Inspector General (OIG) manages the PREA compliance training.

Standard 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)

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.

The PREA OP-030601 and HMCC-030601-01 requires mental health and medical staff be trained to detect and assess signs of sexual abuse and/or predation, preserve evidence of sexual abuse, respond to sexual assault victims and how and to whom to report allegations or suspicions of sexual abuse/harassment. Medical and mental health staff were interviewed and found to be knowledgeable of DOC procedures in regard to PREA. A comprehensive power point presentation PREA for Medical Services is part of the training requirement. The numbers of medical and mental health care practitioners who work regularly at the facility are eleven (11) and 100% have received and acknowledged the PREA training. Observations, review of documentation and interviews with staff and inmates confirm HMCC is compliant with the PREA standard of specialized training for medical and mental health care staff.

Standard 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)

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.

Agency's PREA OP-030601 requires all offenders receive a mental health screening and/or evaluation during the initial reception and assessment within 24 hours of arrival, offenders at risk for sexual victimization are identified and monitored, sensitive information is not exploited, and housing assignment made ensuring safety and security. The policy, addresses and outlines the screening processes for the risk of victimization and abusiveness. An Offender Assessment Screening Form addresses the risk of sexual victimization or the risk of sexual harassment. The intake process conforms to PREA Standard 115.41 The form/checklist for screening, include questions regarding mental, physical and developmental disabilities and whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming, and whether or not the inmate has previously experience sexual victimization. The inmates own perception of vulnerability is also pursued. The screening/intake process was well managed and thorough. This information is further related to the Warden and additional committee staff for appropriate use and placement. There were 939 inmates entering the facility in the past 12 months and 100% were screened. Based on the screening, none of the inmates were reassessed within 30 days for risk of sexual victimization or being sexually abusive. This assessment, and screening process performed at HMCC appears to positively assist in the effective and efficient inmate security and management at this facility. Review of policies (OP-030601 PREA, OP-030102 Offender Housing and HMCC OP-030601-01) Cell Assessment Form and Self-report Form, observations, and interviews with staff and inmates confirm that screening for risk of victimization and abusiveness at HMCC occurs according to Standard 115.41.

Standard 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)

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.

Oklahoma PREA OP-030601 requires the facility use information from the risk screening evaluation in accordance with OP-3030102 Self Report and OP-030103 Offender Job and Program Assignment in order to inform staff making housing, work, education and program assignments with the goal of keeping offenders at risk of being sexually victimized separate from those at high risk of being sexually abusive. The screening information is collected as data on a Cell Assessment Form and is used for offender cell assignment. Information from these forms is used by the facility to make individualized determinations about how to ensure the safety of each inmate.

Interviews with intake, medical and mental health staff supported by interviews with inmates as well as observation and review of documentation supports the use of the screening information as being on a "need to know" basis and consistent with appropriate custody and security. At the time of the audit and for the last 12 months the facility did not house any transgender or intersex inmates. Staff interviews confirm they understand and are well trained in how to comply with the use of screening information per PREA Standard 115.42.

Standard 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)

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.

Oklahoma PREA OP-030601 states offenders at high risk for sexual victimization shall not be placed in involuntary segregated housing

unless an assessment of all available alternatives has been made. If the offender is placed in segregated housing for this purpose access to programs, privileges, education and work opportunities will be made possible. The facility makes individualized determinations on housing and programs to ensure the safety of each inmate. Review of documents, observations and interviews with security staff that supervise in the Special Housing Unit confirm that the policy is in place and staff understands their PREA duty to meet this standard. During the last twelve months no inmates have been assigned to involuntary segregated housing due to high risk for sexual victimization.

Standard 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)

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.

