

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: November 05, 2015

Auditor Information			
Auditor name: James Curington			
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Telephone number: 352-538-2636			
Date of facility visit: September 23 – 25, 2015			
Facility Information			
Facility name: Jim E. Hamilton Correctional Center			
Facility physical address: 53468 Mineral Springs Road, Hodgen, OK 74939			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 918-653-7831			
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: Michael Wade, Warden			
Number of staff assigned to the facility in the last 12 months: 138			
Designed facility capacity: 730			
Current population of facility: 714			
Facility security levels/inmate custody levels: Minimum Security/Minimum Custody			
Age range of the population: 18 – 75			
Name of PREA Compliance Manager: Brenda Rowton		Title: Unit Manager	
Email address: brenda.rowton@doc.ok.gov		Telephone number: 918-653-7831	
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 Ave., Oklahoma City, OK 73111			
Mailing address: <i>(if different from above)</i> P.O. Box 11400, Oklahoma City, OK 73111-0400			
Telephone number: 405-425-2505			
Agency Chief Executive Officer			
Name: Mr. Robert Patton		Title: Director	
Email address: robert.patton@doc.ok.gov		Telephone number: 405-425-2505	
Agency-Wide PREA Coordinator			
Name: Millicent Newton-Embry		Title: PREA Coordinator	
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AUDIT FINDINGS

NARRATIVE

This is the second of two Prison Rape Elimination Act (PREA) audits, contracted by the Oklahoma Department of Corrections (ODOC), through the American Correctional Association (ACA) with certified PREA auditor, James Curington, scheduled the week of September 20 to September 25, 2015.

The PREA Audit for the Jim E. Hamilton Correctional Center (JEHCC) of the ODOC, which is located in Hodgen, Oklahoma, began with the completion of the National PREA Resource Center (PRC), PREA Pre-audit Reporting Form, notifying the PRC that an audit has been contracted for after October 1, 2014. The reporting form further indicated that the certified auditor James Curington, a contractor for a private nonprofit organization, the American Correctional Association, was conducting this audit, with the tour and on-site visit to begin September 23 through September 25.

Following the notification of the PRC with copies to the ODOC PREA Coordinator, the auditor was supplied with an electronic flash drive, which contained a wealth of documents, materials, information and the PREA Audit: Pre-audit Questionnaire Adult Prisons and Jails. These materials were to assist the auditor in his assessment of institutional compliance with the PREA standards. Materials supplied included an electronic folder for each of the 43 PREA standards, which included supporting materials for compliance of each of the 43 PREA standards (excepting non-applicable standards). The auditor would like to complement the Office of the Inspector General (OIG), and the Agency PREA Coordinator of the OIG, and the JEHCC Institutional PREA Manager and key staff for this helpful, and pertinent PREA information. Having received this information, the auditor began reviewing the file folders and the standard materials supplied in order to assist with the on-site visit and audit tour.

The PREA Audit Instrument used for the audit of JEHCC was the one for Adult Prisons and Jails supplied by the national PREA Resource Center through their website <<http://www.prearesourcecenter.org/>>. The Adult Prisons and Jails Audit Instrument is divided into seven sections A-G as follows: A) The Pre-audit Questionnaire, B) The Auditor's Compliance Tool, C) The Instructions for the PREA Audit Tour, D) The Interview Protocols, E) The Auditor's Summary, F) The Process Map, and G) The Checklist of Documentation. This instrument is the basis for the auditor's assessment process. Part A, the Pre-audit Questionnaire Adult Prisons and Jails was completed by the ODOC, and the Jim E Hamilton Correctional Center, with documentation and materials that can be electronically downloaded for the review. These materials and documents, including file folders, the American Correctional Association last audit report, supporting documents for compliance of each standard, the Agency PREA Policy, including "Zero Tolerance" of sexual abuse/sexual harassment in prison were thorough and comprehensive and very helpful in the review of the facility.

Following the protocols of posting notices at the facility, JEHCC, and making contacts with the Agency PREA Coordinator, and the Institutional PREA Manager, and submitting an agenda to the facility for the on-site visit and tour, the auditor then began the review of the electronic files and information sent to him. In the weeks preceding the audit, each item on the flash drive was reviewed with the auditor opening each of the 43 folders and studying the background information, policies, procedures, and supplemental materials, and the reasons for compliance submitted by the agency. Further information was also downloaded from the Pre-audit Questionnaire that contained uploaded, significant, institutional information. Thus began the auditor's methodological/systematic review of the Jim E. Hamilton Correctional Center (Pre-audit Report submitted to the PRC; auditor's review of the Pre-audit Questionnaire and the file folders with substantial information/material; and agenda sent outlining the facility visit).

The audit of the Jim E. Hamilton Correctional Center, continued with the following on-site audit process.

Wednesday afternoon, September 23, 2015

The Agency PREA Coordinator, and the certified auditor traveled to the JEHCC from McAlester Oklahoma to meet with the Warden and his key staff for introductions, a review of the audit agenda, any scheduling issues, and facility input for the on-site portion of the audit. After this open discussion in the Warden's conference room/office we began the audit tour. Conducting the tour was the Warden and present throughout the tour was the Agency PREA Coordinator, Institutional PREA Manager, the Procedures Officer, the Chief of Security, and other key staff.

The tour was conducted during the afternoon and evening on Wednesday September 23, and the morning of Thursday, September 24, 2015. The tour group exited the Administration Building, beginning the two day tour, which included the following: 1) East Gate Control Building, main entrance, with the identification/security check of tour members, 2) Food Service Building, 3) yard and Pavilion area, 4) Housing Unit 2, 5) Housing Unit 1, 6) Housing Unit 3, Segregation Unit, 7) Medical Services Building, 8) south area of the facility to include numerous vocational, maintenance, construction, small industry, agricultural and educational buildings, 9) Security Control building, Canteen Building, 10) Maintenance Supervisor Building and storage, and Pavilions, 11) Education/Library Building, Classrooms Building, Chapel/Programs Building, 12) Fieldhouse/recreational Building, 13) Laundry, Mailroom, 14) General Health/Food Service Warehouse, 15) numerous scattered storage, maintenance, and support services buildings. There are 66 buildings listed on the overview photo that is part of the description of the facility. The 15 areas listed on the tour were grouped by the auditor at his discretion and in the general order of visitation that took place over the course of the on-site visit/tour.

Thursday, September 24, 2015

The tour continued as indicated, with revisits to the areas for formal and informal interviews.

Formal interviews were held in the Administration Building with specialized staff, and random staff.

Formal interviews were held with inmates in the Administration Building and the Security Control Building.

The Warden, Agency PREA Coordinator, and key staff reviewed, with the auditor, institutional PREA files, documents, and had discussions on the institution's compliance with the PREA standards.

The auditor stayed until the arrival of the third/midnight shift to observe shift change and interview staff on the shift.

Friday, September 25, 2015

A follow-up visit was made to the three inmate housing units, along with a visible "walk-around" of the central compound. Accessibility of the Warden and the PREA auditor walking around the institution, discussing issues, and being observed by staff and inmates is an important part of the audit process. Moreover, it's a visible confirmation of good communication, thoroughness, and a way to get a final "feel" of operations and the visit/tour. A positive note, this final day supported a feeling of good communication between staff and inmates, good order and discipline at the facility and a sense of a well- run operation.

In assessing PREA compliance, the auditor interviewed formally and informally many staff and inmates. For the record, the auditor formally interviewed and according to script, 11 random staff and 16 specialized staff. The auditor also formally interviewed 24 inmates.

Each of the 43 standards and the subsections (ranging from a to l, and totaling approximately 180 subsections) of each of those 43 standards were reviewed by the auditor, discussed (generally) with key staff, and assessed for compliance by the auditor. Summary of the findings confirm a final report with all applicable standards meeting or exceeding compliance. It was explained on the last day there were no red flags and pending the auditor's review of this report, it appears to be a final report which would be submitted by the auditor in the next 30 days. (Special note, the auditor indicated that due to significant personal reasons, additional time would be needed to complete this report, which was agreed to by the Warden and Agency PREA Coordinator.)

