

**PREA AUDIT REPORT Interim Final
COMMUNITY CONFINEMENT FACILITIES**

Date of report: 6/18/2015

Auditor Information			
Auditor name: Scott Bentley			
Address: 206 N Washington Street, Suite 200, Alexandria, VA 22314			
Email: spbentley@yahoo.com			
Telephone number: 800-227-5646			
Date of facility visit: June 1, 2015 thru June 4, 2015			
Facility Information			
Facility name: Lawton Community Corrections Center			
Facility physical address: 605 SW Coombs Rd, Lawton, OK 73501			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 580-248-6703			
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 type="checkbox"/> Community treatment center		<input checked="" type="checkbox"/> Community-based confinement facility
	<input type="checkbox"/> Halfway house		<input type="checkbox"/> Mental health facility
	<input type="checkbox"/> Alcohol or drug rehabilitation center		<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Robert Patton			
Number of staff assigned to the facility in the last 12 months: 36			
Designed facility capacity: 158			
Current population of facility: 149			
Facility security levels/inmate custody levels: Community Corrections			
Age range of the population: 19-61			
Name of PREA Compliance Manager: Millicent Newton-Embry		Title: Agency PREA Coordinator	
Email address: millicent.newton-embry@doc.state.ok.us		Telephone number: 405-425-7074	
Agency Information			
Name of agency: Oklahoma Department Of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> State of Oklahoma			
Physical address: 3400 Martin Luther King Blvd, Oklahoma City, Oklahoma			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 405-425-2500			
Agency Chief Executive Officer			
Name: Robert Patton		Title: Director	
Email address: robert.patton@doc.state.ok.us		Telephone number: 405-425-7074	
Agency-Wide PREA Coordinator			
Name: Millicent Newton-Embry		Title: Agency PREA Coordinator	
Email address: millicent.newton-embry@doc.state.ok.us		Telephone number: 405-425-7074	

AUDIT FINDINGS

NARRATIVE

The Prison Rape Elimination Act Audit for the Lawton Community Corrections Center in Lawton, Oklahoma and its 5 work centers was conducted June 1 through June 4, 2015. The work centers visited were: Altus Community Work Center – Altus, Oklahoma; Frederick Community Work Center - Frederick, OK; Hobart Community Work Center - Hobart, OK; Walters Community Work Center - Walters, OK; Waurika Community Work Center - Waurika, OK.

To determine compliance with PREA standards, a thorough tour of all 6 facilities was conducted over the 4 days and all areas of each facilities' operations were reviewed.

Documents reviewed for this audit included: local and agency policies, contracts, memorandums of understandings, staff training records, personnel files, volunteer and contractor training records, sexual abuse and harassment complaints, and training curriculum. Formal interviews were scheduled through random selection of staff and offenders. Specialized interviews with staff were completed as required. An Auditor's Guide was used to provide current facility and supplemental information.

The following staff were on the Audit Tour:

Agency PREA Compliance Manager, Milicent Newton-Embry
District Supervisor, Jeff Woody
District PREA Compliance Manager, S. Anita Alford
Assistant District Supervisor, Angela Hearrell

At each Community Work Center, Assistant District Supervisor, Dwayne Janis, and the Chief of Security with the facility PREA Point of Contact joined the tour.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Lawton Community Corrections Center (LCCC) is a community confinement center that opened in 1973 and has a current capacity of 158 with an average length of stay of 160 days. The facility is located in residential neighborhood in the city of Lawton, OK. The facility consists of 8 buildings encompassing 22 multi occupancy cell housing units and 3 open bay housing units. The facility houses male community level offenders. The programmatic mission is to provide education, vocational and faith based life principles for reintegration of offenders into society. LCCC has segregation housing, an intensive supervision units, and a medical-dental unit. Most of the offenders are on work release or public work programs. The facility provides residential substance abuse treatment, cognitive restructuring, transitional reentry and a career tech fleet maintenance program in its automotive technology skill center. Medical care is provided daily and is available after hours through on-call services. There are 21 contractors supervising work crews, 43 volunteers coordinating religious and reentry programs, and 36 employees dedicated to the facilities mission statement.

