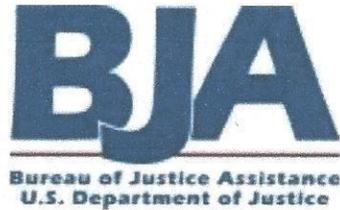


PREA AUDIT REPORT INTERIM FINAL
ADULT PRISONS & JAILS



Auditor Information			
Auditor name: Robert B. Ezell			
Address: 4613 NW 155 th Street, Edmond, Oklahoma 73013			
Email: rbezell@msn.com			
Telephone number: 405-659-8970			
Date of facility visit: June 16 th and 17 th , 2015			
Facility Information			
Facility name: Comanche County Detention Center			
Facility physical address: 315 SW 5 th Street, Lawton, Oklahoma 73501			
Facility mailing address: (if different from above)			
Facility telephone number: 580-250-1902			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: William Hobbs			
Number of staff assigned to the facility in the last 12 months: 76			
Designed facility capacity: 283			
Current population of facility: 290			
Facility security levels/inmate custody levels: Maximum/Minimum to Maximum			
Age range of the population: 17 to 64			
Name of PREA Compliance Manager: Lawrence A. Wells		Title:	Lieutenant
Email address: prea@comanchecounty.us		Telephone number:	580-250-1902
Agency Information			

Name of agency: Comanche County Facilities Authority		
Governing authority or parent agency: (if applicable)		
Physical address: 315 SW 5 th Street, Lawton, Oklahoma 73501		
Mailing address: (if different from above)		
Telephone number: 580-353-3717		
Agency Chief Executive Officer		
Name: Johnny Owens	Title:	Chairman
Email address: Johnny.owens@comanchecounty.us	Telephone number:	580-353-3717
Agency-Wide PREA Coordinator		
Name: NA	Title:	
Email address:	Telephone number:	

AUDIT FINDINGS NARRATIVE

On June 16 and 17, 2015 an audit was conducted at the Comanche County Detention Center, Lawton, Oklahoma to determine the level of compliance with the Prison Rape Elimination Act National Standards which were published in final form in August 2014.

Comanche County Detention Center (CCDC) is under the direction of the Comanche County Facilities Authority which was created in May 2001. The purpose of the Authority is to own, operate and manage jails, prisons and correctional related facilities. The Comanche County Facilities Authority consist of the three Comanche County Commissioners. CCDC is under the direction of the Central Comanche County Commissioner. The Comanche County Facilities Authorities appoints an Administrator to conduct daily operations of the CCDC.

Prior to the audit, I contacted Just Detention International to determine if they had received any contacts from the CCDC inmates. They had not.

There is one contract between the Oklahoma Department of Corrections (OKDOC) and the Comanche County Facilities Authority for the confinement of twenty-eight (28) medium custody OKDOC inmates. OKDOC is requiring jails housing OKDOC inmates to become PREA Certified.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Comanche County Detention Center is located in Lawton, Oklahoma. Comanche County was created as part of the Oklahoma Territory in 1901. It consists of 1,085 square miles and is named for the Comanche Tribe. Comanche County is home to U.S. Army Artillery School at Fort Sill and the Fort Sill National Cemetery.

CCDC is part of a criminal Justice complex and is located next door to the County Court House. Central Control is located on the second floor which can control all doors and cameras within the Detention Center. The East wing of CCDC consists of seven male housing units on the second and third floor. Male staff are primarily assigned to this area. There is a small control room on the third floor which has direct observation into the seven larger housing units. The third floor of the West wing houses female inmates. Female staff are primarily assigned to this area.

CCDC was designed with the concept of reducing the number of larger inmate housing units. It consists of twenty-one housing units of varying sizes from four to twenty-four inmates. It has a small segregation area for male inmates and one for female inmates.

A follow up visit was conducted on November 6, 2015, to review standard 115.15 and the CCDC plan on restricted camera viewing to ensure inmates' privacy is maintained.

SUMMARY OF AUDIT FINDINGS

Two hundred ninety (290) inmates were confined on the morning the audit began – 27 OKDOC inmates, 53 female inmates, two Youthful Offenders and two hundred and eight (208) County male inmates. CCDC is a three story building with twenty-one small housing units holding from four to twenty-four inmates each.

A complete tour of the facility was conducted including the booking area, medical, kitchen, Central Control, the male and female segregation units, and all housing units. During the tour this auditor observed all the areas and informally interviewed staff and inmates in various areas of the jail.

Seventeen inmates, including five female inmates, one Youthful Offender and one transgender inmate were formally interviewed during the audit. One contractor and twelve staff, including four from the midnight shift, were formally interviewed during the audit.