DESCRIPTION OF FACILITY CHARACTERISTICS

The Oklahoma Department of Corrections, Jim E. Hamilton Correctional Center (JEHCC) is a 730 bed, all-male, minimum custody correctional facility located at 53468 Mineral Springs Rd., Hodgen, OK 74939. The site of the facility is in central Eastern Oklahoma, south of Poteau, Oklahoma on the northern edge of the Ouachita National Forest. It is a beautiful natural setting in the eastern hills and mountains of Eastern Oklahoma. As one drives from Poteau, Oklahoma to the facility, the setting is more like a camping/wilderness vacation in the forest, than a visit to a state prison.

The facility is in a valley on a small river bank with lots of open space, big sky, lots of trees, fresh air, and accentuated by no fence, no razor ribbon, no towers surrounding this correctional center, one could say a bucolic setting. The description of the facility just given seems too romantic but one must remember prison is prison and there is no freedom to the incarcerated offender.

The Welcome Book extended to the auditor describes the facility and gives some important history which is quoted as follows: “the area occupied by the Jim E. Hamilton Correctional Center dates back to 1933 when it served as home of the Civil Conservation Corps. The facility grounds were later utilized by the US Forestry Department and in the early 1960s by the Hodgen Job Corps”. In 1969 Camp Hodgen was established as the first offender training facility offering vocational-technical training by the State Department of Vo-tech Education in cooperation with the state Department of Corrections. In 1971, the first group of offenders were assigned to the facility that was renamed Ouachita Correctional Center. In December 1998 the center was again renamed as Jim E. Hamilton Correctional Center in honor of the Oklahoma State Senator who sponsored legislation to establish the Vo-tech/correctional training site.

There are 138 staff assigned to the facility. Staff presented a professional demeanor, a knowledge of duties and responsibilities, and a cooperative/friendly initial greeting. This impressed the auditor as staff who know and feel comfortable in their job assignments. Staff’s responses to questions and general conversations revealed an appropriately trained and experienced staff. Staff were well-trained in their duties and responsibilities under PREA.

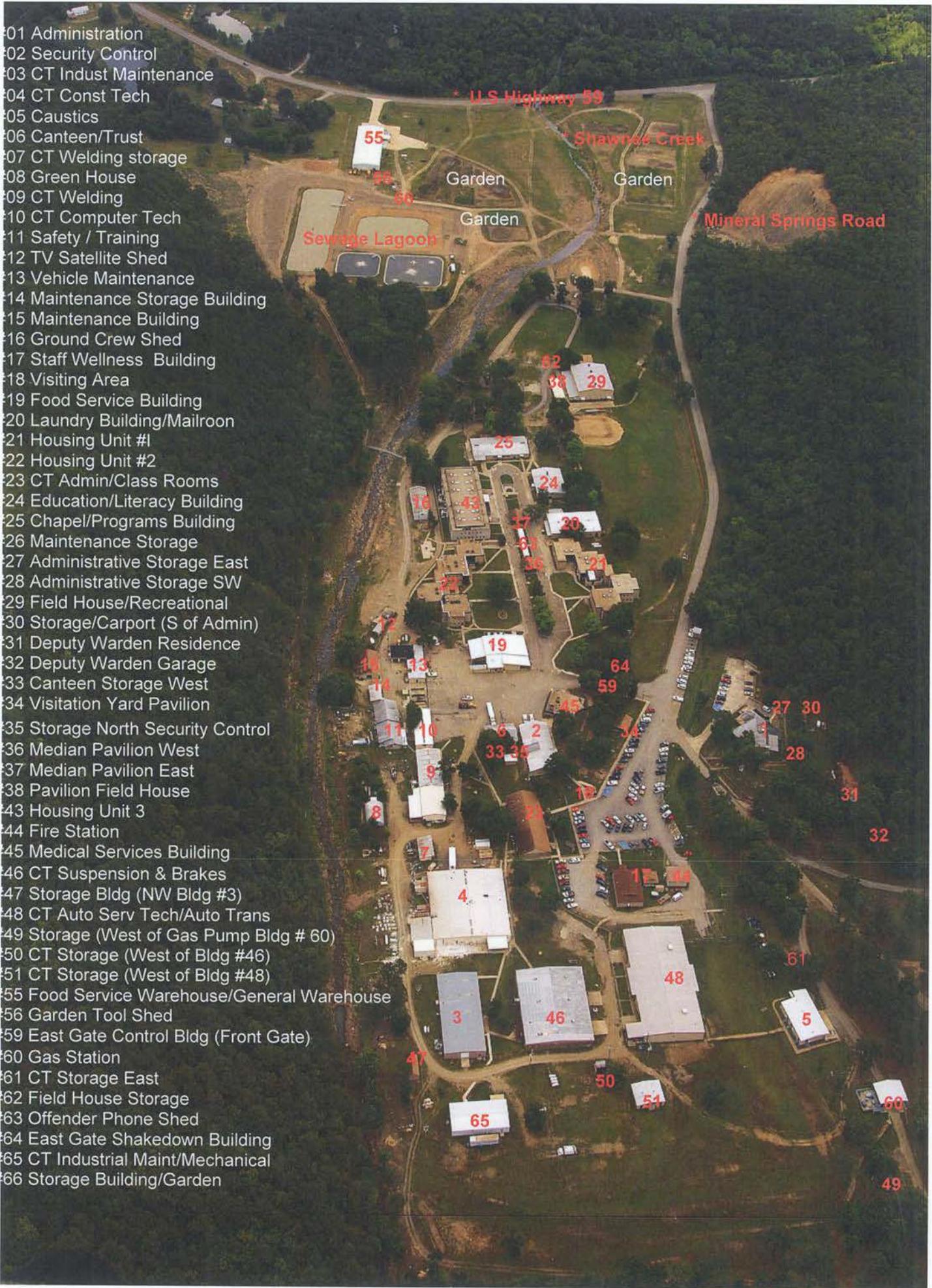
Inmates appeared appropriately dressed, courteous in manner and demeanor, and appreciative of being assigned to JEHCC in order to receive vocational training. It was noted that if there was any objection, it seemed to be that the facility needed to be closer to Oklahoma City or Tulsa (the big city). Inmates were educated concerning PREA and their right to be free from sexual abuse/sexual harassment while incarcerated.

This minimum security facility houses on an average 681 minimum-security inmates in the general population housing units with a support segregation unit of 10 cells. There is no infirmary. Thus, medical services are provided as a clinic service only and transferred to a facility with infirmary beds if requiring such care. The programmatic emphasis as indicated in the history is vocational training supplemented by academic education and reentry programs.

There are 66 buildings listed and described in the a) photo-view and b) schematic-view following this verbal description. The facility appeared very clean and sanitary. Vocational buildings and training areas are especially impressive when reviewing vocational education areas including; welding, plumbing, vehicle maintenance, carpentry, construction, electrician, computer tech, industrial maintenance/mechanical, and others.

This facility has been accredited by the American Correctional Association.

- 01 Administration
- 02 Security Control
- 03 CT Indust Maintenance
- 04 CT Const Tech
- 05 Caustics
- 06 Canteen/Trust
- 07 CT Welding storage
- 08 Green House
- 09 CT Welding
- 10 CT Computer Tech
- 11 Safety / Training
- 12 TV Satellite Shed
- 13 Vehicle Maintenance
- 14 Maintenance Storage Building
- 15 Maintenance Building
- 16 Ground Crew Shed
- 17 Staff Wellness Building
- 18 Visiting Area
- 19 Food Service Building
- 20 Laundry Building/Mailroom
- 21 Housing Unit #1
- 22 Housing Unit #2
- 23 CT Admin/Class Rooms
- 24 Education/Literacy Building
- 25 Chapel/Programs Building
- 26 Maintenance Storage
- 27 Administrative Storage East
- 28 Administrative Storage SW
- 29 Field House/Recreational
- 30 Storage/Carport (S of Admin)
- 31 Deputy Warden Residence
- 32 Deputy Warden Garage
- 33 Canteen Storage West
- 34 Visitation Yard Pavilion
- 35 Storage North Security Control
- 36 Median Pavilion West
- 37 Median Pavilion East
- 38 Pavilion Field House
- 43 Housing Unit 3
- 44 Fire Station
- 45 Medical Services Building
- 46 CT Suspension & Brakes
- 47 Storage Bldg (NW Bldg #3)
- 48 CT Auto Serv Tech/Auto Trans
- 49 Storage (West of Gas Pump Bldg # 60)
- 50 CT Storage (West of Bldg #46)
- 51 CT Storage (West of Bldg #48)
- 55 Food Service Warehouse/General Warehouse
- 56 Garden Tool Shed
- 59 East Gate Control Bldg (Front Gate)
- 60 Gas Station
- 61 CT Storage East
- 62 Field House Storage
- 63 Offender Phone Shed
- 64 East Gate Shakedown Building
- 65 CT Industrial Maint/Mechanical
- 66 Storage Building/Garden



