

PREA AUDIT REPORT  INTERIM  FINAL

ADULT PRISONS & JAILS

NATIONAL  
PREA  
RESOURCE  
CENTER



**BJA**  
Bureau of Justice Assistance  
U.S. Department of Justice

<b>Auditor Information</b>			
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<b>Telephone number:</b> 210-335-5208			
<b>Date of facility visit:</b> August 11-13, 2014			
<b>Facility Information</b>			
<b>Facility name:</b> David L. Moss Criminal Justice Center			
<b>Facility physical address:</b> 300 North Denver Avenue Tulsa, Oklahoma 74103			
<b>Facility mailing address:</b> (if different from above)			
<b>Facility telephone number:</b> 918-596-8900			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Chief Deputy Michelle Robinette			
<b>Number of staff assigned to the facility in the last 12 months:</b> 345			
<b>Designed facility capacity:</b> 1714			
<b>Current population of facility:</b> 1657			
<b>Facility security levels/inmate custody levels:</b> Minimum, Closed, Maximum			
<b>Age range of the population:</b> 18- youthful 15-17			
<b>Name of PREA Compliance Manager:</b> Melissa Tapper		<b>Title:</b>	Sergeant
<b>Email address:</b> mtapper@tcsso.org		<b>Telephone number:</b>	918-596-8924
<b>Agency Information</b>			
<b>Name of agency:</b> Tulsa County Sheriff's Office			
<b>Governing authority or parent agency:</b> (if applicable)			
<b>Physical address:</b> 500 North Denver Avenue Tulsa, Oklahoma 74103			
<b>Mailing address:</b> (if different from above)			
<b>Telephone number:</b> 918-596-5601			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Stanley Glanz		<b>Title:</b>	Sheriff
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<b>Agency-Wide PREA Coordinator</b>			
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## **PREA AUDIT FINDINGS**

### **NARRATIVE:**

The PREA Auditor provided Tulsa County Sheriff's Office with the pre-audit questionnaire and the notification of audit. The Pre-Audit questionnaire was submitted and received by the Auditor July 10, 2014. The on-site audit of the David L. Moss Criminal Justice Center took place August 11-13, 2014. Monica Lugo and Henry Reyes were the two Certified PREA Auditors conducting this audit. Also present during the on-site audit was Melissa Tapper, PREA Compliance Manager and Josh Turley, PREA Coordinator. During this audit the following areas were toured:

1. Intake/reception/screening area;
2. Housing units;
3. Segregated housing units;
4. Health care areas (medical and mental health clinics, infirmary, and housing units);
5. Recreation areas, kitchen, work areas, and other programming areas;
6. Youthful offender housing units.

While touring the facility both auditors observed carefully how well the inmates were supervised, identified blind spots, and how cameras and monitoring technology was utilized in a way to keep inmates safe from sexual abuse. In addition, staff in the areas toured were asked multiple questions by the auditors to assess if the practice at the facility was conducted in accordance with the PREA standards and agency policy.

There were multiple staff interviews conducted during the on-site audit. As both auditors toured the facility, staff and inmates were briefly interviewed. Other interviews were also conducted with the PREA Coordinator, PREA Compliance Manager, Intermediate and higher-level facility staff, line staff who supervise youthful inmates, education and programming staff, medical staff, human resources staff, investigative staff, staff who perform screening for risk of victimization, first responders, and intake staff. Interviews were conducted to capture staff on all shifts.

Inmate interviews were also conducted during the on-site audit. The inmates interviewed were randomly selected. Both male and female inmates were interviewed from various housing units. The inmates interviewed were selected from the youthful inmate unit, segregated housing unit, who reported a sexual abuse, and general population housing units.

### **DESCRIPTION OF FACILITY CHARACTERISTICS:**

The David L. Moss Criminal Justice Center is located at 300 North Denver Avenue, Tulsa, Oklahoma 74103. This facility is a jail designed for a capacity of 1,714 with the current population being 1,657. The number of inmates admitted to the facility during the last 12 months was 30,427. Both men and women are housed in this facility along with youthful inmates from

the ages 15-17. This facility does an outstanding job with separating youthful inmates from the adult population and has housed 87 youthful inmates during the past 12 months. Facility security levels are minimum, closed, and maximum with 5 single cell housing units, 1,298 multiple occupancy cells, 3 open bay housing units with 210 beds, and 160 segregation cells. This facility is operated with 345 personnel, medical personnel 24 hours a day 7 days a week, and with 5 investigators assigned to investigate allegations of sexual abuse and sexual harassment.