The DOC PREA OP-030601 has established procedures allowing for multiple internal ways for inmates to report sexual abuse/harassment privately to agency officials. Additionally, the HMCC 2015 Offender Orientation Manual issued to each offender provides sexual assault awareness, facts for the offender who sexually assaults other offenders, rape avoidance and what to do if you are sexually assaulted. Offenders may report allegations directly to staff, the Chief of Security, family members, Department's OIG or the Oklahoma State Bureau of Investigation who has a MOU with the Department to provide offenders with confidential reporting. Third parties, including fellow offenders, staff members, family members, attorneys, and advocates, shall be permitted to assist offenders and request for administrative remedies relating to an allegation of sexual abuse. Emergency grievances alleging substantial risk of imminent sexual abuse may be filed. This information is attainable in inmate handbooks, posters, bulletin boards, information handouts, libraries and, of course, through staff. Review of documentation, observations and interviews with staff and inmates confirm that the requirements of PREA Standard 115.51 are in place and practiced at HMCC.

Standard 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)

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.

The Department's PREA OP-030601 and Administrative OP-090124 Programs-Offender Grievance Procedure for dealing with inmate grievances regarding sexual abuse along with policy and procedures for filing emergency grievances alleging that an inmate is subject to substantial risk of imminent sexual abuse are in place and reviewed by the auditor. This procedure addresses offender grievances and management of offender grievances is available to inmates and staff. There is no time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. Review of the Offender Manual, Grievance Procedure and PREA Policy, observations and interviews with staff and inmates confirm the requirements of PREA Standard 115.52 are in place. In the past 12 months, there were no grievances filed alleging sexual abuses.

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)

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.

Oklahoma DOC PREA OP-030601 requires the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates address, telephone numbers for local, state, or national victim advocacy or rape crisis organizations with toll-free hotline numbers when available. The 30 hotline phones in the facility are inspected on a weekly basis and fixed immediately if the hotline is not available for inmate use. Also, the policy requires HMCC staff inform the offender prior to giving access to victim advocates the extent to which communications will be monitored and extent to which reports will be forwarded to authorities in accordance with mandatory reporting laws.

There are lists of outside confidential support services provided to the inmate population. There is a signed Memorandum of Understanding (MOU) with Zen Gee Counseling Service that are able to support inmates with these emotional services related to sexual abuse or sexual harassment in this community. The auditor reviewed the MOU, observed posters strategically placed in the housing units and other sites within the facility, interviewed staff and inmates and reviewed documents to conclude HMCC is compliant with this inmate access to outside confidential support services standard.

Standard 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)

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.

Third-party reporting of sexual abuse and sexual harassment is covered in PREA OP-030601 by mandating a method to receive third-party reports of sexual abuse or sexual harassment and publicly distributes information on how to report resident sexual abuse/harassment on behalf of offenders. Oklahoma post advertisements with this information in the facility, developed curriculum used in mandatory PREA training, brochures, pamphlets, handouts and displays this PREA information (OK DOC Policy and Procedure and OK DOC PREA Resource) on the agency's website. Observations during the tour of the facility found the printed information strategically placed per policy in the facility for inmate viewing.

Standard 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)

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.

Agency PREA OP-030601 requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse/harassment that occurred in a facility whether or not it is part of the agency; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Policy prohibits staff from revealing any information related to sexual abuse, report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

Review of the documentation (PREA OP-030601, HMCC Medical Orientation/Mental Health Service Orientation for new offenders, Reporting Incidents OP-050109, Individual Conduct of Employees OP-110215, Serious Incident Report Form and Comprehensive Report Form and HMCC OP-030601-01) interviews with staff and offenders and signed training acknowledgement forms confirm staff is trained and aware of their reporting responsibilities of the standard. There was one incident reported by staff during the last 12 months resulting in an administrative investigation with the result of unfounded.

Standard 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)

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.

Oklahoma PREA OP-030601 requires staff to take immediate action to protect the offender immediately when knowledge, suspicion, information is received regarding an incident of sexual abuse/harassment. The facility did not determine that an inmate was subject to a substantial risk or imminent sexual abuse/harassment during the last 12 months. The HMCC staff is very knowledgeable and well trained in their protection duties when an inmate is subject to imminent sexual abuse or risk of imminent sexual harassment. Staff interviews, review of training material and documentation confirm this PREA standard is taken seriously and is being followed.