* U.S. Highway 59

* Shawnee Creek

* Mineral Springs Road

Sewage Lagoon

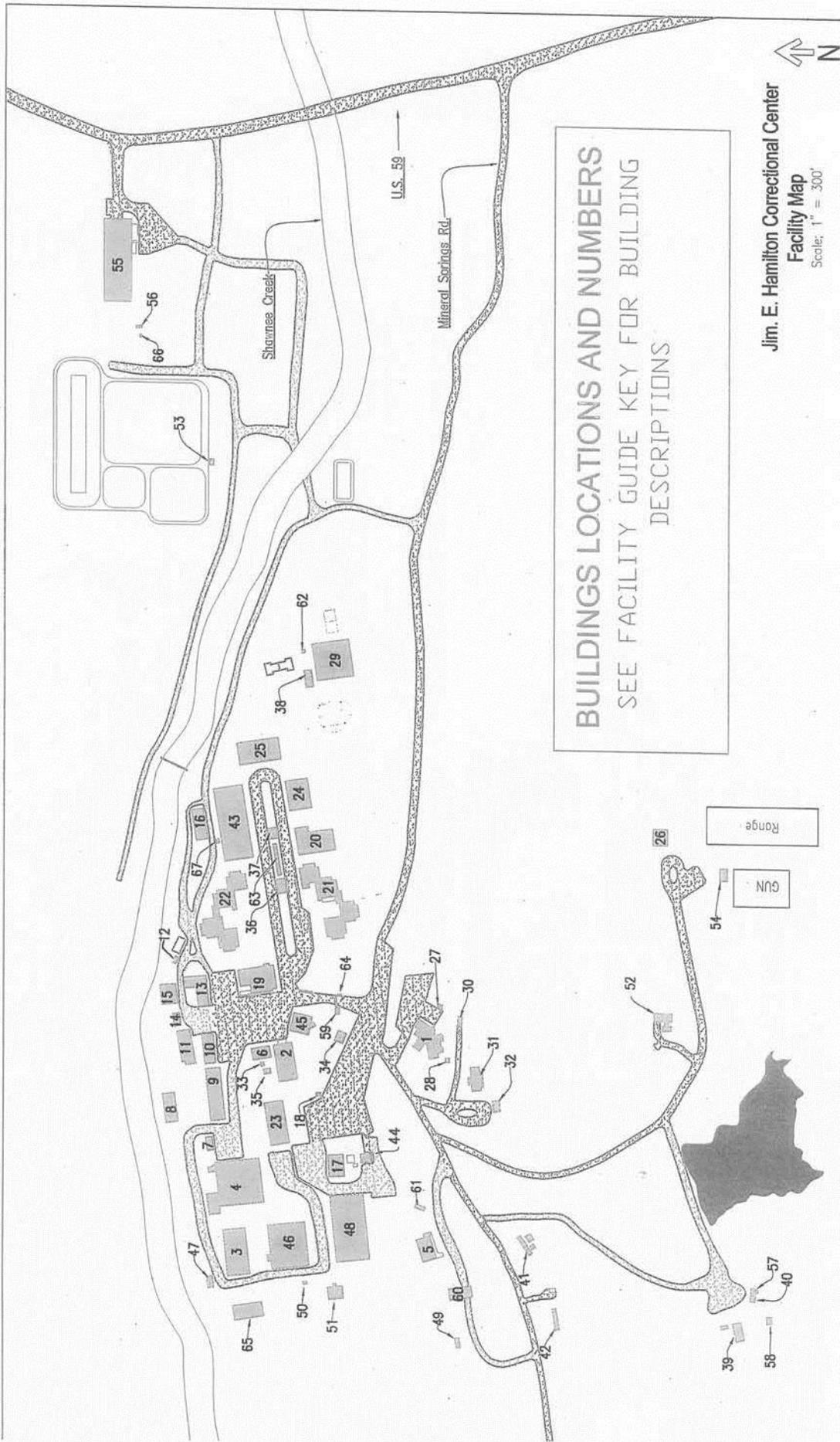
Garden

Garden

Garden

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Facility Schematic with Key



BUILDINGS LOCATIONS AND NUMBERS
SEE FACILITY GUIDE KEY FOR BUILDING
DESCRIPTIONS

Jim. E. Hamilton Correctional Center
Facility Map
Scale: 1" = 300'



Range

GUN



Mission Statement:

“The mission of Jim E. Hamilton Correctional Center is to provide custody and control for minimum security offenders. The primary mission of the facility is to provide vocational training opportunities and meaningful work assignments through institutional support and public works programs. Additional programmatic opportunities include academic education, cognitive behavior programs and reentry facilitation.

Demographics:

Rated Capacity: 730

Actual Capacity: 714 (09/23/2015)

Average Length of Stay: 12 – 18 months

Security/Custody: minimum/minimum

Age Range: 18 – 75 years

Gender: male

Staff Assigned to the Facility: 138; administrative support 38, program 5, security 72, and other 23

SUMMARY OF AUDIT FINDINGS

Summary of audit findings establishes this audit report as a final report. All applicable standards were assessed as meeting PREA compliance by the auditor. Each standard can be reviewed with auditor's discussion/comments, this including the evidence relied on for each of the individualized standards listed 115.11 through 115.89. Two summary points are made that left a positive overall impression on the auditor, one) the auditor's on-site visit of the facility, confirming as far as can be expected in any correctional facility/institutional setting that it was/is a safe and secure minimum custody operation in a beautiful location of the state and there was a positive/minimum custody atmosphere and good communication between staff and inmates, staff and staff, and inmates in inmates; two) the agency, ODOC supporting policy OP 030601 PREA, and the individual files on each standard establishes a basis of sound policy and procedure for compliance with PREA law.

Number of standards exceeded: 4

Number of standards met: 37

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)

This has been the fourth Oklahoma Department of Corrections PREA audit report prepared by this certified PREA auditor. The Oklahoma Department of Corrections does a very good job in establishing PREA compliance and “zero tolerance” of sexual abuse and sexual harassment at its facilities through its policy, procedures, and its directives, including the appointment of an agency-wide PREA Coordinator, and Institutional PREA Managers at its facilities.

Specifically, the ODOC policy OP-030601 PREA, establishes “zero-tolerance” for all forms of sexual abuse and sexual harassment in its facilities, and the statewide basis to provide a safe, humane and secure environment for all offenders and staff, including the following: definitions, duties and responsibilities, PREA training, offender orientation and education, screening and assessment, use of protective custody and segregation, reporting, notifications to offender victims, sexual abuse incident reviews, Department of Corrections medical services responsibility, agency reporting and database requirements, confidentiality, references, action, all these are subsections of the policy. In addition to the 34 pages of this detailed information listed, there are 14 attachments and copies of numerous referenced forms/checklists. This is the thorough and comprehensive foundation outlined by the ODOC. The auditor was impressed with the policy foundation and the Agency’s commitment to “zero tolerance”.

Organizational charts for the Agency and for the Institution were reviewed. These charts along with the appointment letters of the Agency PREA Coordinator and Institutional PREA Manager, position descriptions, observations by the auditor during the tour, the direction, assistance and performance of the coordinator, and the manager, confirmed not only a place in their organizational structure, but further confirmed individuals who are committed to excellence and the coordinating of the agency and facility efforts to comply with the PREA standards.

This standard, complies based on the information supplied in the Pre-audit Questionnaire, supporting documentation, the PREA files provided, interviews, and this important foundation policy – OP-030601 PREA, ODOC.

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)

The ODOC has established policies OP-030401, Private Prisons Monitoring Requirements, OP-030402, Community Corrections, Residential Contracts and OP-090109 which establish requirements when contracting with entities for supervision and confinement of inmates, including PREA law compliance and zero tolerance for sexual abuse/sexual harassment.

