

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: October 30,2015

Auditor Information			
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Date of facility visit: September 20 - September 23, 2015			
Facility Information			
Facility name: Jackie Brannon Correctional Center			
Facility physical address: 900 North West Street, McAlester, OK 74501			
Facility mailing address: <i>(if different from above)</i> P.O. Box 1999, McAlester, OK 74502			
Facility telephone number: 918-421-3339			
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: Jerry Chrisman, Warden			
Number of staff assigned to the facility in the last 12 months: 93			
Designed facility capacity: 737			
Current population of facility: 733			
Facility security levels/inmate custody levels: Minimum			
Age range of the population: 19 – 85			
Name of PREA Compliance Manager: Katie Moore		Title: PREA Compliance Manager	
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Agency Information			
Name of agency: Oklahoma Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> Oklahoma Department of Corrections			
Physical address: 3400 Martin Luther King Avenue, Oklahoma City, OK 73111			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 405-425-2505			
Agency Chief Executive Officer			
Name: Mr. Robert Patton		Title: Director	
Email address: robert.patton@doc.state.ok.us		Telephone number: 405-425-2505	
Agency-Wide PREA Coordinator			
Name: Millicent Newton-Embry		Title: PREA Coordinator	
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AUDIT FINDINGS

NARRATIVE

The Oklahoma Department of Corrections (ODOC), through the American Correctional Association (ACA) scheduled a Prison Rape Elimination Act (PREA) audit for the Jackie Brannon Correctional Center (JBCC) which is located in McAlester Oklahoma, on September 21st to 23rd (Monday through Wednesday) 2015. This audit was scheduled in conjunction with a second PREA audit for another ODOC correctional center in southeastern Oklahoma on September 23rd to September 25th (Wednesday through Friday), 2015. James Curington, Certified Auditor, was notified in July 2015 and began his on site participation on Sunday, September 20 with the Oklahoma Agency PREA Coordinator, and JBCC Warden and key staff.

Preaudit information, included completion of the PREA Pre-audit Reporting Form for the National PREA Resource Center (PRC) identifying the certified PREA auditor and the state institution to be audited.

The audit process for the Jackie Brannon Correctional Center, began with the notification to the PRC and to the audit Agency PREA Coordinator, and her staff that the preliminary forms had been submitted. 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 institution compliance with PREA standards. Materials supplied included an electronic folder for each of the 43 PREA standards. These folders included materials supporting and defining the Pre-audit Questionnaire, institutional information on each of the PREA standards, and information supporting compliance with the standards.

The auditor would like to complement the Inspector General's Office (OIG) Agency Coordinator, and the Jackie Brannon Correctional Center for this helpful, specific 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, Adult Prisons and Jails, was supplied by the national PREA Resource Center (PRC) through its website information. This audit instrument (and its seven sections, A-G) is outlined 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, 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 Oklahoma Department of Corrections and the Jackie Brannon Correctional Center, with documentation/materials that can be electronically downloaded for review (materials and documents, including file folders, American Correctional Association audit reports, and the agency PREA Policy, including "Zero Tolerance" of sexual abuse/harassment in prison).

Following the protocols of posting notices, making contacts with the Jackie Brannon Correctional Center and the ODOC, the auditor reviewed the electronic files and information sent to him. In the weeks preceding the audit, each item on the flash drive was reviewed opening each of the 43 folders and the background for compliance of the 43 PREA standards. Institutional information was also downloaded from the Pre-audit Questionnaire. The auditor contacted the Agency PREA Coordinator, and the Institutional PREA Manager setting an agenda for the on-site visit and tour. This was the beginning process of the auditor's methodological/systematic review of the Jackie Brannon Correctional Center (Pre-audit Report submitted to the PRC, Pre-audit Questionnaire and materials/information review, and an agenda sent outlining the visit).

The on-site audit process:

Sunday, September 20, 2015

Meeting, in McAlester, Oklahoma and a drive-by of the facility. The meeting was an informal dinner at a local restaurant which was a good opportunity to discuss backgrounds, experiences, and interests, as well as the week's upcoming activities/agenda.

Monday, September 21, 2015

The Warden of Jackie Brannon Correctional Center, the Agency PREA Coordinator, the Institutional PREA Manager, and key staff met in the Warden's Conference Room, made informal introductions, discussed the upcoming agenda, tour, interviews, and file/material reviews. At the conclusion of the opening meeting, a tour began of the facility starting with a drive through the grounds and open areas of JBCC. Conducting the tour was the Warden and present throughout was the Agency PREA Coordinator, the Institutional PREA Manager, and the Chief of Security.