**SUMMARY OF AUDIT FINDINGS:**

**Number of standards exceeded: 2**

**Number of standards met: 41**

**Number of standards not met: 0**

**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 comments, including corrective actions needed if does not meet standard**

The Tulsa County Sheriff's Office has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in the David L. Moss Criminal Justice Center. The policy also outlines how the facility will implement agency's approach to preventing, detecting, and responding. The agency has a designated PREA Coordinator and PREA Compliance Manager assigned which are in the agency's organizational structure.

**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 comments, including corrective actions needed if does not meet standard**

The agency currently has 4 contracts for the confinement of inmates. These contracts have all been amended to include that each contractor will adopt and comply with the PREA standards and allow the agency to monitor compliance. Copies of all contracts were provided.

**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 comments, including corrective actions needed if does not meet standard**

The agency indicated that they do require the facility to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides adequate levels of staffing, and , where applicable, video monitoring to protect inmates against abuse. The agency also indicated that there has not been any incident in which the staffing plan was not complied with. A memo was provided stating that there was not a need for any revisions to the current staffing plan and daily rosters were provided.

A staffing analysis was conducted in 2014 and provided to auditors.

Policy requires that intermediate-level and higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The unannounced rounds are documented, cover all shifts, and the facility prohibits staff from alerting other staff that these rounds are being conducted. While on-site the auditors checked for documentation of the unannounced rounds in multiple housing units and documentation was provided by the agency as well.

**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 comments, including corrective actions needed if does not meet standard**

A policy was provided governing the housing of youthful inmates, specifically those: prohibiting sight, sound, and physical contact with any adult inmate and the use of isolation to comply with sight and sound separation; and governing sight and sound separation or direct supervision of youthful inmates in areas outside of the housing units. The facility has 2 housing units assigned for youthful inmates. There have been 87 youthful inmates housed at this facility in the past 12 months and none have been placed in the same housing unit with an adult inmate.

While on-site the auditors observed the housing units where youthful inmates were placed and how they were escorted outside of the housing unit. This facility does an outstanding job in

ensuring that sight, sound and physical contact with adult inmates is maintained. The facility will clear the hallway when escorting youthful offenders out of the housing unit. In the event that they are unable to clear the hall way the adult inmates are instructed to turn around and face the wall and remain silent while a youthful inmate is being escorted through the hallway. Interviews were conducted with staff and youthful inmates and all interviews validated what was written in policy and observed during the on-site audit.

**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 comments, including corrective actions needed if does not meet standard**

The facility has policies and procedures governing the: pat-down searches of female inmates; and strip search and visual body cavity searches. Policies are also in place governing cross-gender viewing, and prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. The facility has indicated that no cross-gender strip or visual body cavity searches of inmates have taken place in the facility in the past 12 months. The facility also indicated that there have not been any pat-down searches of female inmates that were conducted by male staff. Logs were not provided due to not deviating from policy. During on-site audit the auditors observed staff performing such searches in accordance with policy and the PREA standards.

The facility has a policy requiring staff of the opposite gender to announce their presence when entering an inmate housing unit. Such announcement is documented and documentation was provided.

The facility indicated 100% of all security staff has received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs. Training logs were provided.

**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 comments, including corrective actions needed if does not meet standard**

The facility has policies and procedures regarding: equal opportunity of disabled inmates to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment; equal opportunity of inmates with limited English proficiency to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment; and prohibiting the use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances. The facility uses Language Line Services Inc. and provided supporting documentation.

**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 comments, including corrective actions needed if does not meet standard**

The agency provided a policy governing criminal background records checks of current employees and contractors who may have contact with inmates and least every 5 years. The agency also has a policy on the promotion and hiring of employees and contractors, to include a background check before hiring. Documentation of background checks were provided to auditors.