The Inter-local Cooperative Agreement between ODOC/Jim E Hamilton Correctional Center and the LeFlore County Detention Center specifically outlines PREA compliance, Section 4.19-PREA standards. The agreement specifically notes compliance required of the PREA standards. This 42 page contract was reviewed by the auditor. Documentation is maintained in the Agency Headquarters in Oklahoma City (OKC) and identified as CTFY 2015. It is also maintained by the county in Poteau, OK 74953.

Furthermore, the written responses given by the Agency Contract Administrator to the interview questions support compliance of this standard and “specifies any contract between the Oklahoma Department of Corrections and a private prison contractor provides for the housing, care and control of offenders... Will comply with the procedures of the ODOC as specified in the contract and as updated in the contract renewal”. PREA compliance results have been completed for each contract entered into agreement within the past 12 months, according to the Agency Contract Administrator interviews.

Compliance is based on policy, the interview with the Contract Administrator and his recorded responses, and other documents, including PREA Audit Report

the Inter-local Cooperative Agreement.

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)

The Jim E. Hamilton Correctional Center has a staffing plan, dated 8/21/2015 and signed by the Warden which Provides for Adequate Levels of Staff and Appropriate Monitoring. The Staffing Plan indicates that JEHCC houses general population offenders who are assigned to various institutional jobs throughout the facility as well as career tech training and the prisoner public work program crews. The staffing plan, considering these and other institutional responsibilities, addresses adequate levels of staffing and technology needs assessment for video monitoring. The plan takes into consideration generally accepted adult correctional practices, findings of any inadequacy by any oversight jurisdiction/agency/internal investigatory bodies, the physical plant design/the technology needs assessment, composition of the offender population, and the placement of supervisory staff, institutional programs, any applicable state or local laws, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and any other relevant factors.

The auditor, additionally reviewed the agency/JEHCC 2016 budget request, facility information, including post-charts and camera schematics.

The day-to-day operations of all three shifts were reviewed during the three day tour. Good order, appropriate discipline, and observable positive custody, care and control was noted along with employee and inmate revelations and discussions that they felt safe and secure working and living at JEHCC.

Intermediate and higher-level staff conduct unannounced rounds to identify any deviation from policy or procedure, including deviation from compliance with the prevention of sexual abuse and sexual harassment policy. Interviews with staff and inmates confirm these unannounced rounds.

Based on the above comments, the review of the staffing plan, supporting documents, and the interviews with the Warden and Human Resources, and the random interviews confirmed a feeling of safety and security (as far as anyone can feel safe and secure in prison) this standard is assessed as in compliance. Moreover, the auditor was impressed with the safety and security emphasis at this facility and the 10 documents/materials in this standard file folder supporting compliance and thus further assessed this standard as exceeds.

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)

NOT APPLICABLE

No inmates under 18 years of age are assigned to JEHCC. The Oklahoma Department of Corrections does not house youthful offender inmates under the age of 18 at this facility.

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)

The Jim E. Hamilton Correctional Center follows facility operations policy, OP-030601 PREA, assures that staff of the opposite gender announce their presence when entering a housing unit. Moreover, PREA policy and the staff ensure that offenders are able to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breast, buttocks or genitalia, except in exigent circumstances, or when such viewing is incidental to routine checks. This policy also restricts and prohibits staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status.

Agency/JEHCC search and seizure policy is directed by OP-040110 Search and Seizure Standards, and addresses the limits to cross gender searches and viewing. It stipulates that pat-down, frisk, strip and visual body cavity searches of offenders will be conducted by staff trained to do such searches. Such searches will be conducted by gender specific staff (staff of the same gender) except in exigent circumstances. All staff (100%) received training in conducting pat-down searches, counts, and unannounced rounds to help assure compliance with the standard that limits cross gender viewing and searches.

In the past 12 months, there have been zero (0) number of cross gender strip or cross gender visual body cavity searches of inmates.

JEHCC is an all-male facility. The facility does not house female inmates.

The standard meets compliance based on the information in the Pre-audit Questionnaire, the policy cited above, staff and inmate interviews, the observations made on tour and review of other documentation.

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)

This standard is divided into three main sections to ensure that inmates with disabilities and inmates who are limited English proficient participate and understand the PREA and their rights. A) The agency has established procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. B) The agency takes reasonable steps to ensure meaningful access to prevent, detect and respond to sexual abuse and sexual harassment, including providing interpretation. C) The agency does not rely on inmate interpreters/readers, except in limited circumstances.

ODOC policy, OP-030601 stipulates these inmate rights and the participation/understanding of disabled and limited English proficient speaking inmates in the PREA process.

In the past 12 months, there have been zero (0) instances where inmate interpreters, readers or other types of inmate assistants have been used compromising safety, and/or first responder duties.

The auditor used the Pre-audit Questionnaire, agency policy, notes, Spanish inmate handbook, list of interpreters/interpreter procedures and interviews with staff and inmates to assess compliance.

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)

Hiring and promotion decisions are made according to state and agency personnel policy at JEHCC. There is a Human Resource Department responsible for direction and personnel policy.

Background checks, promotions and hiring of employees, background checks for the contractors, and policy concerning background checks for current employees and contractors were reviewed by the auditor. The reviews reveal that before the hire of any new employee who has contact with inmates, a criminal background check is required and completed. Additionally, agency policy requires a criminal background check to be conducted at least every five years, and that there is a system in place to record such. Personnel files were reviewed. The Human Resource Manager was interviewed and it was evident that the agency policy and the PREA requirements were being followed concerning hiring, promotion, and background checks.

Supporting documents for this standard included the Applicant Questionnaire and Background Investigation Form, the state of Oklahoma Terms and Conditions Requirement, and the appropriate personnel policies, OP-110105, Human Resources, Employee Personnel Records; OP- 110210, Human Resources, Background Checks; OP-110235, Human Resources, Separation Process; all addressing decisions surrounding hiring/separation, and promotion.

The Pre-audit Questionnaire, the policies and supporting documentation, as mentioned above, including the state of Oklahoma Terms and Conditions, and the interviews with the Agency PREA Coordinator, and the Human Resource Manager confirmed 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)

Jim E. Hamilton Correctional Center is not a newly constructed facility nor has it made substantial expansion or modifications since 8/20/2012. There have been no “substantial” modifications to the electronic surveillance system. However, after review of the proposed budget, and review of the documents concerning video monitoring and its future plans, and the schematics of the present plans, as well as the career tech video monitoring and its use, the auditor feels and assesses this standard as compliant.

Based on the review of the present monitoring system and its use, the facility’s request for upgrades and supplemental cameras and the supporting documents outlining this, as well as the staffing review and monitoring, review of standard 115.13, plus interviews with staff and security, the auditor assesses meets standard.

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)

The agency ODOC and the JEHCC are responsible for conducting administrative or criminal sexual abuse investigations, including inmate on inmate sexual abuse or staff sexual misconduct. The Office of the Inspector General, OIG, has the responsibility for conducting administrative or criminal sexual abuse investigations, and/or directing investigations.

Uniform policy is established by the ODOC policies, OP-040117, Investigations; OP-040118, Emergency Care; and OP-030601 Prison Rape Elimination Act. The PREA policy stipulates "in incidents where it's conceivable that any physical evidence may exist the Office of the Inspector General will be immediately contacted for sexual assault response determination prior to the offenders being transported to sexual assault examination sites to undergo examination". The PREA policy, the Investigative policy, and the Emergency Care policy also outline General Investigatory Guidelines, Investigative Techniques, Investigating Sexual Assaults to Include Preservation of Evidence in Recent Sexual Assaults, Physical Evidence Victim, Physical Evidence Offenders/Suspect, Physical Evidence Crime Scene, Interviewing and Reporting Guidelines, and Prosecution. Checklists/forms are provided by these policies and ensure documentation and proper evidence protocol and forensic medical examination. A review was made of these policies and attachments which were, in the auditor's opinion, thorough and comprehensive.