The tour included:

- 1) travel on the West Street which is the main entrance to the Jackie Brannon Correctional Center (also to the adjacent Oklahoma State Penitentiary) viewing staff housing and both facilities.
- 2) kitchen, canteen, canteen storage, gas station, caustic storage, garage, and maintenance
- 3) warehouse/property, education, Chapel, laundry,

- 4) housing Unit A, programs building, health services
- 5) visiting, security control, housing Unit B
- 6) many outbuildings and storage areas, and farm areas including barns, the dairy, meat plant
- 7) recreation fields, pavillion, outlying areas, additional agri-business buildings (see facility schematic)
- 8) administration, housing Unit C

After the tour and informal meetings with staff and inmates, the auditor began document and file review and formal interviews. This continued into the evening. Plans for the following day were scheduled.

Tuesday, September 22, 2015

The auditor began the day with some informal interviews with community custody inmates who were working outside the prison grounds. After this, revisits to areas of the facility in order to conduct formal interviews with staff, reviewing intake, and to observe orientation was accomplished.

Additionally, on Tuesday inmate movement and feeding, security control, and housing was all observed.

The auditor continued interviews with key staff and review of PREA standards.

Wednesday, September 23, 2015

A final follow-up visit of the dormitories was made with the Warden allowing for inmates and staff to give any final input or have any final questions.

Accessibility of the Warden and the PREA auditor during these three days is an important part of the process. There continued to be an atmosphere of good communication, eye contact and conversation between staff and inmates, and there was a purpose to movement and duty assignments, a very positive daily routine.

In assessing PREA compliance, the certified auditor interviewed informally many staff and inmates; and formally, according to script, 10 random staff, 16 specialized staff, and 27 inmates.

Each of the 43 standards and subsections, ranging from a-1, (43 standards with 180 subsections) and the compliance document, were generally discussed with key staff. It was explained to the Warden at this time, the last day, that there were no red flags visible and a final review would be made by the auditor during the next 30 days, and a complete report would be filed. It was noted to the Warden and the Agency PREA Coordinator that some extra time to complete the report may be needed (personal), and this was agreed upon.

DESCRIPTION OF FACILITY CHARACTERISTICS

Jackie Brannon Correctional Center is a 737 bed, all-male, minimum custody correctional facility located at 900 North West Street, McAlester, Oklahoma 74501. JBCC is a minimum custody, medium size correctional facility on the edge of the city of McAlester Oklahoma. The correctional center is unfenced and is adjacent to Oklahoma State Penitentiary (OSP) on approximately 2 mi.² of gently rolling hills and pasture land. The welcome book described the history/facility as follows: “Jackie Brannon Correctional Center (JBCC) was once part of the Oklahoma State Penitentiary and known as the ‘trustee building’. On July 1, 1985, JBCC became a separate administrative entity and was officially designated a minimum security, male institution. On July 1, 1993, the McAlester Community Corrections Center merged with JBCC to form one administrative facility. The facility was named in honor of Jackie Brannon, a long time Oklahoma Department of Corrections employee and former Deputy Warden at OSP.”

Most notably about the physical description, to the PREA auditor, was the “openness” yet close proximity of this minimum-security facility to OSP, but it was clear after the visit, that although JBCC is in the shadow of the penitentiary, it is its own minimum-security institutional operation with its goals and objectives, and mission consistent with a minimum correctional center.

There are 107 staff assigned to the facility, approximately 25 were formally interviewed. Staff presented a professional demeanor and appearance. Staff were knowledgeable when answering questions in describing duties and responsibilities. Responses to questions and general conversation revealed a well trained, experienced correctional staff. Security shift assignments are 8 a.m. to 4 p.m., 4 p.m. to 12 a.m., 12 a.m. to 8 a.m., (24/7) and an administrative shift 8 a.m. to 5 p.m.

Throughout the audit, inmates appeared appropriately dressed, courteous in manner and demeanor, and seemed appreciative of being assigned to JBCC. Inmate housing consists of three units, Unit A, B, and C each with its own unit management. Unit A is a single level, open dormitory type building constructed in the 1960s and holds approximately 150 inmates. Unit B has a capacity of 304 inmates and is based on 4 pods (75 beds, quads). Unit C was established in 1978, but was originally built in 1938 as a hospital. Unit C is a three-story building with multi-occupancy rooms housing approximately 284 offenders and administrative and program offices. Of special note, there are no segregation/special housing cells at JBCC.

Programs at JBCC included education (adult basic education, General Equivalency Development (GED), literacy, college courses, life skills), substance abuse, recreational programs, religious programs, law/leisure library, offender work programs, public works programs, psychological programs (Thinking for a Change), and agri-services.

There are approximately 40 buildings in the unfenced compound area providing service and support to offenders, which include storage and barn areas, maintenance and work areas, and agri-services, offices and facilities. Please see the attached schematic for a clearer picture of JBCC. In addition to the schematic, there is also a picture of Unit C, the Administration Building (and inmate housing Unit C).

