

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: July 24, 2016

Auditor Information			
Auditor name: Michael Radon			
Address: 6 Summit Drive Box 892 Bondsville, MA 01009			
Email: michaelradon@yahoo.com			
Telephone number: 413-250-7778			
Date of facility visit: June 15th and 16th, 2016			
Facility Information			
Facility name: Joseph Harp Correctional Center			
Facility physical address: 16161 Moffat Road Lexington OK 73051			
Facility mailing address: <i>(if different from above)</i> P.O. Box 548 Lexington, OK 73051			
Facility telephone number: 405-527-5593			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Joe M. Allbaugh			
Number of staff assigned to the facility in the last 12 months: 68			
Designed facility capacity: 1495			
Current population of facility: 1482			
Facility security levels/inmate custody levels: Medium			
Age range of the population: 17, 18 to 85			
Name of PREA Compliance Manager: Cody Simmons		Title: PREA Compliance Manager/Admin. LT	
Email address: cody.simmons@doc.ok.gov		Telephone number: 405-527-5593	
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, OK			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 405-425-2500			
Agency Chief Executive Officer			
Name: Joe M. Allbaugh		Title: Interim Director	
Email address: director@doc.ok.gov		Telephone number: 405-425-2505	
Agency-Wide PREA Coordinator			
Name: Millicent Newton-Embry		Title: Agency PREA Coordinator	
Email address: millicent.newton-embry@doc.ok.gov		Telephone number: 405-425-7074	

AUDIT FINDINGS

NARRATIVE

The Oklahoma Department of Corrections contracted the American Correctional Association to provide a Prison Rape Elimination Act (PREA) audit by a certified PREA auditor for the formal audit of the Joseph Harp Correctional Center located in Lexington, Oklahoma on June 15th through the 16th of 2016.

Certified PREA auditor Michael A. Radon was assigned to conduct this formal audit by Mr. Robert Brooks, PREA Divison ACA. This audit was assigned for a single auditor to review all policies and procedures and practices for compliance of the PREA adult prison and jails standards by the US Department of Justice.

The first phase of the PREA audit consisted of receipt of all supportive documentation which directly related to providing evidence of compliance of 43 standards Adult Prison and Jails. This information was received along with other supportive documentation. The auditor reviewed all existing documentation to begin the process of determination of initial standard compliance. The second phase of the pre-audit preparation was the receipt and review of the pre-audit questionnaire (PAQ). During the review of the standards it is important to identify that this facility is the only state institution that houses youthful offenders within the Department of Corrections for the state of Oklahoma. Review of the above information was compared to the auditor compliance tool to begin determination of existing compliance.

On June 15th, the facility tour began, consisting of a complete facility review which included the physical plant and observations of day to day operations. During the facility tour it was apparent that the Oklahoma DOC had not only begun to address vulnerable areas in the facility but also with it's youthful offender population. The Department of Corrections of Oklahoma had newly constructed a separate physical plant to house this special population inside the facility. This facility was made operational at the beginning of 2016. During the audit the administration reviewed all corrective action facility plans that included all proposed facility upgrades and camera installations were reviewed at the time of the audit and found to be sufficient to meet the needs of pre-identified vulnerable areas in the facility. It is also important to note that the facility maintains camera and mirror overlay plans that are being reviewed on a continuous basis with corrective action addressing any needed changes in the physical plant. It was observed during the facility tour that the maintenance plan that was in effect was very effective and was addressing the ongoing challenges of the institution and appeared to be a proactive maintenance system that was above average. After completion of the facility tour, the auditor reviewed the pre-audit questionnaire and resolved any questions and concerns within the questionnaire.

It is important to note that the youthful offender population were in complete compliance with the youthful offender standards, however, some technical assistance and clarification needed to be resolved regarding sight, sound and supervision issues. These concerns were resolved during the audit and post audit cycle.

On the following day the auditor began the interview process of the audit, all interviews were completed. The interviews verified and validated that the steps for PREA implementation had been implemented through staff training, job postings, and ongoing communication by the administration throughout the facility. The interview protocols were completed with all disciplines including investigative, specialized, security, administration, and first responders. All interviewees were properly trained and knowledgeable of the PREA standards and their individual responsibilities including their specific interventions in the event of a PREA incident.