The protocol for emergency care is adapted from or otherwise based on "A National Protocol for Sexual Assault Medical Forensic Examinations". Forensic medical examinations are conducted by sexual assault forensic examiners/sexual assault nurse examiners (SAFEs/SANEs) procured through the institutional medical/regional medical departments. Forensic sexual assault medical exams are conducted at Choctaw Nation Hospital, Tahihina, Oklahoma (stated in the Pre-audit Questionnaire). There have been zero (0) number of forensic medical exams conducted in the past 12 months.

The facility attempts to make a victim advocate, from a rape crisis center, or appropriately trained/qualified staff, available to the victim. There is a Memorandum of Understanding (MOU) between the ODOC/JEHCC and the Women's Rape Crisis Center, 918-647-XXXX (the auditor contacted the center, from the facility).

The Pre-audit Questionnaire, policies, auditor notes, documentation, (MOU) and interviews confirm compliance with the standard.

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)

The auditor used as evidence, information from the Pre-audit Questionnaire, policy, interviews, and review of supporting documents including those listed below.

The ODOC policies OP-030601 PREA and OP-040117 Investigations, along with the Sexual Assault Report, and Documentation of Investigations, support compliance. Policy OP 030601 outlines the procedures for first responder duties, the immediacy of reporting and follow up of sexual abuse incidences and the reporting of crimes to the Office of the Inspector General. This policy also requires and ensures the administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Policy OP-040117, outlines "the facility head/district supervisor will ensure immediate notification to the Inspector General or the IG duty officer, if physical evidence can be gathered", and if not present, "notification will be made by 9 a.m. the following day".

Also required by policy OP-030601, a Sexual Assault Report Form/Checklist is to be completed by the facility/district upon notification of an incident. The sexual assault report is comprehensive and includes information as follows: date of incident, facility/district, was for more than one victim, victim name, location of incident, time of incident, injuries sustained by the victim, medical treatment, who reported the incident, was the victim treated/tested/administered to, was the victim separated/secured, did the incident occur in an area subject to video monitoring, what type of violence was involved, and other information.

During the past 12 months, there have been 10 allegations of sexual abuse and sexual harassment. All 10 were referred for investigation, and those 10 resulted in administrative investigations which were completed. Zero (0) were referred for criminal investigation. The auditor reviewed these investigations, policy was followed, and they were handled appropriately.

The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. Criminal investigation is

PREA Audit Report

published on the agency website, ODOC PREA.

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)

Staff at JEHCC are knowledgeable about the Zero Tolerance Policy for sexual abuse and sexual harassment. The auditor was especially impressed with the Chief of Security who took a real interest in staff training, and the safety and security of the staff and inmate population. Many staff were interviewed informally and asked questions concerning their responsibility concerning PREA law. They indicated knowledge and familiarity with PREA duties and responsibilities and that they had been appropriately trained. The staff were familiar with first responder duties, and their duty to report sexual abuse/harassment.

The agency policy OP-030601 PREA, and the staff training curriculum, outline the training for all employees that have contact with inmates and the 10 essential topics included:

- 1) agency Zero-Tolerance Policy,
- 2) how to fulfill PREA responsibilities,
- 3) inmates' right to be free from sexual abuse,
- 4) right of staff and inmates to be free from retaliation,
- 5) the dynamics of sexual abuse in confinement,
- 6) common reactions of sexual abuse/sexual harassment,
- 7) how to detect, and respond to signs of threatened and actual sexual abuse/harassment,
- 8) how to avoid inappropriate relationships,
- 9) how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender and intersex (LGBTI) inmates,
- 10) and how to comply with relevant laws related to mandatory reporting of sexual abuse.

These training bullets were individually asked during the formal interviews of random staff and it was clear that all staff were offered and received training. 126 staff who may have contact with inmates, were trained or retrained on the PREA requirements previously listed.

All staff received annual in-service training and, in addition to this, information concerning PREA is distributed at shift briefings, staff meetings, postings, and policy distribution.

Interviews, training rosters, acknowledgment forms, PREA PowerPoint online training, and employee postings all verify PREA training and compliance with this standard.

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)

All volunteers and contractors who have contact with inmates have been trained on their responsibilities under PREA. They have also been trained on ODOC policy regarding sexual abuse, sexual harassment, prevention, detection, response, and "zero tolerance". Contractors/volunteers receive appropriate training, signed acknowledgment forms and understand how to report sexual abuse. The agency maintains documentation on this training.

In the past 12 months, 117 volunteers/contractors have been trained for the JEHCC. The security/programming level and type of training provided to volunteers and contractors is based on the services they provide, and the level of contact they have with inmates.

Five documents were used to confirm and verify compliance with the standard; policy OP-090211, Programs, Volunteer Services; policy OP-030601 PREA; contractors and volunteer's individual responsibilities for preservice training; course roster/sign in sheet; and the online training (documented).

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)

The ODOC, and its facilities do a good job educating inmates about PREA, the agency "zero-tolerance" policy and the right of inmates to be free from sexual abuse/sexual harassment while incarcerated.

At the time of intake to JEHCC, 910 inmates to the facility were given PREA information. During the past 12 months, 830 inmates whose stay at the facility was for more than 30 days, were educated regarding their rights to be free from sexual abuse/harassment, free from retaliation for reporting such, and the policies for reporting at JEHCC.

This facility is a minimum security correctional center. Vocational training of inmate, preparing inmates for release and having inmates participate in public works in the surrounding area is part of the mission of the facility. The classification of such inmates requires they are well behaved while incarcerated. Security and safety is expected, both of the inmates themselves and by the staff. It was noted by the auditor that many inmates complemented this facility on its programs, supervision, and overall operations. This feeling of safety and security carries over to PREA education, to the conditions of confinement, and to the right of inmates not to be sexually abused/harassed.

Inmate PREA education is available in different formats to assure all inmates are trained, including those with limited reading skills, limited English proficiency, and those with disabilities.

Compliance with the standard is based not only on the policy, documentation, and written information, but also on the inmate interviews themselves, both formal and informal; and encounters with the inmate population in the housing units on all three shifts.

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)

The Oklahoma Department of Corrections training policy, along with training curriculum and personnel policy, requires investigators to be trained on sexual abuse investigations in confinement. ODOC policy OP-030601PREA addresses investigatory training and expectations.

The Office of the Inspector General has specialized training for its investigators. Currently there are 13 investigators who have completed the required training. The agency's documentation of the training is required by the ODOC PREA policy, and by the PREA law.

The specialized training PowerPoint was reviewed by the auditor and is comprehensive and appropriate. This combined with investigator interviews confirms compliance. The ODOC Inspector General's Office is the point for leadership, training, and expert investigatory practices.

Compliance is based on ODOC policies, OP-030601 PREA, OP-040117 Investigations, the training mentioned above, and interviews with
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investigators, and the Agency PREA Coordinator of the OIG's Office.

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)

Oklahoma Department of Corrections policy OP-03060 PREA stipulates that medical and mental health “staff will be provided training to detect and assess signs of sexual abuse and/or predation, evidence of sexual abuse, respond to sexual assault, and knowledge of the Department procedures in regard to the PREA reporting process. Documentation shall be retained in the employees file.”

All medical and mental health care practitioners (100%), who regularly work at JEHCC have received the training required by the agency's policy. The auditor interviewed, and discussed with health care staff, their training and background with PREA. They were knowledgeable, caring, and a professional group of individuals.

Compliance was assessed based on training, information from the Pre-audit Questionnaire, policy, interviews and discussions with staff.

Standard 115.41 Screening for risk of victimization and abusiveness

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

The ODOC PREA policy OP-030601, addresses inmate screening information and directs specific procedures for PREA compliance. The auditor reviewed the intake and screening process, and the forms completed for this process, including the Cell Assessment Form, and the Self-assessment Form. The step by step process of intake, and the completion of these forms, all directed by the Agency PREA Policy insures compliance with the requirements stipulated in this standard.

Intake screening at this minimum security facility, is essential to the custody, care and control of the inmates incarcerated there and to the safety and security of all staff and inmates. The correctional center, through its unit management staff, health care staff, intake staff, and Security Department, appropriately uses this process not only for the assessment of risk of victimization and the risk of abusiveness, but also for overall operational monitoring, supervision, security, and control.