SUMMARY OF AUDIT FINDINGS

Utilizing Interview Protocols with staff and offenders at the Lawton Community Correction Center and its 5 work centers, documentation reviews, Pre Audit Questionnaire, Auditor Compliance Tool, and Audit Tour Instructions, it is my opinion that the Lawton Community Correction Center and its 5 Community Work Centers: Altus, Hobart, Frederick, Walters, and Waurika are in compliance of the Department of Corrections PREA Policies and Procedure and the Department of Justice PREA Standards.

Number of standards exceeded: 1

Number of standards met: 38

Number of standards not met: 0

Number of standards not applicable: 0

Standard 115.211 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 OK DOC has positioned a state wide PREA Coordinator. The Lawton Community Corrections Center has a PREA Compliance Manager and each work center has a PREA Point of Contact to ensure compliance with zero tolerance. The state and local PREA coordinator are well aware of the zero tolerance policy and have sufficient time to oversee responsibilities at the facility levels to train staff. Interviews with staff and offenders indicate that they are aware and understand their responsibilities in prevention, detection, response, and reporting sexual abuse and harassment. Meets the standard.

Standard 115.212 Contracting with other entities for the confinement of residents

- 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.

LCCC has contracts to house offenders in Comanche County Detention Center and Cotton County Jail. I have reviewed the contracts which clearly outlines that they must adopt all ACA, DOC and PREA standards related to the PREA act of 2003. Documentation shows that both facilities have exceed required PREA and zero tolerance training. The Oklahoma Department of Corrections conducts quarterly inspections to make sure they honor the contractual agreements. Exceed the standard.

Standard 115.213 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.

LCCC has a staffing plan that insures staffing levels are adequate. Per DOC OP 010301 each facility head or district head must do an annual review of duties and organizational chart. Changes are submitted to the Administrator of Employee Services for approval. I reviewed staffing chartes and the daily work schedules. Meets the standard.

Standard 115.215 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.

LCCC has a policy that covers cross gender pat down and strip searches. My review of the training records indicate that staff have been trained in the proper method to conduct shake downs. I have reviewed their training plan in all area of searches and noted it covers clearly all types of searches. Interviews with staff indicates they are knowledgable of department policies. Offenders reported during their interview, that they are able to shower, use toilet and dress with out being in full view of female staff. Meets the standard.

Standard 115.216 Residents with disabilities and residents 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.

DOC policy prohibits the use of offender interpreters, except in exigent circumstances. All facilities have access to a list of staff interpreters in several languages. LCCC provides special orientation for the deaf and hearing impaired. I reviewed offender orientation packet and the local policy. I interviewed staff and they are aware of the interpreter's list and that offender interpreters will not be utilized except in a extreme emergency. Meets the standard.

Standard 115.217 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.

The Oklahoma DOC OP 110210 requires background checks on all new employees, promotions and any volunteers and contractors. The agency will consider all incidents of sexual harassment whether to hire or promote. All staff will be rechecked at least every 5 years per policy. In the last 12 months, 28 persons have been hired and had background checks completed. I have reviewed all documentation and interviewed HR staff. Meets the standard.

Standard 115.218 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.

LCCC has had no major expansions or modifications of the existing facilities. LCCC currently have 29 cameras and have requested an additional 16 cameras with recording capabilities. I have reviewed all relevant documentation and believe they meet the standard.

Standard 115.221 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.

DOC has a clear policy in evidence protocol OP 040117 all staff interviewed are aware of their responsibility to secure evidence in any sexual abuse allegation. The supervisory staff are aware of their obligations for securing evidence and notifying the Office of Inspector General to initiate the investigation. Also, LCCC has a clear policy and procedure established to insure forensic medical exam is done on all allegations to retrieve forensic evidence. Agreements are with the SANE and local hospital to provide forensic exam. If a SANE is not available a qualified medical staff will conduct the exam. I reviewed all documentation and interviewed security staff and medical and mental health staff. They are all aware of what needs to be done and when it needs to be done. Meets the standard.

