

**PREA AUDIT REPORT     Interim     Final**  
**ADULT PRISONS & JAILS**

**Date of report:** December 26, 2015

<b>Auditor Information</b>			
<b>Auditor name:</b> Michael Radon			
<b>Address:</b> P.O. Box 892 6 Summit Drive Bondsville, MA 01009			
<b>Email:</b> <a href="mailto:michaelradon@yahoo.com">michaelradon@yahoo.com</a>			
<b>Telephone number:</b> 413-250-7778			
<b>Date of facility visit:</b> November 5 & 6, 2015			
<b>Facility Information</b>			
<b>Facility name:</b> James Crabtree Correctional Center			
<b>Facility physical address:</b> 216 North Murry, Helena, Oklahoma 73741			
<b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> 580-852-3221			
<b>The facility is:</b>	<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		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Jason Bryant			
<b>Number of staff assigned to the facility in the last 12 months:</b> 30			
<b>Designed facility capacity:</b> 999			
<b>Current population of facility:</b> 1326			
<b>Facility security levels/inmate custody levels:</b> Medium/Minimum			
<b>Age range of the population:</b> Adults 22 to 79			
<b>Name of PREA Compliance Manager:</b> Elizabeth Mai		<b>Title:</b> Correctional Case Manager III/PREA Compliance Manager	
<b>Email address:</b> elizabeth.mai@doc.ok.gov		<b>Telephone number:</b> 580-852-3221 ext 1804	
<b>Agency Information</b>			
<b>Name of agency:</b> Oklahoma Department of Corrections			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> State of Oklahoma			
<b>Physical address:</b> 3400 Martin Luther King Oklahoma City, OK 73111			
<b>Mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Telephone number:</b> 580-889-6651			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Robert Patton		<b>Title:</b> Director	
<b>Email address:</b> robert.patton@doc.state.ok.us		<b>Telephone number:</b> 405-425-2505	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Millicent Newton-Embry		<b>Title:</b> Agency Wide PREA Coordinator	
<b>Email address:</b> millicent.newton-embry@doc.state.ok.us		<b>Telephone number:</b> 405-425-7074	

## **AUDIT FINDINGS**

### **NARRATIVE**

The Oklahoma Department of Corrections in conjunction with the ACA/PREA Division scheduled a Prison Rape Elimination Act audit for the James Crabtree Correctional Center located in Helena, Oklahoma. The scheduled date of the audit visit was November 5<sup>th</sup> and 6<sup>th</sup>, 2015. Michael Radon Certified PREA Auditor was notified prior to the audit visit by the ACA. This assignment was for a single certified PREA auditor. The audit process involved with contacts between this PREA auditor, the ACA office, and the ODOC State PREA Coordinator, Millicent Newton-Embry. Preliminary discussion involved travel plans, scheduling, and pre-audit information. Notices were posted in the facility and the audit process began.

The PREA resource audit instrument for adult prisons and jails was to be utilized for this audit, included were 7 sections listed as follows:

1. Prea audit questionnaire
2. Auditor compliance tool
3. Instructions for the prea audit tour
4. Inmate and staff interview protocols
5. Audit summary report
6. Process map
7. Checklist of documentation.

Upon receipt of the PREA audit documentation all supplied information was reviewed by the auditor. Special attention was given to the pre-audit questionnaire with no outstanding questions noted at that time. However, the PAQ would be reviewed item by item at the time of the audit.

On Wednesday the facility tour began with administrative staff. The campus like setting was visited including all buildings, dormitories, educational services, as well as food and health services. In summation, although the facility has aged the challenge of maintaining the physical plant was being met including those involved with PREA expectations. The utilization of technology at this facility is ongoing and being addressed.

## DESCRIPTION OF FACILITY CHARACTERISTICS

The James Crabtree Correctional Center (JCCC) is located on 216 North Murry, in Helena, Oklahoma. The facility is approximately one hundred ten (110) miles northwest of Oklahoma City. JCCC is medium/minimum security facility with an open campus setting, the only one of its kind in the Oklahoma Department of Corrections. The original physical plant is made up of brick buildings that resemble a college campus. Other structures were built to house more offenders as well as facility support buildings. These structures are joined by a series of concrete walkways. JCCC has six (6) medium security housing units, one (1) minimum housing unit and one (1) forty-three (43) bed restricted housing unit.