Standard 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)

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.

Upon receiving an allegation that an inmate was sexually abused while confined at another facility, it is required by DOC OP-030601, that the Warden of the facility that received the inmate must immediately notify the facility where the sexual abuse is alleged to have occurred. Through review of policy and in the interview with the Acting Warden and specialized staff it was noted that the staff is knowledgeable of

this procedure. During the last 12 months, the number of allegations the facility received that an inmate was abused while confined at another facility was zero. There was one incident of sexual harassment that the investigation result was unfounded and the inmate was transferred to another facility. The Warden of HMCC sent a memo to the Warden of the facility receiving the inmate advising of the incident and result of the investigation. Based on review of documentation, observations, interviews and the training for this standard it is confirmed requirements of this policy would be followed.

Standard 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)

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.

Oklahoma PREA OP-030601 requires that upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall require; separate alleged victim and abuser; preserve and protect crime scene; collect any evidence; if timeframe allows collect and protect evidence and advise offender to not take any action that could destroy evidence. In the past 12 months one offender alleged that he was sexually harassed a month before. Because of the timeframe the first responder standard was not used. However, interviews with staff and review of training provided found the agency and the facility consider this standard a priority.

The Investigation OP-4040117; Evidence Handling; and the Office of the Inspector General Operating Procedure Manual; all detail the policy and action for the first responder to an allegation of sexual abuse/harassment. The Agency and HMCC has further emphasized first responder duties by distributing cards and handouts on sexual assault/harassment to include steps to take if a sexual assault/harassment occurs. These steps and duties were confirmed by random staff interviews, investigative staff interviews, higher and intermediate level supervisor interviews and through review of training curriculum and documents. Each staff member carries a 2 ½" X 3 ½" laminated card attached to their DOC identification that has the Zero Tolerance on one side and the 1st responder requirements on the other side. This card constantly reminds all staff of their responsibilities in meeting the PREA Standards. Interviews with staff, review of documentation and examination of policies and procedures confirm the HMCC meets and exceeds in this standard.

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)

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.

The HMCC PREA OP-030601-01 is the facility's plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Review of the policy and interview with staff found this policy is enforced. The policy dictates responding to an allegation of sexual abuse and requires a coordinated effort between unit security staff, the Office of Inspector General, medical and mental health services and victim advocates or victim offender representatives. Procedures have been outlined to provide a systematic notification in the response process following a reported sexual abuse incident. The plan has ten attachments addressing all parts of the plan and includes forms that staff sign to confirm training and

understanding of the standard requirements. Interviews with the Acting Warden and higher-level staff indicated a commitment by the facility leadership for handling a coordinated response.

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)

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.

This standard is non-applicable. Oklahoma is not responsible for collective bargaining on the agency's behalf. Oklahoma is a Union State and does not have collective bargaining that would interfere with the preservation of the agency's ability to protect inmates from contact with abusers.

Standard 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)

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.

The Oklahoma DOC PREA OP-030601 protects all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations, from retaliation by staff or inmates. Personnel policies covering sexual harassment and discourteous conduct of a sexual nature, general rules of conduct, sexual misconduct with offenders, discrimination in the workplace, and protection against retaliation follow the requirements of this standard. There is a 90 day monitoring time period for retaliation review. If initial monitoring indicates a continuing need the monitoring will be extended. In the case of offender monitoring periodic status checks are included as needed. The Warden is the manager for retaliation involving staff and the PREA Compliance Manager also manages offender retaliating. Review of documentation and interviews with staff and inmates confirm that this standard is covered in the agency and facility PREA standards, staff and inmates have been trained and signed acknowledgement forms. While zero (0) number of times of an incident of retaliation has occurred in the past 12 months the facility is well prepared to prevent and handle any incidents of retaliation per agency protection against retaliation PREA Standard 115.67.

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)

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.