**115.18 Upgrades to facilities and technologies.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

The facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012. A memo is on file and was provided in regard to this upgrade. During on-site audit, the auditors checked the video monitoring system.

**115.21 Evidence protocol and forensic medical examinations.**

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

**Auditor comments, including corrective actions needed if does not meet standard**

The agency provided a policy with all the requirements outlined in §115.21. The facility also provided documentation: that forensic medical exam is offered for free; of efforts to provide SAFEs or SANEs; MOU with rape crisis center to provide victim advocate services; and a brochure with this information provided to inmates. In the past 12 months, the facility reported that 2 medical exams were performed by SANEs/SAFEs. During the on-site audit, multiple interviews were conducted with medical staff, security staff, inmates and PREA Compliance Manager and all described what is in written policy and procedures.

**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 comments, including corrective actions needed if does not meet standard**

The facility has policies and procedures governing investigations of allegations of sexual abuse and sexual harassment. During the past 12 months, the facility received 28 allegations of sexual abuse and sexual harassment. All of the allegations received were referred for an administrative investigation, and 10 were referred for criminal investigation. Documentation of reports of sexual abuse and sexual harassment were requested during on-site audit and PREA Compliance Manager was able to provide requested documents.

**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 comments, including corrective actions needed if does not meet standard**

The agency provided a training policy indicating that all employees who may have contact with inmates will be trained on all 10 subjects outlined in the PREA standards. The policy also included that all staff who have not received the training would be trained within one year of the effective date the PREA standards were approved. The facility provided documentation of the PREA training taken by staff and the training curriculum.

When interviews were conducted with staff they were able to inform the auditors that facility training is provided electronically and that a test is taken at the completion of the training. Sgt. Stevens maintains training records and ensures that staff are receiving the required training.

**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 comments, including corrective actions needed if does not meet standard**

The facility indicated that all volunteers and contractors have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. Training records and documented acknowledgement was requested during the on-site audit. This documentation was readily available and provided upon request.

**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 comments, including corrective actions needed if does not meet standard**

The agency provided a policy governing PREA education of inmates. During the on-site audit, the auditors walked through the intake process and the inmate education video was playing in the lobby area. While touring the facility we observed the PREA video playing in one of the housing units. Training documents were also provided for youthful inmates.

**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 comments, including corrective actions needed if does not meet standard**



Policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings and that documentation of such training is maintained. The facility has 5 investigators assigned to investigate all incidents of sexual abuse and sexual harassment. All investigators have attended The Reid interviewing and interrogation training in addition to having received sufficient training in accordance with the PREA standards.

**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 comments, including corrective actions needed if does not meet standard**

The agency provided a policy governing training of medical and mental health care practitioners. When interviews were conducting the Director of medical indicated that they had a copy of the PREA standards in a binder. Training curricula and rosters were provided.

**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 comments, including corrective actions needed if does not meet standard**

The agency provided a policy governing screening of inmates upon admission to the facility or transfer to another facility and reassessments. Supporting documentation was provided. In addition, this practice was observed during the on-site audit and the auditors were also walked through the intake process. Interviews conducted with staff and inmates also supported the documentation provided and observations made.

**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 comments, including corrective actions needed if does not meet standard**

The agency provided policies governing the use of screening information to: make individualized determinations to ensure the safety of inmates; and to make housing and programming assignments for transgender or intersex inmates in a facility on a case-by-case basis. The agency also provided policies governing: the reassessment of placement and programming assignments for transgender or intersex inmates; the consideration of a transgender or intersex inmates' own views when making placement or programming decisions; whether transgender and intersex inmates are given the opportunity to shower separately from other inmates; and the placement of lesbian, gay, bisexual, transgender, or intersex inmates. Documentation of housing assignments was provided. During on-site interviews the process on how the facility uses the screening information was outlined.

**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 comments, including corrective actions needed if does not meet standard**

The agency provided a policy governing involuntary segregated housing for inmates at high risk for sexual victimization. Records and documentation of housing assignments of inmates at high risk of sexual victimization was provided by facility. Records did not indicate any incidents where inmates at risk of sexual victimization were placed in involuntary segregated housing. Information provided during interviews and supported what was provided in documentation.