The physical plant is comprised of twenty one (21) main structures; seventeen (17) of these buildings are set within the secure perimeter (Medium Unit). There is also a Minimum Unit of two hundred twenty-four (224) beds, as well as; a shop for maintenance, a farm operation unit and a corndog factory.

JCCC is a medium/minimum security facility. The facility perimeter has two (2) twelve (12) foot fences that are topped with razor wire coils. The fence is also 'shaker' and Micro-Net fence detection system. The perimeter of the facility is monitored by one (1) armed patrol vehicle 24/7, a two-way radio is used to communicate with the main control center. The main control center (Central Control) is located within the administration building. Staff in Central Control monitor the following: internal radio transmissions, the main fire alarm panel, sprinkler system, security cameras (32 interior)/(16 exterior); and conduct inmate counts.

Visitors and any items they carry and required to pass through a metal detector. The West Gate of the facility is equipped with an Avian Heart Beat Detector System to detect anyone hidden within a vehicle. The facility also maintains a fully stocked armory outside of the East Gate.

Recreation at JCCC for the Medium Unit consists of inside activities as follows: basketball, ping-pong, volleyball, acoustic guitar, pool/other table games. Outside recreation for the Medium Unit is: soccer, softball, volleyball, flag football, and use of a walking track. The Medium Unit has a gymnasium that is open Tuesday through Saturday from 1:00 p.m. – 8:00 p.m. Minimum Unit recreation for indoor activities takes place in the unit's programs room which includes: ping-pong, acoustic guitar, and board games. Outdoor for the Minimum Unit is soccer, flag football, basketball and the walking track. There is also television viewing, board games and cards for use in housing unit dayroom areas.

Employees of the Oklahoma Department of Corrections fill the medical needs of JCCC from 6:00 a.m. – 5:00 p.m., Monday through Friday. Medical staff consists of full time RNs, full time LPN's, and a full time Doctor. JCCC also has a Dentist and full time dental assistant, providing services Monday through Thursday from 6:00 a.m. – 4:00 p.m. There is on call after hours and on weekends for consultations and emergencies. Lab, optometry, radiology/EKG, pharmacy, and bio-hazardous waste management services are all contracted out for the facility. Mental Health Services are on-site Monday through Thursday from 6:00 a.m. – 4:00 p.m., there is also a psychologist on call twenty four/seven.

The mission of The James Crabtree Correctional Center is as follows: "To provide custody and control for low medium and minimum security offenders. The primary mission is to provide institutional support and farm support for offenders 35 and older. The primary programmatic mission is education."

## **SUMMARY OF AUDIT FINDINGS**

The audit finding conclusion are 41 standards meeting the expectations/compliance. Two PREA standards non-applicable for a total of 43 standards reviewed.

Number of standards exceeded: 0

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 2

**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.**

OP-030601  
Memorandum of Appointment of PREA Coordinator Millicent Newton-Embry  
Memorandum of Appointment of PREA Manager Elizabeth Mai  
Organizational Chart – Office of Inspector General  
Organizational Chart – Facility

The above documentation supports compliance.

**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)

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Executed contracts between ODOC and Private Prisons, or Jails with relevant PREA language:  
CCA (2): Davis, Cimarron  
GEO (1) Lawton  
County Jails (15) Choctaw County, Comanche County, Cotton County, Craig County, Ellis County, Greer County, Jefferson County Detention Center, Jefferson County Sheriff, Leflore County, Marshall County, Nowata County, Oklahoma County, Okmulgee County, Roger Mills County, Tillman County

All contracts executed support compliance.

**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)

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OP-030601  
JCCC-030601-01  
Diagrams showing camera locations (show whether pan or tilt)  
Facility Brochure (showing security level)  
Master Roster  
Post Chart  
Program List with times  
Unannounced Log by Warden

Interviews and facility tour including log review supports compliance.

### **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)

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Non-Applicable  
OP-030601  
Facility Specific Criteria (DOC 060204A)  
Youthful Offender Memo from Director

JCCC does not house youthful offenders.