The inmate interview segment consisted of random sampling, self-disclosed, all youthful offenders and literacy challenged inmates. All inmates interviewed were aware of PREA reporting that they had been informed of PREA at the time of intake. All inmates reported that they felt safe in the facility and were knowledgeable of the process to report sexual abuse or harassment to the administration. The youthful offenders in particular had a clear understanding of the specific standards, and their right to be free of sexual abuse and harassment.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Joseph Harp Correctional Center (JHCC) is located at 16161 Moffat Road, Lexington, Oklahoma approximately eight (8) miles east of the city of Lexington. JHCC's governing authority is the Oklahoma Department of Corrections-State of Oklahoma.

The facility is an all male medium security correctional facility with a capacity of 1,495 inmates ranging from the age(s) of 17 and 18 to 85. The average length of stay for an inmate is 4.33 years. JHCC specializes in sex offender treatment, education and substance abuse, mental health, habilitation, and intermediate care.

The physical plant was constructed in 1978 and consists of forty-one (41) buildings. There are two (2) single cell housing units, nine (9) multiple occupancy cell housing units, two (2) open bay dormitory housing units, and fourteen (14) segregation cells. Each housing unit has its' own goals and programs.

The security of JHCC consists of twelve foot double chain link Micronet/Intrepid fences topped with several rolls of razor wire. The facility has approximately one hundred sixty-eight (168) cameras placed in strategic positions for viewing, as well as some recording. Some cameras are pan tilt zoom and are placed in areas to heighten security. There is also a patrol officer on duty 24/7 for the purpose of securing the outside perimeter. Central Control is manned 24/7 by no less than two (2) staff members and is able to monitor all systems, traffic, communication, and cameras throughout the complete facility. Communication staff to staff is achieved via intercoms, telephones and two-way radios.

Recreation at Joseph Harp Correctional Center is both indoor and outdoor, and provided daily to all offenders. There is a diverse choice of recreation for the inmates, they are as follows: basketball, handball, softball, ping pong, volleyball, football and baseball. There is also exercise equipment, a gymnasium with a full basketball court. Available games, puzzles, music and billiards are at JHCC as well.

The Oklahoma Department of Corrections provides medical, dental and mental health services for the inmates. The medical department is staffed twenty-four hours a day with triage. Emergency medical care is provided by the Norman Regional Emergency Room which is forty minutes away or the Purcell Hospital Emergency Room which is twenty-five minutes away. Ambulance services are provided by the Wadley Ambulance Service.

There is a sick call clinic Monday thru Friday from 6:30 a.m. to 2:30 p.m. The chronic care clinic is Monday thru Friday 7:30 a.m. to 1:00 p.m. The dental department is open Monday thru Thursday from 7:00 a.m. to 5:00 p.m. Mental health staff are available Monday thru Friday from 7:00 a.m. to 5:00 p.m. Inmates have a \$2.00 copay for dental, medical or eye care services as well as each prescribed medication.

The mission statement for JHCC is as follows: "To provide custody and control for maximum and medium security offenders. The primary mission of the facility will be to provide specialized programs such as habilitation, mental health treatment, and substance abuse treatment for the offenders identified to have special treatment needs. In addition, the institution will provide care and custody of general population medium security offenders who are not behavioral problems and have established a positive work record. The primary work mission is to provide institutional support and industry work for offenders who meet this criteria. Education opportunities will also be provided."

SUMMARY OF AUDIT FINDINGS

The auditor Michael A. Radon completed the PREA audit for the Joseph Harp Correction Center. The audit findings for this audit determined that the compliance tally including the youthful offender standards were in compliance. This facility has implemented the PREA standards which was made evident by observation of operations, facility tour, and staff and inmate interviews. Compliance was also determined with the support of the PREA Compliance Coordinator and the administration of the Department of Corrections.

Number of standards exceeded: 0

Number of standards met: 42

Number of standards not met: 0

Number of standards not applicable: 1

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 - JHCC PCM (PREA Compliance Manager)

Organizational Chart – Office of Inspector General

Organizational Chart - JHCC

Standard 115.12 Contracting with other entities for the confinement of inmates

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Executed contracts between ODOC and Private Prisons, or Jails with relevant PREA language:

OP-030401

OP-030402

OP-090109

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

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

Diagrams showing camera locations (show whether pan or tilt)
PREA Coordinator Approved of Camera Locations (Annual Review – Pan / Tilt / Zoom Cameras Identified)
Facility Brochure (showing security level)
Facility Brochure (To Indicate Security Level)
Position Budgeting Report (shows all staff)
Master Roster – Current and Proposed (w/Priority Post Chart for Proposed)
Program List with times
Unit Logs (showing unannounced rounds) – all shifts

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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OP-030601

JHCC-040102-08 Youthful Offender Post Order
Youthful Offender Memo from Director
Facility Specific Criteria (DOC 060204A)
Observation
Memo to Auditor from Director regarding Youthful Offenders
Move List with Transfer Receipt
Youthful Offender Unit (K Unit) Rules and Regulations
Youthful Offender Itinerary

Standard 115.15 Limits to cross-gender viewing and searches

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific

corrective actions taken by the facility.