During the past twelve months there have no allegations of sexual abuse or sexual harassment reported occurring at the jail.

Number of standards exceeded: 0

Number of standards met: 40

Number of standards not met: 0

Number of standards not applicable: 3

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 CCDC PREA Policy clearly states the Zero Tolerance towards all forms of sexual misconduct and sexual harassment towards offenders. CCDC has designated an upper level staff member with the necessary authority as the PREA Compliance Manager.

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.

- Not Applicable** CCDC does not contract for the confinement of their inmates with any other agencies.

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.

CCDC does have a staffing plan and is documenting deviations from the plan. There is a process in place to document the annual review of the plan. The requirement for intermediate and higher level staff to conduct unannounced rounds on all shift is addressed in the CCDC PREA Policy page 4, I.D. Only the PREA Compliance Manager is currently conducting the unannounced rounds.

CCDC was not in compliance with this standard in the Interim Report dated July 9, 2015, for the above reason. Intermediate and higher level supervisors are now making the required unannounced rounds to observe for possible PREA issues on all shifts, weekdays and weekends. This was verified by a review of the daily PREA Unannounced Rounds sign in sheets and control room log books.

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.

Youthful offenders are housed at CCDC. They are housed separately from adult offenders. However, they are only offered recreation two or three times a week as are the general population inmates instead of daily as required by this standard.

CCDC was not in compliance with this standard in the Interim Report dated July 9, 2015, for the above reason. Recreation is now being offered daily to the Youthful Offenders. This is documented on the Supervisors Youthful Offenders Recreation Log and in the control room log book.

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.

This is covered in the CCDC PREA Policy page 3, I.C.5. There has been no cross gender strip searches or cross gender body cavity searched documented in the past twelve months. There are multiple housing units that allow an open and direct view of an inmate using the toilet or in the shower. In Central Control camera #267 has a direct view of an inmate toilet and camera #305 has a direct view of an inmate shower.

CCDC was not in compliance with this standard in the Interim Report dated July 9, 2015, for the above reasons. Male staff are primarily assigned to the West wing of the second floor where the male inmates are housed and female staff primarily to the East Wing of the third floor where the female inmates are housed. CCDC is in the process of converting their shower curtains to PREA compliant shower curtains which will address the open view into the shower areas. Curtains have been placed on toilets where a direct view was previously an issue. Three cameras could not be repositioned due to the small size of the housing areas involved. Control room staff are now required to block out the cross gender unit cameras when they assume the post. The CCDC Policy has been revised to prohibit cross gender camera viewing by control room staff and all control room staff were trained on this new process in October 2015. Supervisors while conducting rounds will spot check this. Additional signage has been placed in all housing units reminding inmates that cameras are in use at the detention center. A follow up visit was conducted on November 6, 2015, in order to personally view the control room and how the cameras will be blocked. This was also discussed with the Administrator and PREA Compliance Manager.

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 is covered in the CCDC PREA Policy page 13, V. Inmates who are not fluent in English are not being provided the appropriate orientation materials in a language they can understand. The inmate handbook needs to be translated into Spanish. There is not a list of interpreters available nor is there a translation service available.

CCDC was not in compliance with this standard in the Interim Report dated July 9, 2015, for the above reasons. The PREA Policy has now been translated into Spanish. Intake documents are now available in Spanish to inmates who have limited English proficiency. A list of interpreters was developed in August 2015.

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.

CCDC PREA Policy does not address the requirements of this standard. Initial background checks are being conducted. A process to track eligibility for the five year background check was discussed with staff.

CCDC was not in compliance with this standard in the Interim Report dated July 9, 2015, for the above reasons. The CCDC PREA policy was revised on August 11, 2015, to address all requirements of this standard. A copy of the revised policy was reviewed by this auditor. Background checks will be done annually on all staff at the end of January each year. The employment applications now included the questions outlined in 115.17(a). Several completed new employee applications were reviewed by this auditor.

Standard 115.18 Upgrades to facilities and technologies

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

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

- X Not Applicable** There have been no upgrades to technology since August 2012

Standard 115.21 Evidence protocol and forensic medical examinations

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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.

OKDOC Office of the Inspector General investigates all allegations concerning sexual abuse involving OKDOC inmates. OKDOC polices meet the PREA Standard. 115.21 (b) is not addressed in the CCDC PREA Policy nor the Investigations Policy. MOU with New Directions and H.E.L.P. Advocacy is in the process of being finalized. CCDC Policy Sexual Misconduct with Inmates requires all substantiated cases be referred to the District Attorney.