### **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)

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OP-030601  
OP-030102  
OP-040110  
PREA Audit Report

Training Lesson Plan (pat-search and searches of transgender or intersex offenders) (This is a video and can be viewed upon request)  
Training rosters security and staff  
Offender Handbook Shower schedule

Staff and inmate interviews, as well as observation of practice support compliance.

### **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)

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OP-030601  
JCCC 030601-01  
OP-060201  
Zero Tolerance – Spanish  
Interpreter's List (employees)  
Job Roster with Activity/Housing Summary from Medical (showing disabilities)

### **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)

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OP-110105  
OP-110210  
OP-110235  
OP-110237  
State of Oklahoma – Terms and Conditions  
Applicant Questionnaire (Attachment A – OP-110210) – Contractor  
Applicant Questionnaire (Attachment A – OP-110210) – Employee  
Request for Record (DOC090211B) – Contractor  
Request for Record (DOC090211B) – Employee

Interviews with HR staff and new employees/promotions verify practice with compliance.

**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)

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OP-150101  
(a) N/A (New Construction Only)  
(b) Diagrams of Camera Locations (showing upgrade of new cameras or video monitoring system (after August 20, 2012). (Information from 115.13(c) Technology Needs Assessment

Facility tour and demonstration of existing technologies verify compliance.

**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)

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OP-030601  
OP-040117  
OP-140118  
JCCC-030601-01  
MSRM 140118-01  
Memorandum of Understanding – Woodward Regional Hospital  
Memorandum of Understanding – Northwest Domestic Crisis Services  
Incident Notification Checklist  
PREA Allegation Memo  
Sexual Assault Report (Attachment C – OP-030601)  
(b) The SANE program at Woodward Regional Hospital mirrors the April 2013 publication entitled “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents”, published by the Department of Justice.

All above documentation and phone verification support compliance.

**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.**

OP-030601  
 JCCC-030601  
 OP-040117  
 "Sexual Assault Report" (Attachment C – OP-030601)  
 Documentation of Investigation (completed)  
 Section 3 – Policy and Procedures Website  
 Section 3 Index – JCCC 030601-01

Interviews and examples reviewed support compliance.

**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)

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OP-030601  
 JCCC-030601-01  
 PREA Training Power Point  
 PREA Training Roster  
 Staff Training Acknowledgement

Training records reviewed,interview verification support compliance.

**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)

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### **corrective actions taken by the facility.**

OP-030601

OP-090211

“Documentation of Volunteer Training” (Attachment C - OP-090211)

“Volunteer Contractor Training Acknowledgement” (Attachment G – OP-030601)

“Enrollment Checklist Form” (Attachment B – OP-110110)

“Individual Responsibilities for Pre-Service Training

Training records and interviews support compliance.

### **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)

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OP-030601

OP-140105

JCCC-030601-01

“Offenders Guide to Sexual Misconduct” (Attachment B – OP-030601)

In-Depth Orientation Verification w/Movement Sheet showing arrival date

Zero Tolerance Acknowledgment

Offender Handbook, relevant pages, (English and Spanish)

Housing/Activity Summary (EHR)

Photos of Posters Posted on Units (regarding PREA and zero tolerance)

Inmate interviews, facility tour and observation of postings and intake area confirm compliance.

### **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)

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OP-030601

OP-040117

Specialized PREA Investigation Training PowerPoint – relevant pages

PREA Audit Report

## Specialized Training Course Roster

Phone interview with investigators and inmate interviews confirm compliance.

### **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)

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OP-030601  
PowerPoint "Medical/Dental/Mental Health PREA Training  
Specialized Training Course Roster

Training staff interviews and review of training sessions support compliance.

### **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)

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OP-030601  
OP-030102  
JCCC-030601-01  
Cell Assessment Form (Attachment A – OP-030102)  
Self-Report Form (Attachment B – OP-030102)  
Review of screening tool and its usage in decision making

### **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)

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OP-030103  
OP-030601  
Cell Assessment Form (Attachment A – OP-030102)  
Self-Report Form (Attachment B – OP-030102)

Reviewed usage and decision making with tool supports compliance.

### **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)

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OP-030601

Policy reviewed and observed existing practices supporting compliance.