Intake takes place within 72 hours and the New Arrival Security Review form in addition to the two forms mentioned above give the staff at the facility an idea of an inmate's risk for victimization, and/or an inmate's risk that he may possibly be abusive towards other inmates. Sensitive information obtained during this process is held confidentially and on a need to know basis.

The screening instrument and assessment tools used by ODOC in its facilities are thorough/comprehensive and give the appropriate staff insight into the inmate population housed at JEHCC. The Unit Managers deserve special recognition for their knowledge of their inmate population assigned to their units.

This facility is again a minimum security training and community service oriented operation. Inmates appeared to be well disciplined, orderly, and with a generally courteous demeanor. This combined with the program and educational opportunities as well as the arboreal, mountainous, and wilderness setting contributed to a more relaxed atmosphere, and enhanced a feeling of mutual respect, safety and security.

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)

Screening for risk of victimization and abusiveness and the follow-up is professionally accomplished. There is a coordinated operational effort between and with Unit Management, Mental Health, Medical and Security Departments. This coordinated operational effort accentuates safety and a comprehensive, professional, and individualized treatment of the inmate. Special note, it is helpful, advantageous, and important to the successful operation of any correctional facility when many of the staff know the names and faces of the inmates (because of the smaller/medium size of the facility, 700 inmates), this knowledge/recognition was noticed by the auditor.

Interviews with intake, and medical and mental health staff, supported by interviews with inmate population, as well as observation by the auditor, and documentation submitted, supports the appropriate use of screening information and compliance with this standard.

Healthcare staff were especially concerned with privacy and confidentiality issues balancing the use of screening information with the goal of keeping inmates safe from abuse and harassment.

The screening and assessment tools were again observed to be of a benefit to security and specialized staff in unit management, housing, and job assignment/placement. There is a team effort, a coordinated effort in managing the custody, care and control of the inmate population at this facility.

The facility makes individualized determinations to ensure the safety of each inmate. There are no transgender or intersex inmates at JEHCC however discussions with key staff revealed that the facility was prepared to appropriately make housing and program assignments on each individual on a case to case basis ensuring the safety of each inmate.

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)

The Oklahoma Department of Corrections has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives have been made. This is outlined and clearly directed in agency policy OP-030601 PREA.

JEHCC is a minimum custody facility with approximately 700 inmates and a small segregation unit. The segregation cells for administrative and disciplinary are limited and thus are used appropriately and with discretion. Generally speaking, if an inmate is assessed for involuntary protective custody or assessed for a protection cell assignment, transfer to another facility would be a primary option. In the last 12 months, there have been zero (0) number of inmates who have been held for one or more hours (anytime) in involuntary segregated housing waiting completion of an assessment.

There have been zero (0) number of inmates at risk of sexual victimization, who were assigned to involuntary segregated housing in the past 12 months.

Based on policy, the information of segregated housing, interviews and observation, the auditor finds this standard in 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)

The Oklahoma Department of Corrections has established policy and procedures allowing for multiple ways for inmates to report privately to agency officials about sexual abuse or sexual harassment, retaliation by other inmates for reporting, and staff neglect or violation of responsibilities that may have contributed to such incidents. This information is available in the Inmate Handbook, in the ODOC policy OP-030601 PREA, posters and flyers throughout the facility, and the emergency speed dial *73 posted on inmate telephones.

The staff is easily approachable, accessible, and available for the safety and care of inmates and to assist with PREA needs at JEHCC.

A summary of how to report incidents of sexual abuse/sexual assault is listed on the agency's PREA website. ODOC accepts and investigates reports regarding allegations or knowledge of sexual abuse of offenders from third parties, (family, friends, clergy, vendors, contractors, or any other person having knowledge of an incident). The PREA information further states and instructs how to send an email, to call the PREA reporting line, to call the ODOC Office of the Inspector General, how to verbally report to an ODOC Facility Administrator, or to verbally report to any staff member. Finally, reporting can be accomplished by notifying the Oklahoma State Bureau of Investigation (OSBI).

For reporting purposes and procedures notifying the OSBI, there is a Memorandum of Understanding (MOU) between the Oklahoma Department of Corrections and the Oklahoma State Bureau of Investigation

Based on the information and procedures outlined in policy, the inmate handbook and posters, based on the accessibility of staff, and based on interviews with the inmates that conveyed their ability to report privately, and based on the *73 hotline dial number, the auditor assesses this standard as exceeds.

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)

The agency has an administrative procedure for dealing with inmate grievances regarding sexual abuse, along with a policy and procedure for filing grievances alleging that the subject is at risk of imminent sexual abuse. The operating policy OP-090124 Offender Grievance Process, outlines, Assistance for Filing a Grievance Regarding Allegations of Sexual Abuse (11/21/2014). This procedure is also outlined for the inmate in the Inmate Handbook, JEHCC.

The agency policy and procedure OP-090124, allows an inmate to submit a grievance regarding allegations of sexual abuse at any time. The agency policy and procedure allows third parties, including fellow inmates to assist inmates in filing a request for administrative remedy relating to allegations of sexual abuse. This policy also establishes procedures for filing an emergency grievance alleging that an inmate is subject to substantial risk of imminent sexual abuse. In the past 12 months, according to the Pre-audit Questionnaire, the following information is detailed: there have been zero (0) number of grievances alleging sexual abuse filed by inmates in which the inmate declined third-party assistance, containing documentation of the inmate's decision to decline; there have been zero (0) number of grievances that alleged sexual abuse filed in the past 12 months; there have been zero (0) number of grievances alleging substantial risk of imminent sexual abuse that were filed within the past 12 months; there have been zero (0) number of grievances alleging substantial risk of imminent sexual abuse in the past 12 months that reached final decisions in five days; and in the past 12 months there have been zero (0) number of inmate grievances alleging sexual abuse that resulted in disciplinary action by the agency against the inmate for having filed a grievance.

Based on the Pre-audit Questionnaire, the policy mentioned above, and review by the auditor this standard is assessed as compliant.

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)

As outlined in policy OP-030601 PREA, the JEHCC provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. This is also outlined in the Inmate Handbook. Inmates are given addresses and phone numbers, as appropriate, and are able to establish reasonable communication in a confidential manner.

Confidential support services are also available from the facility's and regional office's mental health departments.

JEHCC has a Memorandum of Understanding (MOU) with the Women's Crisis Center, Poteau, OK.

Based on staff and inmate interviews, the policy listed above, and information supplied by the facility, this standard is assessed as compliant.

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)

The Oklahoma Department of Corrections and its facilities provide a method to receive third-party reports of inmate sexual abuse or sexual harassment. As indicated in standard 115.51, family and friends can report allegations of sexual abuse, sexual harassment, and retaliation on an inmate's behalf by calling the Office of the Inspector General.

Third-party reporting is also accomplished as outlined in policy OP-090124 Offender Grievance Process, Emergency Grievances, and through the Oklahoma State Bureau of Investigation. Ways to report incidents of sexual abuse are available on the Internet through the ODOC website and posted publicly on that website. There are also "zero tolerance" posters and information posted publicly at JEHCC. This and other information is repeated in standard 115.51.

Compliance is based on policy, posters, documentation, the Inmate Handbook, and interviews with staff and inmates.

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)

The ODOC OP-030601, Prison Rape Elimination Act, clearly outlines staff and agency reporting steps. All staff are required to report immediately and in accordance with policy, any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual assault that occurred at a facility whether or not it is part of the agency. Retaliation against inmates or staff who report sexual abuse must be reported. Staff neglect or violation of responsibilities must also be reported.

Agency policy also prohibits staff from revealing any information related to sexual abuse reports to anyone and can only relate information to the extent necessary to make treatment, investigation, and other security and management decisions.

Staff are aware of their responsibilities to report and have been trained appropriately. This training is documented.

Formal and informal interviews with random and specialized staff, review of the policy, training materials/posters, and the overall commitment of the agency to break the silence and report sexual abuse in prison confirms this auditor's assessment of compliance.

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)

The ODOC, through its policy OP-030601 PREA states in its "zero-tolerance" section, that when the agency learns an offender is subject to actual risk of imminent sexual abuse, it shall take immediate action to protect the offender victim. Also the policy directs that the correctional officer, first responder duties include initial reports and separation of offenders. This policy is comprehensive, thorough, and precise in outlining protection.