OP-030601

OP-030102

OP-040110

OP-140147

2016 Cross-Gender and Transgender Pat Search Lesson Plan

Note to Auditor-JHCC has not received any cross gender, transgender or intersex offenders this audit period. JHCC is a male facility.

Standard 115.16 Inmates with disabilities and inmates who are limited English proficient

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

OP-030601

OP-060201

JHCC Offender Handbook w/ Corresponding Initial Orientation Verification, (Sample Pages PREA Information (Spanish Version)

JHCC PREA Initial Orientation (Spanish Version)

Spanish Zero Tolerance Acknowledgement

Interpreter's List (employees)

Job Roster with Activity/Housing Summary from Medical (showing disabilities)

Pictures of PREA Poster (English and Spanish)

Standard 115.17 Hiring and promotion decisions

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

OP-110105

OP-110210

OP-110235

OP-110237

State of Oklahoma Terms and Conditions (General) "Applicant Questionnaire & Background Investigation Form" (Attachment A – OP-110210), with Corresponding Request for Record (Employee & Contractor)

Criminal Background Checks – All Employees with Five or More Years of Service

NOTE to the Auditor: JHCC contractor backgrounds are maintained with the agency/department that employees them.

NOTE to the Auditor: JHCC staff subsequent background checks are maintained with the Office of the Inspector General.

Standard 115.18 Upgrades to facilities and technologies

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

OP-150101

Facility Diagram with Camera Locations

Proposed New Construction Form

Memo to Auditors: JHCC is not a newly constructed facility. No new cameras have been added to the facility.

Standard 115.21 Evidence protocol and forensic medical examinations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

OP-030601

OP-040117

OP-140118

MSRM 140118-01

Position Statement SANE Education and Certificate

"Sexual Assault Report" (Attachment C – OP-030601)

PREA Checklist (Attachment H OP-030601)

Serious Incident Database Report (Attachment K-1, OP-050108)

Memorandum of Understanding – Rape Counselor

Memorandum of Understanding – SANE

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

OP-040117

"Sexual Assault Report" (Attachment C – OP-030601)

Documentation of Completed Investigation

Section 3 – Policy and Procedures Website

Section 4 – Policy and Procedures Website

Standard 115.31 Employee training

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

OP-030601

PREA Training PowerPoint

Volunteer PREA Training Roster and Acknowledgements

Staff PREA Training Roster and Acknowledgements

Standard 115.32 Volunteer and contractor training

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

OP-030601
OP-090211
OP-100101
PREA Power Point
“Course Roster for Volunteer Training” (Reflecting PREA)
Zero Tolerance Acknowledgements

Standard 115.33 Inmate education

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

OP-030601
OP-060201
“Offenders Guide to Sexual Misconduct” (Attachment B – OP-030601)
JHCC Offender Handbook, Relevant pages, (English and Spanish)
PREA Acknowledgement (English and Spanish) with corresponding Orientation Verification and Move Sheet
PREA Transcript for Hearing Impaired
PREA Posters Displayed (English and Spanish)

Standard 115.34 Specialized training: Investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

OP-030601
OP-040117
Specialized PREA Investigation Training Power Point
Specialized Training Course Roster

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 with Acknowledgements

Standard 115.41 Screening for risk of victimization and abusiveness

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

OP-030601
 OP-030102
 OP-140147
 Cell Assessment Form (Attachment A – OP-030102)
 Self-Report Form (Attachment B – OP-030102)

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-030601
 OP-030102
 OP-030103
 OP-140147

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

Note to Auditor – JHCC has not placed any offenders at high risk of sexual victimization in involuntary segregation this audit period.

Standard 115.51 Inmate reporting

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

OP-030601

Zero Tolerance Acknowledgements

Memorandum of Understanding – DOC/OSBI

Offender Handbook (English & Spanish Version) PREA Relevant Pages

JHCC PREA Acknowledgements (English & Spanish Versions)

JHCC Orientation Verification form (English & Spanish Version)

Standard 115.52 Exhaustion of administrative remedies

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

OP-090124

Example of Offender Grievance Process

Standard 115.53 Inmate access to outside confidential support services

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

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

Oklahoma Department of Corrections PREA Resource Page - Website – PREA Reporting Information

Photo of Poster “Third Party Posting”

Standard 115.61 Staff and agency reporting duties

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

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

OP-030601
Attachment C
Attachment H
Attachment K-1

NOTE to the Auditor: JHCC has not had any substantiated PREA allegations during the audit period.