Jackie Brannon Correctional Center



Mission statement of the Jackie Brannon Correctional Center is: "to provide custody and control for minimum-security offenders. The mission includes providing Oklahoma Correctional Industries, and the Department of Labor Apprenticeship Programs, work support and fleet management". Also, as stated by the Warden "it is our goal at Jackie Brannon Correctional Center to create a safe environment and to uphold the Oklahoma Department of Corrections 'Zero Tolerance' policy in regards to PREA".

Demographics:

Rated capacity: 737

Actual capacity: 733

Average length of stay: 2 to 3 years.

Security/Custody: minimum/minimum

Age Range: 19 to 85

Gender: male

Staff assigned to the facility: 107; administrative support 19, program 12, security, 55, and other 21.

SUMMARY OF AUDIT FINDINGS

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Number of standards exceeded: 2

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 2

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

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

The Oklahoma Department of Corrections (ODOC) has a statewide Zero Tolerance Policy outlined in the Department's, Prison Rape Elimination Act Policy OP-030601, which directs the agency and staff to provide a safe, humane and secure environment for all offenders. This policy further outlines zero tolerance and is maintained for offender on offender sexual assault, staff sexual misconduct, and sexual harassment towards offenders. Every allegation of sexual assault, misconduct, or harassment is to be thoroughly investigated. This policy, with supporting attachments, materials and education of staff, inmates, contractors and volunteers demonstrates the agency's commitment to zero tolerance. This was evidenced at the Jackie Brannon Correctional Center.

Furthermore, this ODOC PREA Policy OP-030601, containing approximately 30 pages of direction, instruction, forms, and checklists is a basis as well as a commitment to PREA law compliance, "Zero Tolerance", and an enhancement to custody, care and control throughout the agency.

Organizational charts for the agency and for the institution were reviewed. These charts along with position descriptions, observation during the tour, the role of the Agency PREA Coordinator, the Institutional PREA Manager, and interviews confirmed compliance with this standard. The appointment of these two positions (Coordinator and Manager), further indicates the Agency's commitment to PREA law and the safety and security of the inmate population. The auditor was especially impressed with these two individuals throughout the audit process.

This standard, complies based on the information provided in the questionnaire, supporting documents, files, policy, and interviews.

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.

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.

Further, the written responses given by the agency Contract Administrator to the interview questions support compliance to 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". This includes compliance with PREA law. Furthermore, PREA compliance results have been completed for each contract entered into agreement within the past 12 months, according to the agency Contract Administrator.

This is agencywide compliance is based on information supplied from the agency and institution, including the questionnaire, policies, and typed interview questions and responses.

Standard 115.13 Supervision and monitoring

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

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

Jackie Brannon Correctional Center is a minimum custody correctional institution with appropriate minimum custody staffing and most importantly with appropriate minimum custody inmate screening that supports a minimum security, minimum custody facility

Interviews with the Warden, and key staff including the chief correctional officer indicated that staffing had improved with the filling of positions for this institution and complied with the comprehensive plan.

Intermediate and higher-level staff conduct unannounced rounds to identify any deviation from policy or procedure. Staff compliance is monitored through these unannounced rounds. Logs, as well as incident reviews, and other reports are used for documentation, and they are maintained. It was the auditor's impression, from interviews with higher level staff and intermediate staff, that supervision was appropriate.

Staff and inmates both felt safe at this facility.

Documents, policy, observations, and the tour were all utilized to assess compliance with this standard.

Standard 115.14 Youthful inmates

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

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

NOT APPLICABLE

No youthful offenders, inmates under age 18, are at Jackie Brannon Correctional Center. Oklahoma Department of Corrections does not house inmates under the age of 18 at Jackie Brannon Correctional Center.

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.

The Jackie Brannon Correctional Center, operating consistent with the agency policy, facility operations, section 3, OP-030601, assures that offenders are able to shower, perform bodily functions, and change clothing, without non-medical staff of the opposite gender viewing their breast, buttocks or genitalia, except in exigent circumstances, or when such viewing is incidental to routine checks.

Agency policy Search and Seizure Standards, security policy section-04, OP-040110 also addresses limits to cross gender viewing and searches. It stipulates that the patdown, frisk, strip, and visual body cavity searches of offenders will be conducted by staff trained in such searches and such searches will be conducted by gender specific staff (staff of the same gender) except in exigent circumstances. All staff received training in conducting patdown searches, counts, and unannounced rounds to help assure compliance with the standard that limits cross gender viewing and searches.

There are no female inmates at Jackie Brannon Correctional Center, this is an all male facility. During this audit there were no transgender nor intersex inmates at this 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.