This facility, JEHCC, impressed the auditor in his assessment for PREA audit compliance in that it and its staff and inmates were interested in preventing sexual abuse/sexual harassment at the facility. The staff are knowledgeable and well-trained in their protection duties. This was confirmed through observation of daily operations and interviews with staff and inmates both formally and informally. In the past 12 months, there has been one (1) inmate at the facility determined to have been subject to risk of imminent sexual abuse. This case was reviewed (documents and discussion) by the auditor with the Warden and key staff and was determined to have been handled appropriately.

Based on information supplied, policies, interviews and the auditor review, the auditor assesses this standard as compliant.

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)

Upon receiving an allegation that an inmate was sexually abused while confined at another facility, it is required by policy that the Warden of the facility that received the inmate must immediately notify the facility where the sexual abuse occurred. This is stipulated in policy OP-030601 PREA. The policy also requires notification no later than within 72 hours. The agency/institution documents such notifications. Allegations received from other facilities are investigated as required by this policy.

During the past 12 months, there have been zero (0) number of allegations the facility received that an inmate was abused while confined at another facility.

Based on information supplied, agency policy and supporting documents, this standard is assessed as compliant.

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)

One of the most important duties that face correctional officers and non-security staff is the responsibility of being a First Responder. The Oklahoma Department of Corrections outlines in the policy OP-030601 PREA procedures and action for first responders to an allegation of sexual abuse.

A correctional officer first responder is trained to: 1) separate the alleged victim and abuser, 2) preserve and protect any crime scene, 3) request that the alleged victim not take any actions that could destroy physical evidence if abuse occurred within a time frame that still allows for collection of physical evidence, 4) ensure that the alleged abuser does not take any action that could destroy physical evidence if abuse occurred within a time frame that still allows for collection of physical evidence.

The PREA policy also details that if the first responder is not a security officer their steps are also outlined. First and mainly, the non-security responder notifies his/her immediate supervisor and security (assist with safety and security).

Compliance is based on, random formal and informal interviews with staff, investigative staff, higher and intermediate level supervisors, and review of the policies.

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)

Especially helpful to the management, not only for a coordinated response but to manage many of the PREA compliance issues, is the local institutional policy. JEHCC has established its own JEHCC Field Memorandum, Prison Rape Elimination Act JEHCC 030601-01. This field memorandum stipulates that the facility shall adopt the agency policy OP-030601 PREA in its entirety and outlines the “following procedure, details local processes and staff assignments”. Specifically, this 11 page policy outlines specifics for PREA compliance, 23 of the 43 standards of PREA. Broadly this policy is divided into four sections I. Zero-Tolerance, II. Sexual Abuse Incident Review, III. Reference, IV. Action. These sections are further divided and clearly outline duties and responsibilities, including direction for this standard 115.65 Coordinated Response. The field memorandum specifically addresses; A) response, supervisor alerts, B) safeguarding offenders, C) medical mental health, D) notifications, E) evidence collection, and F) mental health/support needs.

This above field memorandum and the agency policy OP-030601 PREA detail a coordinated response. Additionally, it was noted by the auditor in the tour and review of this facility, a very close team of employees. Teamwork was visible in response to routine responsibilities as well as in response to an emergency situation (fistfight on the compound yard) which was observed by the auditor. This climate of support and assistance is not only outlined in policy and words but was actually observed in action during the three days at JEHCC. Teamwork is evident at this facility.

Based on the above policies, interviews with staff, and the observation of operations at JEHCC the auditor assesses this standard as “exceeds” compliance.

Standard 115.66 Preservation of ability to protect inmates from contact with abusers

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

NOT APPLICABLE

There has been no collective bargaining agreement entered into or renewed since August 2012. Moreover, there is no collective bargaining/union organization group that has the ability to enter into an agreement that may inhibit the ability of the agency to protect inmates from contact with abusers.

Standard 115.67 Agency protection against retaliation

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

The ODOC/JEHCC policy protects all inmates and staff who report sexual abuse or sexual harassment and who cooperate with sexual abuse or sexual harassment investigations from retaliation by other staff or inmates. This is outlined in the agency policy OP-030601 PREA.

Furthermore, personnel policies covering sexual harassment and sexual misconduct also protect against retaliation.

The Deputy Warden monitors for retaliation.

In the past 12 months, there have been zero (0) number of incidents of retaliation.

This standard is assessed in compliance based on the above policy, interviews of staff and inmates, and review by the auditor.

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)

The ODOC/JEHCC has a policy OP-030601 PREA, prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives have been made and a determination has been made that there is no available alternative means of separation from likely abusers. This is a minimum custody, minimum-security facility with a limited number of segregated housing cells. Before being placed in segregated housing, alternative measures would be explored first for inmate housing, and second, if the inmate was placed in involuntary housing it would be only until a short time before he was transferred to another institution. According to the Pre-audit Questionnaire, one inmate who alleged to have suffered sexual abuse was held for 1 to 24 hours in involuntary segregated housing, and then was transferred. The auditor reviewed this case with the Warden and key staff and it was handled appropriately. There have been (0) number of inmates, in the past 12 months, who alleged to have suffered sexual abuse, who were held in segregated housing for more than 30 days.

Compliance with this standard is based on the Pre-audit Questionnaire, review of policy, supporting documentation, interviews with specialized staff, the tour of segregation, and the auditor's review.

Standard 115.71 Criminal and administrative agency investigations

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

The Oklahoma Department of Corrections policy, OP-030601, PREA and the ODOC policy Security Investigations OP-040117 directs and details: 1) general investigatory guidelines, 2) sexual assault investigations, 3) IG investigations, 4) general procedures for conducting investigations and inquiries, 5) departmental PolyGraph program and, 6) Department computer and digital forensic examinations (these numbered titles are taken from the indexes of the above two policies). Further, in these two policies, there is information and direction for investigative techniques, prosecutions, tracking of confidential sexual assault predators, medical and mental health responsibilities, and review team responsibilities.

All case records associated with claims of sexual assault, including incident reports, investigation reports, offender notification, and case disposition are retained in the OIG investigation file.

In addition to policy direction and document review, investigators, and the Agency PREA Coordinator were interviewed and confirmed procedures for criminal and administrative investigation, substantiating compliance with this standard.

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)

As outlined in the ODOC policy OP-030601 PREA, it uses a preponderance of the evidence standard for determining whether or not an allegation is substantiated or unsubstantiated or unfounded. The policy is quoted "there shall not be any standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated".

Policy and formal interviews with key staff (Warden, Agency PREA Coordinator, and investigators) confirmed 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)

ODOC's policy OP- 030601 PREA, directs that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or

unfounded following an investigation. There have been 8 administrative investigations of alleged inmate sexual abuse that were completed by the facility in the last 12 months. Of the 8 abuse investigations, 8 inmates were notified verbally or in writing of the results of the investigation. The auditor reviewed these allegations, investigations, findings, and notifications with the Warden, the Agency PREA Coordinator, and the Institutional PREA Manager. This review supported compliance with meeting this standard.

There has not been a substantiated or unsubstantiated complaint of sexual abuse committed by a staff member against an inmate within the facility in the past 12 months.

All notifications to inmates described under the standard, 115.73 are documented.

Staff and inmate interviews, both formal and informal, confirm that they are aware that at the conclusion of an investigation/finding, offenders must be notified and also support compliance and meeting this standard.

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)

Disciplinary sanctions for staff is outlined in the personnel policy of the Oklahoma Department of Corrections, the Human Resources policy OP-110415, Progressive Disciplinary Procedures, and the policy OP-110215, Individual Conduct of Employees, Code of Conduct.

The Code of Conduct indicates "employees of the agency will, at all times, conduct themselves in a manner befitting the office or position that the employee holds. Employees will uphold the correctional employee oath, as well as the public's trust, and will reflect the highest ethical standards". Further, this code specifically stipulates that employees will "refrain from conduct which constitutes violation of the agency's sexual abuse/sexual harassment policy" PREA. The presumptive disciplinary sanction for staff who engage in sexual abuse of an offender is termination. This is further outlined in the policy under prohibited conduct, addressing inappropriate sexual conduct, invasion of privacy, sexual assault, and goes further to describe duties and responsibilities in regard to PREA.