Standard 115.222 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.

LCCC have policy in place to review all allegation to the Office of Inspector General to conduct all investigations of sexual abuse and sexual harassment. Administrative staff as well as the Supervisory staff are aware of procedure in referral of investigation to the IG office. This is covered in OP 030601 facility operations and OP 040117 security investigations. The IG Office is responsible for referring any allegations for possible prosecution. After reviewing documentation and from staff interviews. Meets the standard.

Standard 115.231 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.

All employees, contractors, and volunteers have had training in zero tolerance and PREA and cross gender searches, evidence protocol and other PREA guidelines. They have training annually. I reviewed the training module and employee training documentation. All employees, contractors, and volunteers interviewed all indicated that they have received all relevant training and have knowledge of training material. Meets the standard.

Standard 115.232 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.

LCCC requires all Volunteers and Contractors to attend training annually. They receive training in observing and reporting and preventing sexual abuse and harassment. They have all signed that they acknowledge the DOC PREA training and policy. I have reviewed the training

course information and the signed training acknowledgement forms. I interviewed volunteers and contractors, who verified that they attended the training and understand the obligations. Meets the standard.

Standard 115.233 Resident 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.

LCCC and the DOC require all offenders to watch a video on PREA and Zero tolerance. In most cases it is done within 24 hours of transferring in to the facility. LCCC provides literature in several languages and interpreters as needed. I interviewed intake staff and case managers and they were aware of their requirements at intake and orientation. All prisoners I interviewed indicated that they had reviewed the video and received written information of their rights and responsibilities. Meet the standard.

Standard 115.234 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.

All Office of Inspector General agents have attended specialized training conducted by the Moss Group and National PREA Resource Center. The DOC currently have 13 trained investigators to conduct sexual abuse and harassment investigations. I have reviewed the training module and the sign in sheet for the training. One investigator was interviewed which confirmed appropriate training. Meets the standard.

Standard 115.235 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.

LCCC requires all full time and part time medical and mental health staff to receive training in detecting and assess signs of sexual abuse or harassment. I have reviewed the training module and training sign in sheet. I interviewed medical and mental health staff and they are aware of their responsibilities and requirement in reporting and treating any sexual abuse allegations. Meet the standard.

Standard 115.241 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.

LCCC requires all offenders being transferred in to the facility to be screened immediately upon arrival at the receiving facility, they will fill out the healthcare screen. Offenders are required to fill out a PREA vulnerability questionnaire. The information received from these forms will determine cell placement, program placement, work assignments and other needs. I have reviewed the intake forms, questionnaires, and interviewed intake staff and medical staff as well as several offenders. Meets the standard.

Standard 115.242 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.

LCCC has in OP 030601 that facilities will use information from the screening evaluation to determine housing, education needs and work assignments that are the safety of each offender. It covers from gender identity to past victimization and is reviewed by intake staff and by the case manager. I have reviewed documentation and their procedure at intake and orientation. In my interview with intake staff and case manager, they are aware of what needs to be looked for at the screening process. I interviewed several offenders and they all indicated that they were screened when they arrived and that the case manager also discussed the screening at orientation. Meets the standard

Standard 115.251 Resident 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.

LCCC provides during intake at the facility information on multiple ways of reporting sexual abuse or harassment. LCCC have posters all over the facility and also have information on unit bulletin boards that provide contact and reporting information. All offenders have 24 hrs access to the phones to contact and report any allegations by call *73, this number is available on every phone. Staff interviewed are aware of what avenue the offenders have to report and their obligations if reported to them. This information is in an offender handbook and in the local facility policy. All offenders interviewed were aware of how to report if needed. Meets the standard.

Standard 115.252 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.

LCCC and the DOC have a grievance procedure for offenders if needed. The offender has 15 calander days. The reviewing authority may choose to get a 60 day extension if needed for good cause. If the grievance can’t be answered in 15 days, they will be notified in writing. If they have not received a response in 30 days they can send a grievance to the Admininstrative Review Authority. In an emergency or sensitive grievance it can be filed directly to reviewing authority and they have 24 hrs to determine if it is an emergency grievance. There is no time limit on filing grievance of sexual abuse or harassment. There have been no grievance of this nature filed at this time. Meets the standard.