Standard 115.62 Agency protection duties

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

OP-030601
Hormonal Therapy Risk and Information Form (Attachment A – OP-140147)
Cell Assessment Form (Attachment A – OP-030102)
Self Reporting Form (Attachment B - OP-030102)
Incident Notification

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
Incident Report
OP-050108 Attachment H
OP-030601 Attachment C

Standard 115.64 Staff first responder duties

- Exceeds Standard (substantially exceeds requirement of standard)

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

OP-030601
 OP-040117
 Incident Notification Checklist (Attachment H – OP-050108)

Standard 115.65 Coordinated response

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

JHCC - 030601-01

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.

N/A (Union Statute)
 Oklahoma State Statute 74 O.S. § 840-1.2
 Oklahoma State Statute 74 O.S. § 840-1.3
 Oklahoma State Statute 74 O.S. § 840-1.6A
 Oklahoma State Statute 74 O.S. § 840-1.9
 Oklahoma State Statute 74 O.S. § 840-6.3
 Oklahoma Constitution, Article 23, § 1A

Auditor Memo - This standard is not applicable. Neither the Oklahoma Department of Corrections nor Joseph Harp Correctional Center is a union organization.

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

Protection against Retaliation – Offenders (Attachment I, OP-030601)

Protection against Retaliation – Staff (Attachment J, OP-030601)

MEMO to Auditors – JHCC has had no occurrences of Protection Against Retaliation offender on offender or offender on staff during this audit period.

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.

OP-030601

Segregation Housing Order of Alleged Victim

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 PREA Investigation Example

OP-110105

OP-040117 PREA Investigation - Example

Documentation of Evidence Gathered (Interview)

Specialized Training PowerPoint (IG Investigations)

Specialized Training Rosters (IG Investigations)

MEMO to Auditors – JHCC has not had any substantiated sexual abuse occurrences this audit period. There is no documentation for this type of investigation from the facility or the Inspector General’s Office for this audit period.

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

MEMO to Auditors – JHCC has had no substantiated sexual abuse / sexual harassment occurrences this audit period.

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

Note to Auditor – JHCC has not had a substantiated sexual abuse case this audit period.

Serious Incident Report – Staff Sexual Misconduct

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

Example of Letter of Resignation after Finding of Abuse of Sexual Abuse/Harrasment Policies

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

Volunteer Alert form (Attachment F – OP-090211)

Volunteer Code of Conduct (Attachment K – OP-090211), relevant pages

Incident Notification Checklist (Attachment H – OP-050108)

Request to DA for Prosecution – N/A OR – Auditor MEMO – JHCC has not had any occurrences of contractor / volunteer and offender sexual abuse this audit period.

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-060125
Acts Constituting Rule Violations (Attachment A – OP-060125)
Misconduct Report .

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 Form (Attachment A)
Self Report Form (OP-030102B)

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.

OP-030601
OP-140118
Offender’s Guide to Sexual Misconduct (Attachment B – OP-030601)
Progress Notes
Report of Medical Notification and Response
Waiver of STD Testing for GC/ Chlamydia
STD Testing for Hepatitis & HIV
Mental Health PREA Interview (Follow-up)

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
OP-140118
PREA Response Checklist (Attachment E – OP-030601)
Offenders Guide to Sexual Misconduct (Attachment B- OP-030601)
Zero Tolerance Acknowledgement (Attachment E – OP-030601) English
Zero Tolerance Acknowledgement (Attachment E – OP-030601) Spanish
Victims Progress Notes
STD Testign Waiver for GC/Chlamydia
STD Testing for HIV & Hepititis
Mental Health PREA Interview (Follow-up)
Mental Health Assessment of Alleged Abuser

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
Documentation of Sexual Assault/Abuse Incident Review (OP-030601 Attachment K)
Sexual Abuse Response Team Members
PREA Meeting Minutes

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
PREA Aggregate Data 2013
PREA Aggregate Data 2012

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
PREA Aggregate Data - 2013
2013 Data Analysis / Corrective Action
PREA Aggregate Date - 2012
2012 Data Analysis / Corrective Action
Public Access to Department of Corrections Website / PREA Information
Example of redacted material

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
OP-040117
Public Access to Department of Corrections Website / PREA Information
PREA Aggregate Sexual Abuse Data

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 A. Radon

July 24, 2016

Auditor Signature

Date