This standard on inmates with disabilities and inmates who are limited English proficient is divided into three subsections: a) the agency ensures that inmates 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; and c) the agency does not rely on inmate interpreters/readers, except in limited circumstances. The auditor used the Pre-audit Questionnaire, agency policy, notes, other documentation, and interviews of the inmates to assess compliance.

ODOC policy OP-030601 prohibits the use of inmate interpreters, except in limited circumstances where safety or performance of first responder duties could be compromised. In the past 12 months, there have been no (0) instances where inmate interpreters, readers, or other types of inmate assistants have been used. The agency does document if and when inmate interpreters are used.

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.

Hiring and promotion decisions are critical to the safety of the public, the safety of staff and inmates, and to the operations, management, and effectiveness of the ODOC correctional facilities.

This standard, 115.17, Hiring and Promotion Decisions and its 8 subsections (a-h) which specifically address hiring, promotion, and background checks was thoroughly reviewed by the auditor for Jackie Brannon Correctional Center and found in compliance.

The ODOC policies: OP-110105, Human Resources, Employee Personnel Records; OP-110210, Human Resources, Background Investigations; OP-110235 Personnel, Hiring and Promotional Procedures; and OP-110237 Human Resources, Separation Process, all address the decisions surrounding hiring and promotion. Furthermore, these policies require employees to self report the criminal, sexual abuse and/or sexual harassment behaviors/activity. These agency policies also dictate background checks are conducted every five years and that material omissions regarding sexual abuse/harassment and material false information shall be grounds for termination.

The Human Resources/Personnel Department at Jackie Brannon Correctional Center coordinates with the ODOC Inspector General Office/Central Office in Oklahoma City for agency compliance.

Personnel files were reviewed, staff were interviewed and supporting documents such as the applicant questionnaire, background investigation form, and the state of Oklahoma terms and conditions were examined by the auditor. This supported compliance concerning hiring, promotion, and background checks.

Standard 115.18 Upgrades to facilities and technologies

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

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Jackie Brannon Correctional Center is not a new facility nor have they made substantial expansions or modifications of existing facilities since August 20, 2012.

Schematics and camera information at JBCC was reviewed and some updating has taken place to further enhance the agency's ability to protect inmates from sexual abuse in the kitchen area. Camera views are assessed as consistent with PREA law concerns. One must remember that this is a minimum security facility which has a reputation of being a safe place for the incarcerated offender.

Standard 115.21 Evidence protocol and forensic medical examinations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

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The Agency ODOC and the Jackie Brannon Correctional Center are responsible for conducting administrative or criminal sexual abuse investigations, including inmate on inmate sexual abuse or staff sexual misconduct.

The ODOC Policy OP-030601, Prison Rape Elimination Act stipulates “in incidents where it is conceivable that any physical evidence may exist, the Office of the Inspector General will be immediately contacted for sexual assault response determination prior to offenders being transported to sexual assault examination sites to undergo examination”. Furthermore, the policy outlines 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 Prosecutions. There are sexual violence and sexual misconduct and harassment check lists/forms attached to this policy in order to ensure documentation and proper evidence protocol and forensic medical examination. A review was made of this policy and its attachments which were, in the auditor's opinion, clear and comprehensive.

The protocol was 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 Supervising Medical Department at Oklahoma State Penitentiary (OSP).

There have been no forensic medical exams conducted during this audit period.

The facility attempts to make a victim advocate, from a rape crisis center, available to the victim. There is a Memorandum of Understanding (MOU) between Jackie Brannon Correctional Center and the Domestic Violence Intervention Services (DVIS). This agency was called by the auditor while at JBCC. Qualified staff members are also available to act as victim advocates. Crisis line phone number 918-743-xxxx is available.

The Pre-Audit Questionnaire, policy, auditor notes, documentation (MOU) and interviews confirm compliance.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

The Oklahoma PREA policy insures referrals of allegations for investigation, documentation of reports of sexual abuse and harassment, and documentation of investigations, including full investigative report and findings.

The ODOC policy, OP-030601 (pg. 18, ix) outlines the procedures for first responder duties, the immediacy of reporting and follow up of sexual abuse incidences and crimes to the Office of the Inspector General.

The agency has a policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with legal authority to conduct criminal investigations. Policy also requires that information regarding the referral of allegations of sexual abuse and sexual harassment for criminal investigation be published on the agency website or made publicly available via other means. The agency

documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. These items in this paragraph are covered by the ODOC PREA policy OP-030601.

During the past 12 months, there have been zero (0) number of allegations referred for criminal investigation.