**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 comments, including corrective actions needed if does not meet standard**

The agency provided inmate reporting policies, procedures, documents, such as:

- Policies, procedures, documents to identify different established procedures allowing for multiple internal ways for inmates to report per the standard.
- Policy providing at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency.

- Policy requiring that inmates detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security.
- Policy for staff to privately report sexual abuse and sexual harassment of inmates.
- Policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties.

The facility provided the auditors with documentation that is provided to inmates explaining how to file reports. In addition, the inmates were able to describe the methods during on-site interviews.

**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 comments, including corrective actions needed if does not meet standard**

The facility has policies and procedures in place in regards to: inmate grievances of sexual abuse; filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse; and limiting the agency's ability to discipline an inmate for filing a grievance related to alleged sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith. Grievances at the facility are filed on the kiosk. During the on-site audit, the auditors requested documentation of grievances submitted by specific inmates. The PREA Compliance Manager was able to provide us the documentation requested on site.

**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 comments, including corrective actions needed if does not meet standard**

The facility has policies and procedures governing inmate access to outside victim advocates for emotional support services related to sexual abuse. The facility informs inmates, prior to giving them access to outside support services. The facility has an agreement with DVIS which provides this outside confidential support services.

**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 comments, including corrective actions needed if does not meet standard**

The facility has implemented an external hotline to DVIS which allows inmates to file a complaint of sexual abuse or sexual harassment. DVIS contacts the facility to report all allegations to be investigated. In addition, the agency publicly distributes information on how to report inmate sexual abuse or sexual harassment on behalf of inmates through agency website.

**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 comments, including corrective actions needed if does not meet standard**

The agency has policies governing: the reporting by staff regarding incidents of sexual abuse or sexual harassment; and the reporting by the facility regarding all allegations of sexual abuse and sexual harassment to the facility's designated investigators. Documentation of incidents reported to investigators was provided to auditors.

**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 comments, including corrective actions needed if does not meet standard**

The agency has policy governing the agency's protection duties when inmates are subject to a substantial risk of imminent sexual abuse. The agency takes immediate action when it is determined that an inmate is at risk of imminent sexual abuse.

**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 comments, including corrective actions needed if does not meet standard**

The agency has policies regarding reporting of allegations of sexual abuse of inmates while confined at another facility. The agency also has policy requiring the facility head to provide notification of allegation as soon as possible, but no later than 72 hours after receiving the allegation and to maintain documentation. The facility reported that in the past 12 months, they have not received any allegations that an inmate was abused while confined at another facility.

The agency also has policy requiring that allegations of sexual abuse of inmates received from other agencies or facilities are investigated in accordance with PREA standards. The facility has reported that in the past 12 months, the facility has not been notified of any allegations of sexual abuse from other facilities.

**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 comments, including corrective actions needed if does not meet standard**

The agency has policy governing staff first responder duties that require that upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report in accordance with the PREA standards. Documentation of response to allegations was documented on in reports provided. When conducting random interviews of staff they were unable to provide all the duties outline in accordance with the PREA standards; however, recommendation was provided in reference to staff training.

**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 comments, including corrective actions needed if does not meet standard**

The agency provided a policy that the facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigations, and facility leadership. Documentation was provided of an alleged sexual assault and how it was processed.

**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 comments, including corrective actions needed if does not meet standard**

The agency does not have collective bargaining agreements; therefore, meets that 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 comments, including corrective actions needed if does not meet standard**

The agency provided a policy protecting all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff, including policies on the monitoring of inmates/staff following a report and agency response to suspected retaliation. Documentation of an investigation was provided; however, not documentation of monitoring efforts of inmates or staff was provided. Therefore, during interviews staff and inmates were questioned to determine if what was stated in policy was in facility practice. During an interview with an inmate who had filed a report of alleged sexual abuse by an officer, he stated that he was still in the same housing unit with the staff member and that now he was being retaliated against. He continued to mention that he had filed additional reports in regard to the retaliation allegations and that nothing had been addressed. This information was provided to PREA Compliance Manager on-site and she immediately addressed the concern and the inmate was being reassigned to another housing unit while auditors were still conducting audit.