As revealed in the Pre-audit Questionnaire, there have been zero (0) number of staff from the facility who have been terminated or disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies. Additionally, in the past 12 months, there have been zero (0) number of staff from the facility who have been reported to law enforcement or licensing boards following termination or resignation, for violating agency sexual abuse or sexual harassment policies.

Compliance is based on the policies noted above, the Code of Conduct, information supplied in the Pre-Audit Questionnaire, the auditor's notes and interviews with Administrative and Human Resources/Personnel staff.

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)

Corrective action for contractors and volunteers is outlined in the ODOC policies OP-030601 PREA and OP-090211, Volunteer Services; and in the Volunteer Code of Conduct, Attachment A of policy OP-090211.

Specifically, these policies direct that "volunteers must maintain a professional relationship with offenders at all times. Inappropriate relationships will be cause for removal of the volunteer from volunteer status. Sexual misconduct, or any other violation that suggest
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criminal activity by volunteers will result in information being forwarded to local jurisdictions for charges to be filed.”

The volunteer code of conduct for ODOC stipulates “As partners with the Oklahoma Department of Corrections, volunteers are expected to maintain a standard of conduct that upholds the public trust and reflects the highest ethical standards”. The code further goes on to outline eight steps of proper behavior, meeting responsibilities and appropriate performance.

Volunteers/contractors have all been trained and are aware of these policies. Volunteers and contractors signed acknowledgment forms, and documentation is maintained.

In the past 12 months there have been zero (0) number of contractors or volunteers reported to law enforcement or relevant licensing bodies for engaging in sexual abuse of inmates.

Compliance is based on the Pre-audit Questionnaire, policies above, discussion/interviews with volunteers, random staff, and specialized staff.

Standard 115.78 Disciplinary sanctions for inmates

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

The Oklahoma Department of Corrections, Offender Disciplinary Procedures, and policy OP-060125 Classification (and the attachments to this policy) defines all offender disciplinary rule violations and specifies the allowable range of disciplinary sanctions authorized by the ODOC for each violation.

The Disciplinary Policy further stipulates “Acts Constituting Rule Violations, including sexual assault/sexual abuse, and details the offenses and stipulates the classes of each offense”.

The agency prohibits all sexual activity between inmates.

As documented by the Pre-audit Questionnaire and the information provided to the auditor, in the past 12 months have been zero (0) number of administrative findings of inmate on inmate sexual abuse that have occurred at this facility; and zero (0) number of criminal findings of guilt for inmate on inmate sexual abuse that have occurred at this facility.

Compliance with this standard is based on the ODOC policies, Pre-audit Questionnaire, supporting documents, medical documents, and specialized 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)

Medical/mental health at JEHCC is described as clinic/minor treatment for a generally healthy, public works/vocational training/support services, inmate workforce. Healthcare is described as good or better assessed with the community standard. The facility has ten full-time staff (including a full-time administrator, an ARNP and clinic coverage 6 a.m. to 6:30 p.m.), one part-time Dentist, and one full-time psychological clinician. The medical and mental health facility documents the history of sexual abuse which is made part of the medical/mental health record. All inmates who disclosed any prior sexual victimization (also the standard 115.41) are offered a follow-up meeting with a medical or mental health practitioner. This is done within 14 days of intake screening. These screens were directed by the agency PREA policy OP-030601. In the past 12 months 100% of inmates who have previously perpetrated sexual abuse or disclosed prior

victimization are offered a follow-up meeting with a medical/mental health practitioner. Medical and mental health maintain appropriate documentation also required by the PREA policy

Review of medical documents, intake documents, the screening process, the appropriate assessment and new arrival forms, and interviews with specialized staff confirmed 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)

Access to emergency medical and mental health services is available 24/7 through on-site health care, on-call health care, and through the Choctaw Nation Hospital, Talihina, OK, Eastern Oklahoma Medical Center, Poteau, OK and medical health care through the local community emergency services.

The agency's policies OP-030601 PREA and OP-140118 Emergency Services Healthcare, requires that inmate victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention. The nature and scope of these services are determined by medical and mental health practitioners. These policies also require health care staff maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention.

Also, as outlined in the policies above, inmate victims of sexual abuse are offered timely information about sexually transmitted infectious prophylaxis.

Treatment services are available to every victim without financial cost. (Also required by the above policies.)

JEHCC is an all-male correctional facility.

Pre-audit Questionnaire, policies mentioned above, supporting documentation and interviews with staff and inmates.

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)

JEHCC offers ongoing medical and mental health care for sexual abuse victims and abusers. This ongoing medical/mental health treatment is available to all victims as outlined in the agency's Offenders Guide to Sexual Misconduct, and as directed by the agency PREA policy and supporting healthcare policies.

Medical and mental health care staff interviews, revealed that the professional, dedicated, and caring group were committed not only to their professional duties and responsibilities, but also there was/is a commitment to following and complying with PREA standards. Treatment plans, progress notes, and the level of community health care were discussed in interviews with the medical staff.

Compliance with this standard was based on policies, documents, and interviews with staff and inmates.

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)

ODOC policy OP-030601 PREA, outlines and directs for each facility an incident review at the conclusion of every criminal, or investigative sexual abuse investigation unless the investigation has been determined, as unfounded. Moreover, JEHCC has its policy, 030601-01 PREA, a field memorandum that specifies "in all instances when sexual abuse was substantiated or unsubstantiated, upon conclusion of the investigation, JEHCC shall conduct a sexual abuse incident review. The review team shall include: A. Warden, B. Deputy Warden, C. Chief of Security, D. Affected Unit Manager, E. Affected Shift Supervisor, F. Clinical Health Services Administrator, G. Psychological technician, H. PCM. The review team shall prepare a report of its findings to include any recommendations for improvement... Facility shall either implement the recommendations for improvement or document the reasons for not doing so." Again, this policy is the basis for procedures to be followed in 23 of the PREA standards and the auditor felt in some cases that this field memorandum helped the facility obtain an "exceeds" compliance for a couple of standards, this being one.

The incident review team meets monthly, even if there are no incidents, and maintains an agenda/minutes of each meeting.

Additionally, because of the teamwork mentioned in the coordinated response standard and the actual observation of the teamwork at JEHCC, and in conjunction with the interviews of these key staff, the institutional field memorandum, and supporting documentation, the auditor assesses this standard as exceeds.

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)

Compliance for standards 115.87, Data Collection; 115.88, Data Review for Corrective Action; 115.89, Data Storage, Publication, and Destruction; is based on the Pre-audit Questionnaire; agency policy OP-030601, PREA; supporting documents from the OIG; and from interviews with the Agency PREA Coordinator, and the Warden of the facility.

The Office of the Inspector General collects accurate, uniform data for every allegation of sexual abuse at facilities of the Oklahoma Department of Corrections. The data is securely retained. The agency aggregates this incident-based sexual abuse data at least annually. This is directed by policy OP-030601 PREA.

The Oklahoma Department of Corrections website ODOC PREA OIG has the incident-based data necessary to the Survey of Sexual Violence conducted annually by the Department of Justice.

The agency report includes the data necessary to answer questions from the Survey of Sexual Violence (SSV).

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)

The ODOC annual report and monthly reports from the facility are used by the Jim E. Hamilton Correctional Center to assess and improve the effectiveness of the agency and institutional sexual abuse prevention, detection, response policies, and training. As outlined in the PREA policy, the data is further used by the institution to identify problem areas and take corrective action. The agency has a whole also reviews this under the auspices of the OIG/Agency PREA Coordinator.

The Oklahoma Department of Corrections PREA data for 2012, 2013, and 2014 (in process) is included or being included in its annual report of sexual violence. There are annual reports for both state prisons and contracted private prisons.

The auditor reviewed the Agency Annual Report and the SSV report.

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)

The Oklahoma Department of Corrections, through its policy OP 030601 PREA, ensures that all aggregated sexual abuse data from facilities under its direct control and for private facilities with which it has contracts, is available to the public and securely retained. The ODOC maintains sexual abuse data pursuant 115.87 for at least 10 years after the initial date of collection, unless federal, state, or local law requires otherwise.

The Office of the Inspector General, PREA section, is responsible for gathering and maintaining this information.

Public access to data is available on the ODOC website

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.

James Curington

November 05, 2015

Auditor Signature

Date