Standard 115.31 Employee training

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

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

Staff are knowledgeable about the “Zero Tolerance” policy for sexual abuse and sexual harassment. Staff were interviewed and while on tour, staff were asked questions concerning their responsibility in reporting and performing first responder duties. It was clear during these interviews and encounters that staff had been trained in PREA, and first responder duties.

The agency PREA policy OP-030601, and the staff training curriculum, clearly outlines the training for all employees that have contact with inmates by the ten essential matters including:

- 1) agency “Zero Tolerance” policy
- 2) how to fulfill PREA responsibilities
- 3) inmates’ right to be free from sexual abuse
- 4) right of inmates and employees to be free from retaliation
- 5) the dynamics of sexual abuse confinement
- 6) common reactions of sexual abuse/sexual harassment victims
- 7) how to detect and respond to signs of threatened and actual sexual abuse
- 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 scripted interviews with random staff and it was clear that all staff were offered and received this training. 126 staff employed by the facility who have contact with inmates were trained or retrained in these PREA requirements.

In addition to the annual in-service training that staff received, employees are also given current information concerning PREA at action briefings, staff meetings, and through policy distribution.

The auditor, in addition to staff interviews, reviewed the PREA PowerPoint training, posters presented in the employee entrance area, the annual training curriculum, and attended the shift briefings. The auditor, additionally reviewed training rosters, and acknowledgment forms completed by staff verifying PREA training.

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.

All volunteers and contractors who have contact with inmates have been to training 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, understand how to report sexual abuse, and the agency maintains documentation on this training.

In the past 12 month, 192 Volunteers/Contractors have been trained for the JBCC,. The 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. Documentation is maintained.

Five documents were used to confirm and verify compliance with this standard. Policy OP-090211, Programs, Volunteer Services; policy OP-030601 PREA (training includes 20 items); Contractors and Volunteers Individual Responsibilities for pre-service training; course roster/sign in sheet; and documentation of some online training.

Standard 115.33 Inmate education

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

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

One of the strengths of the Oklahoma Department of Corrections is inmate education regarding PREA and the Zero Tolerance Policy concerning sexual abuse. At the JBCC, 1017 inmates were given information at intake concerning PREA. It is noted that JBCC is a 737 bed, minimum security facility preparing numerous inmates for release, thus there is some turnover of the inmate population. The intake process as well as orientation was observed and it was clear that the inmate population was receiving appropriate PREA information. There were zero (0) number of inmates who did not receive intake information and comprehensive education within 30 days of intake as required.

Formal and casual interviews with inmates confirmed this training and confirmed that inmates were educated concerning their rights to be free from both sexual abuse/harassment and retaliation for reporting such incidents.

Especially noteworthy, inmates are offered an Offender's Guide to Sexual Misconduct. This pamphlet offers “do's and don't as well as self-help, and emergency health tips.

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

Most importantly and enlightening were the random inmate interviews indicating inmates’ education, understanding, and ability to report sexual abuse.

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.

The Oklahoma Department of Corrections training policy, along with training curriculum and personnel policy, requires investigators to be trained in conducting sexual abuse investigations in confinement settings.

The Office of Inspector General has specialized training for its investigators. Currently there are 13 investigators who have completed the required training. The agency maintains documentation of this training as required in policy OP-030601 PREA.

The specialized training PowerPoint was reviewed by the auditor and is comprehensive and appropriate. This combined with investigator interviews confirm’s compliance. As a point of emphasis, the Inspector General’s Office is the “focal point”, the leadership drive, the ‘power on the chessboard’ when it comes to the enforcement of PREA, investigations of sexual abuse and harassment, and is the standard bearer of safety within the ODOC. Much of that falls on the shoulders of the Agency PREA Coordinator, who reports to the Inspector General.

Standard 115.35 Specialized training: Medical and mental health care

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

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

Oklahoma Department of Corrections policy OP-030601 PREA stipulates that medical and mental health “staff will be provided training to detect and assess signs of sexual abuse and/or predation, preserve evidence of sexual abuse, respond to sexual assault victims, and knowledge of 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%, 11 employees) who work regularly at the JBCC have received the training required by the agency’s policy.

Documentation, acknowledgment forms, and informal interviews with specialized staff in medical and mental health confirmed compliance with the standard for a knowledgeable and well-trained health care staff.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

corrective actions taken by the facility.

Intake screening at a minimum-security facility, such as JBCC, is essential to custody, care and control. The correctional center appropriately uses this process not only to assess risk of victimization and abusiveness, but also for operational security, control, monitoring and supervision.

The the ODOC PREA Policy OP-030601, addresses inmate screening information and directs specific procedures for PREA compliance. This auditor found it clear, when reviewing intake and the screening process, that through the Cell Assessment Form, through the Self Assessment Form, and through the step-by-step process directed by policy and procedure, JBCC complies with the requirements stipulated in this standard. All issues outlined were addressed.