### **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)

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OP-030601  
Handbook with relevant language  
Zero Tolerance Acknowledgement  
Memorandum of Understanding – DOC/OSBI  
All documentation and practices reviewed supporting compliance

### **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)

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OP-090124

### **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)

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OP-030601

Memorandum of Understanding-Community Service Provider

Mandatory Reporting Map and Law(115.53(b)

Contact Information from Community Service Provider that is given to Offenders

Phone verification as well as staff interviews support compliance.

### **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)

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OP-030601

OKDOC PREA resource web page

Verified at the time of the audit.

### 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)

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OP-030601  
OP-050109  
OP-110215  
O.S. § 43A-10-104  
Notification Memo to Regional Director  
Memorandum Alerting Warden of PREA Hotline Allegation  
Mental Health Memorandum  
Incident Notification Checklist (OP 050108 Attachment H)  
Comprehensive Report (OP 050108 Attachment A)  
Request for Investigation  
Response Memorandum  
Memo to PREA Auditor  
Documentation reviewed with staff during audit review

### 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)

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OP-030601  
Cell Assessment Form (Attachment A – OP-030102)  
SHO (Attachment B – OP-040204)

Meets compliance at the time of the audit.

### 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)

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OP-030601  
JCCC-030601-01

Policy and practiced in place at the time of the audit.

#### **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)

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OP-030601  
JCCC-030601-01  
OP-040117

Staff interviews and training records confirm compliance.

#### **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)

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Facility Plan

Confirmed during audit visit.

#### **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.**

Existing practices observed at the time of the audit supporting compliance.

### **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.**

OP-030601  
 PREA Response Check List  
 Mental Health PREA Evaluation  
 Sexual Abuse Incident Review  
 IG email response  
 Assignment of Retaliation Officer  
 Retaliation Log

Existing practices observed and discuss in staff interviews.

### **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.**



Practices were in place and observed during the audit.

### **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.**

OP-030601  
OP-040117  
OP-110105

Specialized training PowerPoint (IG investigations)  
Specialized training rosters (IG investigations)  
Incident Notification Checklist  
Examples of Evidence Gathered

OIG interviews, internal investigative staff confirmed compliance.

### **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.**

OP-030601  
OP-040117

Specific training in place and all staff interviews confirm compliance.

### **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.**

OP-030601

Practice was observed and verified with inmate interviews.

#### **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.**

OP-030601

OP-110215

OP-110415

HR interviews and record reviews support compliance.

#### **Standard 115.77 Corrective action for contractors and volunteers**

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

**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.**

OP-030601

OP-090211

HR record reviews and interviews with volunteers confirm compliance.

#### **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.**

OP-030106  
 JCCC-030106-01  
 OP-060125  
 JCCC-060125-01  
 Acts Constituting Rule Violations (Attachment A – OP-060125)  
 Mental Health Recommendations (DOC 060125R)  
 Monthly Medical Activity Report (DOC 140107A)

Practices are established and in place confirmed by inmate and staff interviews.

**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.**

OP-030601  
 Intra-Facility Health Screening Form (DOC 140113B)  
 Cell Assessment  
 Consent Form (PHI)

All pertinent documentation reviewed, and appropriate inmate records supports compliance.

**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.**

**recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

OP-030601  
OP-140118  
Offender's Guide to Sexual Misconduct (Attachment B – OP-030601)  
Progress Note  
Mental Health Evaluation  
Incident Report  
PREA Response Checklist  
Request for Investigation

All supportive documentation verified at the time of the audit.

### **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.**

OP-030601  
JCCC-030601-01  
OP-140118  
MSRM 140118-01  
PREA response checklist (Attachment E – OP-030601)  
Offenders Guide to Sexual Misconduct (Attachment B- OP-030601)  
Zero Tolerance Acknowledgement (Attachment E – OP-030601)  
Progress notes

Documentation reviewed which supported compliance.

### **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.**

OP-030601  
JCCC SART Minutes  
PREA Audit Report

JCCC SART Recommendation

Review team in place meeting on a regular basis with supporting documentation.

**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.**

OP 030601  
Definitions  
DOC Website – PREA Resources

Reviewed practices supporting compliance with this standard.

**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.**

OP 030601  
DOC Website – PREA Resources  
Data and Comparison

Verified during the audit data was being used in decision making.

**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.**

OP-030601

Verified during audit visit.

**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.

Michael Radon

December 26, 2015

Auditor Signature

Date