Standard 115.253 Resident 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.

LCCC has an MOU with Marie Detty New Directions Advocacy of Lawton, Oklahoma, Roadback Incorporated of Lawton and The Advocacy Center of Southwest Oklahoma, and The Cocag Acmi House to provide information on counseling and emotional support and advocacy for any victims of sexual abuse. I have reviewed all 4 MOU and LCCC information that the offender have access to with the MOU contact information. During the interviews, offenders know that there are services available if needed and where they can find the address and phone numbers if needed. Meets the standard.

Standard 115.254 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.

LCCC has information posted on third-party reporting. This is also covered in the rules packet and at orientation. The DOC has a MOU with the Oklahoma State Bureau of Investigation. I have reviewed all documentation and saw the posting throughout the facility. Staff and offenders interviewed are aware of the ability to report third-party and anonymous if needed. Meets the Standard.

Standard 115.261 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.

LCCC and DOC have a policy and procedures (OP 030601) that covers staff and agency responsibility for reporting any and all sexual abuse or harassment allegations. Staff interviewed are well aware of their responsibilities to report and respond to all allegations in a timely matter. In reviewed policy and training modules that supports the staff responsibilities. Meets the Standard.

Standard 115.262 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.

LCCC has the ability to move any offender who may be in imminent danger. They can be moved to another area or transferred to another work center. OP 030102 supports this. In my interviews with supervisory and line staff, they know they need to remove an offender from the area. If the screen indicates the need for more secure housing, they will transfer the offender to a facility to meet their needs. Meets the

standard.

Standard 115.263 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.

Per OP 030601 once notified that an offender may have been abused at another facility, the head or designee of the receiving facility will notify the head or designee of the facility in which the allegations occurred. This is done as soon as the information is received, no longer than 72 hrs. Then the information will be sent to the IG Office for investigation. LCCC has not received any allegations of abuse at other facilities from offenders. From the interviews with supervisory staff and administrative staff, they know their responsibilities to report if needed. Meets the standard.

Standard 115.264 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.

LCCC staff interviewed are aware of their responsibilities as first responders. All indicated the duty to separate offender, secure the areas, and advise offender not to shower, not to use toilet, not to launder clothes, etc and notify the supervisor. OP 030601 covers staff and supervisors and healthcare responsibilities of first responders. Meets the standard

Standard 115.265 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.

LCCC OP 0030601-1 covers all staff responders and how to coordinate efforts to secure area and get medical treatment as soon as they are aware of sexual abuse allegation. I interviewed custody staff and medical and mental health staff. They are all aware of the responsibilities to coordinate response to allegations. I reviewed OP and training module to support staff responsibilities. Meets the standard.

Standard 115.266 Preservation of ability to protect residents 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.

LCCC and DOC are not unionized and do not have collective bargaining. The State has statutes that cover staff removal from area pending completion of the investigation. LCCC has the ability to move staff to any of its work centers while investigation is being conducted. At the completion of the investigation the DOC has the right to discharge any employee involved in sexual abuse or harassment of any offender or staff. I reviewed the statutes and interviewed department heads and I believe even though they do not have collective bargaining they still meet the standard.

Standard 115.267 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.

LCCC has a staff member assigned to monitoring any and all allegations. They will be monitored for 90 days or longer if needed. In an interview with the assigned staff member, they are well aware of their responsibilities for monitoring and steps to take if there are signs of retaliation. If the victim transfers during the 90 day period they will notify the receiving facility. This is all covered in OP 030601. LCCC has had no incidents of retaliation. Meets the standard.

Standard 115.271 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.

The Department of Inspector General will conduct all administrative and criminal investigations. Currently, they have 13 investigators who have received specialized training to conduct sexual abuse and harassment allegations. If they find a crime has been committed they will refer it for criminal prosecution to the Attorney General. I reviewed documentation of the training module and OP 0301601 and OP 040117. In addition, I interviewed an IG Investigator. They meet the standard.