Intake takes place within 72 hours and the New Arrival Security Review Form, in addition to the two forms mentioned above give the staff an the idea of inmates at risk for victimization, and/or inmates that may possibly be abusive towards other inmates. Sensitive information used/obtained in the screening process is maintained confidentially on a need to know basis.

The screening instrument and assessment tools used by ODOC are thorough/comprehensive and give the appropriate staff insight into the inmate population housed at JBCC. The Unit Managers deserve special recognition for their knowledge of their inmate population assigned to their units. This was observed and noted by the auditor in interviews with the Unit Managers, inmates, and specialized staff.

JBCC is a facility that houses many inmates that are close to release, close to parole, eligible for residential treatment facilities, and others who know release is forthcoming based on their “good behavior” thus notably a more disciplined, hard-working, well-behaved, and rule-following group of incarcerated felons. This contributes to a more safe and secure facility. Of special note, there are no segregation cells at JBCC.

Compliance with this standard is based on the Pre-audit Questionnaire, review of policy and procedure, the tour, and most especially with the very positive interviews with specialized staff, random staff, and inmates.

Standard 115.42 Use of screening information

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

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

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.

Interviews with intake and medical and mental health staff, supported by interviews with the inmate population, as well as practice, observation, and documentation supports the appropriate use of screening information. 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 also observed to be a benefit to security and specialized staff in unit management, housing, and job assignment staff. Again, at JBCC there is a coordinated effort, a team approach in managing the custody, care and control of the inmate population.

The facility makes individualized determinations to ensure the safety of each inmate. There are no transgender or intersex inmates at JBCC however discussions with key staff revealed, in this auditor's opinion, that the facility was prepared to appropriately make housing and program assignments on an individual/case-by-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)

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

The agency has its' PREA policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing. There is no segregated housing at Jackie Brannon Correctional Center.

Zero (0) number of inmates at risk of sexual victimization have been held for anytime at JBCC. If an involuntary segregated housing assignment must be made, the facility would transfer the inmate or obtain assistance from the neighboring Oklahoma State Prison.

Standard 115.51 Inmate reporting

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

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

The Oklahoma Department of Corrections has established procedures allowing for multiple internal 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 accessible, approachable, and available for the safety and care of the inmates to assist with PREA needs.

A summary of how to report incidents of sexual abuse or 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 an Memorandum of Understanding between the Oklahoma Department of Corrections and the Oklahoma State Bureau of Investigation.

Based on the information and procedures outlined in policy, inmate handbook and posters; based on the accessibility of staff; and based on the interviews with 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)

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

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

The agency policy/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 requests for administrative remedies relating to allegations of sexual abuse. In the past 12 months, there have been zero (0) number of grievances filed on alleged sexual abuse.

The agency policy/procedure OP-090124, establishes procedures for filing an emergency grievance alleging that an inmate is subject to substantial risk of imminent sexual abuse. The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed at JBCC in the last 12 months were none (0).

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.

As outlined in policy OP-030601, Jackie Brannon Correctional Center 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 through the facilities Mental Health Department, which seemed to be impressive, professional, and committed to doing the right thing as revealed during interviews with specialized staff and inmates.

JBCC has a Memorandum of Understanding (MOU) with the Domestic Violence Intervention Services (DVIS). The facility maintains a copy of this agreement.

Standard 115.54 Third-party reporting

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

The Oklahoma Department of Corrections and its facilities provide a method to receive third-party reports of inmate sexual abuse or 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 through 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 at the JBCC facility. Further information on reporting is included in standard 115.51.

Compliance was 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)

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

The 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 harassment that occurred at a facility whether or not it is part of the agency. Retaliation against inmates or staff who reported sexual abuse must be reported. Staff neglect or violation of responsibilities must be reported also.

Agency policy also prohibits staff from revealing any information related to sexual abuse reports to anyone other than 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 to appropriately report. This training is documented. Interviews with staff, administrators, and review of training materials confirmed 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)

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

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

The institution and its staff are knowledgeable and well trained in their protection duties. This was confirmed through observation and interviews with staff and inmates held both formally and informally.

In the past 12 months, the JBCC has determined that there have been zero (0) number of inmates subject to a substantial risk of imminent sexual abuse. Again, appropriate screening at this minimum security facility has helped ensure inmate safety.

Standard 115.63 Reporting to other confinement facilities

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

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

The agency has a policy OP-030601 PREA requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the facility must notify the head of the facility or appropriate office of the agency or facility where the sexual abuse is alleged to have occurred. Policy also requires that notification is made as soon as possible, but no later than 72 hours after receiving the allegation.