Oklahoma DOC OP-030601 prohibits the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is not available alternative means of separation from likely abusers. If determined such housing is necessary, the HMCC would explore other alternatives such as a transfer. There was one incident of sexual harassment that resulted in the inmate placed in segregated housing for less than 72 hours and the inmate was transferred. The incident was investigated and was unfounded. Post-allegation protective custody Standard 115.68 is in place and followed.

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)

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.

Oklahoma PREA OP-030601 and OP-040117, addresses investigations under general considerations. The OPs follow: 1) a uniform evidence protocol to investigate sexual abuse and sexual harassment, 2) sexual investigations shall be conducted promptly, early, and objectively including third-party and anonymous reports, and 3) the use of investigators who have been specially trained in sexual abuse investigations pursuant to the agency's policy. The agency's OP-040117 Reporting Incidents/Crimes to the Office of the Inspector General, establishes policy related to criminal and administrative agency investigations including that allegations of conduct which appear to be criminal are referred for prosecution. Review of policies and procedures and interviews with investigation and facility staff confirm the areas in this standard are being followed including retention of all written reports for as long as the alleged abuser is incarcerated or employed by the agency plus 5 years. Review of OPs including Employee Personnel Records OP-110105, specialized training power point for investigators, specialized training rosters for investigators, incident notification checklist, and request for investigation, comprehensive report and sexual assault report confirms this standard is considered a priority and compliant.

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)

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.

or sexual harassment are substantiated. Interviews with specially trained investigators and review of policies and procedure confirm compliance with this standard. There was administrative investigations during the last 12 months that was unfounded. Review of documentation, observations and interviews with investigative staff confirm evidentiary standard for administrative investigations 115.72 is in place and compliant at HMCC.

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)

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.

The agency PREA OP-030601 requires that all inmates who make allegations of sexual abuse shall be informed as to whether the investigative finding was substantiated (sent to prosecution/sustained) or unsubstantiated (administratively closed/not sustained) or unfounded. Additionally, the offender victim shall be notified following the suspect assailant indictment or conviction on the related charge. Interviews with investigators confirm that an inmate who makes an allegation that he suffered sexual abuse at HMCC is informed verbally or in writing as to whether or not the allegation was determined to be substantiated or unsubstantiated or unfounded following an investigation. During the last twelve months there was one administrative investigation that was found unfounded and the inmate was transferred to another facility.

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)

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.

Disciplinary sanctions for violations of the agency's policy relating to sexual abuse or sexual harassment are commensurate with the nature and circumstances of acts committed per PREA OP-030601. Personnel policies; Progress Disciplinary Procedure OP-110215 and PO-110415 showing cause for discharge related to sexual harassment, discourteous conduct of a sexual nature, general rules of conduct in disciplinary action, guidelines for employees and sexual misconduct with offenders, detail the sanctions and actions required in compliance with this standard. During the last 12 months there was one incident when staff from the facility was subject to violation of agency sexual abuse policies and the individual resigned. The incident is still being investigated.

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)

relevant review period)

- Does Not Meet Standard (requires corrective action)

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.

Oklahoma DOC OP-030601 requires any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies and the facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. In the past 12 month, there have not been any contractor or volunteer terminated for personal contact with an offender. Review of documentations, interviews with staff, investigators and offenders find this standard is enforced and a priority.

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)

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.

Oklahoma DOC OP-030601 and facility HMCC OP-030601-01 requires inmates be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse and actions shall be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. The disciplinary process, OP-060125 Department Offender Disciplinary Procedure, considers whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. Review of OP-060125 Department Offender Disciplinary Procedure, Acts Constituting Violations, Disciplinary Hearing Report, Offense Report and Mental Health Recommendation, interviews with staff and offenders confirm disciplinary sanctions for inmates are according to the PREA standard.

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)

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.

All inmates at HMCC that disclosed prior sexual victimization during screening are offered follow-up with a medical or mental health staff.