**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 comments, including corrective actions needed if does not meet standard**

The agency provided a policy governing use of segregated housing to protect and inmate who is alleged to have suffered sexual abuse. Documentation was provided that a review was conducted and housing assignment was changed due to outcry made at medical within 30 days. Record of housing assignments of inmate who alleged to have suffered sexual abuse was provided. When interviews were conducted it was indicated that there were no restrictions placed in regard to access to programs, privileges, education, or work opportunities in accordance with this 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 comments, including corrective actions needed if does not meet standard**

The agency provided policies related to the handling of criminal and administrative agency investigations in cases where sexual abuse is alleged. The required training in accordance with the PREA standards specialized training for investigations was exceed. Additional documentation was provided to auditors such as: investigative reports for allegations of sexual abuse or sexual harassment; log of allegations; and disposition for investigated reports.

**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 comments, including corrective actions needed if does not meet standard**

The agency provided a policy imposing a standard of evidence of preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated.

**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 comments, including corrective actions needed if does not meet standard**

The agency provided a policy requiring 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 by the agency. The policy also required that notification be documented. The facility indicated that there had been 28 criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the facility in the past 12 months. Sgt. Collett maintains documentation of notifications.

**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 comments, including corrective actions needed if does not meet standard**

The agency provided staff disciplinary policy regarding violations of agency sexual abuse or sexual harassment policies. Sample records were provided for allegations made against staff with a completed disposition of the investigation.

**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 comments, including corrective actions needed if does not meet standard**

The agency provided policy requiring that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Documentation was provided of reports of sexual abuse of inmates by contractors and volunteers to include the investigative reports.



**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 comments, including corrective actions needed if does not meet standard**

The agency provided policy which state that inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative or criminal finding that the inmate engaged in inmate-on-inmate sexual abuse. Sample records were provided of disciplinary actions. Investigative reports were also provided.

**115.81 Medical and mental health screening; 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 comments, including corrective actions needed if does not meet standard**

The agency provided policies governing the facility response for inmates who indicate prior history of sexual victimization or sexual abusiveness towards others. The facility also provided a copy of Armor Correction Health Services, Inc. policy which includes all requirements in accordance with the PREA standards.

Documentation was provided demonstrating screening. Interviews conducted also supported facility policy and protocol.

**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 comments, including corrective actions needed if does not meet standard**

The agency provided policy regarding access to treatment services by inmate victims of sexual abuse. The facility also provided a copy of Armor Correction Health Services, Inc. policy which includes all requirements in accordance with the PREA standards.

Documentation was provided demonstrating immediate notification of the appropriate medical and mental health practitioners. Interviews conducted also supported facility policy and protocol.

**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 comments, including corrective actions needed if does not meet standard**

The agency provided a policy governing ongoing medical and mental health care for sexual abuse victims and abusers. The facility also provided a copy of Armor Correction Health Services, Inc. policy which includes all requirements in accordance with the PREA standards.

The director for Armor Correction Health Services, Inc. was interviewed and provided auditor with supporting information.

**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 comments, including corrective actions needed if does not meet standard**

Incident reviews are conducted and tracked by PREA Coordinator and documented on a checklist.

**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 comments, including corrective actions needed if does not meet standard**

The agency collects accurate, uniform data for every allegation of sexual abuse and uses a standardized instrument and set of definitions.

**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 comments, including corrective actions needed if does not meet standard**

The facility reviews the data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies and training. An annual report is completed and made available to the public through its website.

**115.89 Data storage, publication, and destruction.**

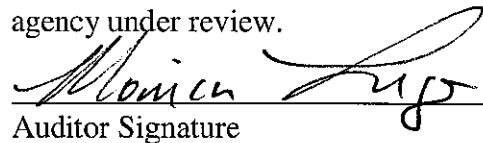
- Exceeds Standard (Substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

The agency has policy requiring that incident-based and aggregate data are securely retained. The agency also has policy requiring that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website.

**AUDITOR CERTIFICATION:**

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

  
Auditor Signature

  
Date