Policy also requires that allegations received from other facilities be investigated in accordance with PREA standards. In the past 12 months, there have been zero (0) number of allegations of sexual abuse received from other facilities.

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.

First responder duties in any setting are crucial to the responsibility and duty of the agency, which the First Responder represents. In corrections, being a First Responder may many times involve life or death, thus the importance of this standard. The Oklahoma Department

of Corrections, through its PREA policy OP-030601 outlines the procedures and action for first responders to an allegation of sexual abuse. 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 policy details each of the steps above. If the First Responder is not a security officer their steps are also outlined, mainly, notify their supervisor.

The formal and informal interviews with staff, investigative staff, and higher and intermediate level supervisors confirmed staff was knowledgeable of first responder responsibilities and had been trained in their duty to report. Training is documented

In the past 12 months, there have been zero (0) number of allegations that an inmate was sexually abused.

Standard 115.65 Coordinated response

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

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

The Jackie Brannon Correctional Center has developed a written institutional plan/procedure JB-030601-01, which is the facility plan to coordinate actions taken in response to an incident of sexual abuse among its first responders, medical and mental health practitioners, investigators, and facility leadership.

The review team meets monthly to review the PREA. Topics include all areas of how to respond to allegations, incidents, PREA concerns, monitoring and supervision and staffing. Interviews with the Warden, facility PREA Manager, and specialized staff confirmed compliance with the standard.

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.

NOT APPLICABLE

Oklahoma is a “right to work” state and has no union organization/collective bargaining group that has entered into an agreement that may inhibit the ability of the agency to protect inmates from contact with abusers. No collective bargaining agreement has been entered into or renewed since August 2012. This standard is not applicable.

Standard 115.67 Agency protection against retaliation

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

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

The agency/JBCC 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. This is clearly outlined in ODOC's PREA Policy OP-030601.

Personnel policies covering sexual harassment and sexual misconduct also protect against retaliation.

In addition to the policies, staff and inmate interviews confirmed knowledge of these protections and compliance with the standard.

There have been zero (0) number of times an incident of retaliation occurred in the past 12 months.

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.

As described earlier, there are no segregation cells, at the Jackie Brannon Correction Center thus protective custody must be accomplished through other management means than cell confinement. In an emergency, the facility may resort to transfer to another facility, or transfer to the neighboring Oklahoma State Penitentiary, but there is no segregated housing use at JBCC.

All available alternatives are explored before transfer. However, again, this is a minimum security facility with minimum security inmates.

There have been zero (0) number of inmates who have suffered sexual abuse, who were held in involuntary segregated housing for 1 to 24 hours awaiting completion of an incident assessment.

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.

The Oklahoma Department of Corrections policy OP-030601, PREA and the ODOC policy Security Investigations OP-040117 detail general investigatory guidelines. All case records associated with claims of sexual assault, including incident reports, investigation reports, offender information, and case disposition are retained in the OIG investigation file. These policies also discuss investigative techniques, investigating sexual assaults, prosecutions, tracking of confirmed sexual assault predators, medical and mental health responsibilities and review teams. Investigators, and the Agency PREA Coordinator have been interviewed including confirming procedures for criminal and administrative investigations substantiating compliance with the standard.

At JBCC there have been zero (0) number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012.

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.

ODOC uses a preponderance of the evidence standard for determining whether are not an allegation is substantiated or unsubstantiated or unfounded. From the ODOC PREA policy OP-030601 “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”,

The Warden, Agency PREA Coordinator, and investigators were interviewed confirming the standard.

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.

ODOC's PREA policy OP-030601 establishes the facilities responsibility of reporting to the inmate.

“The facility head or designee shall inform the offender victim, at the conclusion of the investigation, whether the allegation of sexual abuse is determined to be substantiated, unsubstantiated, or unfounded. If it is a staff member, the facility head or designee shall inform the offender victim whenever a staff member is no longer posted, employed, or has been convicted, unless the investigation determines the

allegation is unfounded.”

Staff and inmate interviews, both formal and informal, confirm that they are aware that at the conclusion of an investigation, offenders must be notified. Moreover, there is an Attachment D checklist in the policy for notifications to offenders and to make sure that there is documentation incorporated into the OIG investigative files.

Standard 115.76 Disciplinary sanctions for staff

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

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

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

The presumptive disciplinary sanction for staff who have engaged 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.

In the past 12 months, there have been zero (0) number of staff from the facility that have violated the agency sexual abuse or sexual harassment policies. There have been zero (0) number of staff that have been terminated and there have been zero (0) number of staff disciplined, short of termination, for violation of such policies. There have also been zero (0) number of staff that have been reported to law enforcement or licensing boards for violating Agency policy.