This follow-up as outlined in agency OP-030601 and correctional mental health care policies is administered by the mental health staff and offered within 14 days of intake screening. Follow-up is outlined in the health screening form and mental health evaluation. Information related to sexual victimization or abusiveness that occurred is strictly limited to medical and mental health practitioners. Medical and mental health practitioners obtained informed consent before reporting prior sexual victimization that did not occur in an institutional setting. During the last 12 month 100% of inmates who disclosed prior victimization during the screening were offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Interviews with Medical and mental health staff confirmed they have received specialized training regarding sexual abuse and sexual harassment, are required to report any knowledge, suspicion or information regarding an incident to a designated supervisor or official immediately upon learning of it, ensure victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services immediately. Offenders confirmed the medical and mental health services were available to them.

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)

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.

Agency PO-030601 mandates inmate victim of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, at no cost to the inmate, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners. The medical department at HMCC is staffed 24 hours a day. Offenders in need of emergency services are transported to Atoka Memorial Hospital. SANE staff is available 24/7 and the agency has a MOU with Zen Gee for required crisis intervention services.

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)

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.

Medical/mental health treatment is outlined in agency OP-030601/facility OP-030601-01, OP-140118 Emergency Care and MSRM-140118-01 which addresses ongoing care and follow-up. Review of policy, procedures and manuals, interviews with staff and offenders confirm HMCC considers ongoing medical and mental health care for sexual abuse victims and abusers is a priority. Employees interviewed at HMCC confirmed their commitment and dedication to appropriate and personalized total healthcare to the inmates. Sexual assault awareness brochures and handout materials received at intake and other information in the inmate handbook along with the PREA orientation advise the inmate population of the offerings by medical and mental health department concerning evaluation, treatment and ongoing medical and mental health care as appropriate for the sexual abuse treatment of inmates, victims and abusers. Review of policies, procedure, forms and other documentation, observations and interviews confirm ongoing medical and mental health care for sexual abuse

victims and abusers at HMCC is according to Standard 115.83.

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)

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.

Agency PO-030601 requires a facility conduct a sexual abuse incident review at the conclusion of each criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The review team, including the Warden, Chief of Security, PREA Compliance Manager, Medical and Mental Health Managers and Unit Managers, has been established at HMCC and meets on a monthly basis with minutes available for review. Review of notification of review team meeting, documentation including minutes of meetings, interviews with top management, security and specialized staff confirm the review team has been trained and meets the requirements of this standard.

Standard 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)

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.

The agency's Office of Inspector General collects accurate information and data for every allegation of sexual abuse at facilities under its control. The Oklahoma DOC, through its PREA OP-030601 directs this data collection. The agency aggregates this incident-based sexual abuse data at least annually. The Office of the Inspector General annual report is approved by the Director, available on the agency website, and updated annually corroborating this standard. Review of documentation, agency website, observations and interviews confirm data collection for HMCC is per PREA Standard 115.87.

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)

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.

The agency's OP-030601 requires; the agency annual report appear on the agency's website; provide annual reports to improve the effectiveness of its sexual abuse prevention, detection and response policies and training, including identifying problem areas; and taking corrective action on an ongoing basis. Interviews with the acting Warden,, higher intermediate staff plus review of the annual reports, substantiates this data collection and review of corrective action. The department website was reviewed and confirmed the required reporting including corrective action and comparison with previous years (2-12 and 2013 reviewed with 2014 in process) appears on the website as per Standard 115.88 requirements.

Standard 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)

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.

The agency PO-030601 ensures that the incident based information and aggregate data is collected and securely retained for at least ten years after date of initial collection unless Federal, State or local law requires otherwise, considered confidential information and is maintained by the Office of Inspector General. The records retention schedule brochure was reviewed by this auditor along with a memo from records management indicating security of the Oklahoma government records from creation to final disposition. The Office of the Inspector General makes its annual report on PREA available to the public on the agency's website. The policy on records retention schedule and the report on records management were reviewed and confirm storage, publication, and destruction is per PREA Standard 115.89.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Marilyn M McAuley

09/02/2015

Auditor Signature

Date