Standard 115.272 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.

Per OP 030601 clearly states that there shall not be any standard higher than preponderance of the evidence in determining whether allegations of sexual abuse and harassment are substantiated. OP 040117 covers the steps taken in their investigation process. I reviewed all documentation and interviewed IG investigator. This standard is met.

Standard 115.273 Reporting to residents

- 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 OP 030601 offenders will be notified by the facility head or designee the outcome of the investigation on the alleged sexual abuse or harassment. If an offender makes allegation about a staff member they will be moved from that area or moved to one of the other 5 work centers until the investigation is completed. All investigations are conducted by IG office. If the offender is convicted of criminal sexual abuse the resident (offender victim) will be notified. This is all verified by reviewing the OP, interviewing staff, and an IG investigator. Meets the standard.

Standard 115.276 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.

Per OP 030601 and OP 110215 any staff member found to be guilty of sexual abuse of an offender will be terminated and referred for criminal prosecution by the IG office. A minor offense will receive formal disciplinary action, which could be suspension or demotion. I reviewed all documentation, procedures, and interviewed department head. Meet the standard

Standard 115.277 Corrective action for contractors and volunteers

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

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 OP 030601 and OP 09016 any contractors or volunteers found to be guilty of sexual abuse of an offender will be terminated and referred to the local District Attorney for criminal prosecution. This will also be considered a violation of terms of contract and the contract may be terminated. I reviewed all documentation and procedures. Per the District Supervisor there has been no occurrence. Meets the standard.

Standard 115.278 Disciplinary sanctions for residents

- 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 OP 060125 any offender found guilty of sexual abuse or harassment will receive disciplinary sanction at the facility level and also may be referred for prosecution by IG office for criminal charges. I reviewed the procedure. Per the District Supervisor there has been no

violations. Meets the standard.

Standard 115.282 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.

Per OP 030601 all offenders referred to healthcare for any form of sexual abuse or harassment will be immediately seen by medical and mental health professionals, be sent to an outside facility to be examined and to collect any forensic evidence. Offenders will be seen by a SANE or a qualified healthcare professional. The supervisor is trained to remove the victim from the area and refer them to medical and mental health services as soon as possible. I interviewed several custody and medical and mental health staff and they are all aware of their responsibilities. I reviewed their procedure and documentation. Meets the standard.

Standard 115.283 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.

All offenders are screened within 24 hrs. If they are found to have been a victim of sexual victimization in the past they will be referred for mental health assessment and they must be seen within 14 days of the screen Per OP 030601. Per OP 140118 all offenders with alleged sexual abuse or abuser while at the facility will be offered medical and mental health treatment and follow up treatment at no cost to the offender. I reviewed all procedure and interviewed mental health, medical, intake staff and screen staff and they all are aware of their responsibilities. They meet the standard.

Standard 115.286 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.

LCCC has an incident review team in place to review all sexual abuse allegations. The team consists of the District Supervisor, Asst District Supervisor, Chief of Security, Psychologist, nurse manager and PREA Compliance Manager. I interviewed members of the Review team and they indicated they look at staffing levels, need for additional video cameras, changes to movement, policy or procedure, blind spots and any need for physical plant changes. I reviewed documentation and procedures. Meets the standard.

Standard 115.287 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 Office of Inspector General shall collect all data of sexual abuse from state and private facilities and securely retain it. The agency aggregate the incidents of sexual abuse annually. They will keep all data for at least ten years. All data will be available on the DOC website. This can be found in OP 030601. I reviewed copies of past data collection reports. They meet the standard.

Standard 115.288 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.

All data of corrective action is reviewed annually and compared to past years and posted on the DOC website. The report also indicates
PREA Audit Report

charges made and action taken. This can be found on the DOC website. I reviewed past reports and they meet the standard.

Standard 115.289 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 Oklahoma Department of Corrections and the Office of Inspector General compile all data from state, private and contract facilities and store all data. IG office release an annual report and place it on the DOC website. All data is stored for 10 years and is securely retained by the IG office.

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.

Scott Bentley

6/15/2015

Auditor Signature

Date