Compliance was based on the Pre-audit Questionnaire, policy, auditor's notes and discussion/interviews with administrative and 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)

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.

Similar to standard 115.76, Corrective Action and Discipline for Contractors and Volunteers is covered and defined by policies, ODOC policies OP-030601 PREA; OP-090211, Volunteer Services; and the Volunteer Code of Conduct.

JBCC (and the agency ODOC) holds volunteers and contractors who engage in sexual abuse to similar standards as employees - investigation, termination, and report to law enforcement, unless clearly not criminal. Volunteers have all been trained and are aware of

these policies. Volunteers and contractors signed acknowledgment forms, and the documentation is maintained.

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

Compliance was based on the Pre-audit Questionnaire, policy, auditors notes and discussions/interviews with administrative and personnel 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)

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

The Oklahoma Department of Corrections, Offender Disciplinary Procedures, section, 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.

This policy further stipulates Acts Constituting Rule Violations, including sexual assault/abuse, and details offenses and stipulates the classes of each offense.

The agency prohibits all sexual activity between inmates.

In the past 12 months, there have been zero (0) number of criminal findings of inmate on inmate sexual abuse. There have been some administrative findings that were reviewed with the Warden and his staff.

Compliance based on Pre-audit Questionnaire, policy, supporting documents including medical, interviews, and auditor review.

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.

Medical and mental health screenings are performed at JBCC and documentation of any history of sexual abuse is made part of the medical/mental health record. All inmates who disclose any prior sexual victimization (see 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. In the past 12 months 100% of the inmates who

disclosed prior victimization were offered a follow-up meeting with a medical or mental health practitioner. Medical and mental health maintain appropriate documentation

This was a well-managed Medical and Mental Health Department at JBCC with expert oversight from the Oklahoma State Penitentiary (OSP) which, previously this year, was assessed in compliance with PREA and received a final report of OSP institutional compliance.

Review of medical documents, intake documents, the screening process, the Cell Assessment Form, New Arrival Security Form, and Personal Health Information Forms confirmed compliance with this standard.

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.

Access to emergency medical and mental health services is available 24/7 through on-site health care, neighboring health care from OSP, or emergency health care through the McAlester Oklahoma community.

The agency's policies OP-030601 PREA and OP-140118 Emergency Services Healthcare directs that inmates of sexual abuse received 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.

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

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

JBCC has had no (0) occurrences of emergency medical need for victims of sexual abuse.

Compliance based on the Pre-audit Questionnaire, policy, auditor notes, medical and other documentation, interviews, the tour, and final review.

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.

JBCC 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 Offender's Guide to Sexual Misconduct, and as directed in the PREA policy and health care policies.

The medical and mental health care staff interviewed, revealed a very professional, dedicated, and hard-working group that were committed not only to their professional duties and responsibilities, but also, there was a commitment to following and complying with PREA law. During interviews, treatment plans, progress notes, and the level of community health care were discussed. JBCC is an all-male facility.

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.

JBCC has an Incident Sexual Abuse Review Team, comprised of the Deputy Warden, Chief of Security, Health Services Administrator, Unit Manager, and the PREA Compliance Manager (medical/mental health staff, and other management staff, as appropriate, participate). These staff review not only sexual abuse incidents, but also harassment incidents, PREA policy, and institutional safety. This team also considers PREA issues that may require 1) the need to change policy or practice, 2) motivation of the incident, 3) physical barriers and the area where the incident took place, 4) staffing levels and 5) monitoring technology. If there is an incident, the team prepares a report of their findings and implements recommendations for the improvement as determined.

This team does meet monthly even if there are no incidents and maintains an agenda/minutes of each meeting.

This auditor found this standard to exceed based on the institutional teamwork, personal professionalism exhibited by the team members in interviews, and commitment to PREA compliance. Compliance with based on the Pre-audit Questionnaire, policies, and interviews.

Standard 115.87 Data collection

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

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

The 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.

The Oklahoma Department of Corrections website/<ODOC PREA Policy> contains this incident-based data.

The Oklahoma Department of Corrections website identified contains <ODOC PREA Policy> and contains <ODOC Facility Information> 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).

Compliance for Data review standards 115.87, 88, 89 were based on the Pre-audit Questionnaire, policy and documents, and interviews, as appropriate.

Standard 115.88 Data review for corrective action

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

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

The ODOC Annual Report and monthly reports from the facility are used by the Jackie Brannon Correctional Center to assist in sexual abuse prevention, detection, response policies and training, including identifying problem areas, and taking corrective action on an ongoing basis.

The Oklahoma Department of Corrections PREA data for 2012, 2013, and 2014 (in the 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 reports 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)

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

The Oklahoma Department of Corrections, 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 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

October 30, 2015

Auditor Signature

Date