CCDC was not in compliance with this standard in the Interim Report dated July 9, 2015, for the above reasons. The MOU with New Directions was completed on October 1, 2015. The MOU with H.E.L.P. Advocacy of Southwest Oklahoma was finalized and not received until after the on-site audit. Documentation was provided from H.E.L.P. Advocacy that forensic medical examinations protocols meet the requirements of 115.21 (b).

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.

OKDOC Office of the Inspector General investigates all allegations of sexual abuse involving OKDOC inmates. CCDC and Oklahoma State Bureau of Investigations (OSBI) would investigate all allegations involving County inmates. CCDC Policy Sexual Misconduct with Inmates requires all substantiated cases be referred to the District Attorney.

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.

Policy covers all elements of the standard. A review of sign in rosters and staff interviews verifies that the training is being conducted. Staff were knowledgeable of their duties under PREA when interviewed.

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.

This standard is addressed in the CCDC PREA Policy. All contractors and volunteers training is being documented. Background checks are being conducted. The one contractor interviewed was knowledgeable of his responsibilities under PREA.

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.

Standard is covered in the CCDC PREA Policy page 13, V. Inmates during the booking process receive information concerning the CCDC Zero tolerance policy. A better process needs to be developed to document the 30 day comprehensive inmate education program. Information made available to the inmates needs to be provided in Spanish.

CCDC was not in compliance with this standard in the Interim Report dated July 9, 2015, for the above reasons. The CCDC Risk Assessment form has been modified to reflect the intake date, the date of the required reassessment within thirty-days and the date of the comprehensive PREA education. Booking information is now available in Spanish. For inmates who cannot understand English, CCDC uses YouTube and shows the "What you need to know about PREA" which is close captioned and available in Spanish.

Standard 115.34 Specialized training: Investigations

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

Does Not Meet Standard (requires corrective action)

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

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

OKDOC Office of the Inspector General investigates all allegations of sexual abuse involving OKDOC inmate. Their investigators have received the required specialized training. CCDC investigates allegations involving County inmates. Investigators have received the required specialized training.

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.

CCDC Policy outlines specialized medical training requirements on IV, F.3. No documentation to show medical staff has received the specialized training required was available.

CCDC was not in compliance with this standard in the Interim Report dated July 9, 2015, for the above reason. Medical staff received the required Specialized Medical training on October 5, 2015. This was verified by reviewing the sign in sheets and certificates.

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.

The intake screening form does not contain the required questions outlined in 115.41 (d). There is no objective screening form being used to screen arriving inmates for their risk of victimization or abusiveness towards other inmates. The reassessment required to be conducted not to exceed 30 days from the inmates' arrival needs to be completed on all newly arrived inmates.

CCDC was not in compliance with this standard in the Interim Report dated July 9, 2015, for the above reasons. The PREA Risk Assessment Form was revised to show the initial intake date, the date of the initial medical screening, the date of the risk of victimization or abusiveness towards other inmates screening, and the date the Comprehensive PREA Education was conducted. All questions required by 115.41 (d) are now included on the Assessment Form. A decision based on the information provided is then made on how to house the inmate. Additionally, the date the PREA Compliance Manager reviews the form is documented.

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 required in Standard 115.41 is not being conducted.

CCDC was not in compliance with this standard in the Interim Report dated July 9, 2015, for the above reason. Screening in accordance with Standard 115.41 is now being conducted.

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.

All elements of the standard are covered in CCDC PREA Policy page 17, VIII, A thru E. No inmates have been placed in Protective Custody in the past twelve months for PREA related incidents.

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.

Inmates and staff have multiple ways to report incidents of sexual abuse or sexual harassment. Inmates held solely for civil immigration purposes are not being provided the contact information for Consulates or the Department of Homeland Security.

CCDC was not in compliance with this standard in the Interim Report dated July 9, 2015, for the above reason. A process is now in place to provide appropriate Department of Homeland Security or Consulates contact information to inmates.

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.

CCDC Grievance Policy has not been updated to meet the requirements of this standard. It imposes a 48 hour time from the time of the incident in which to file a grievance.

CCDC was not in compliance with this standard in the Interim Report dated July 9, 2015, for the above reason. The CCDC Grievance Policy was revised on July 31, 2015, and now is in compliance with this standard. Time frames to file a grievance have been changed appropriately.

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.

No access to outside victim advocates is currently provided to inmates. CCDC is in the process of obtaining a Memorandum of Understanding (MOU) with H.E.L.P. Advocacy Center to coordinate this access.

CCDC was not in compliance with this standard in the Interim Report dated July 9, 2015, for the above reason. A finalized MOU with H.E.L.P. Advocacy of Southwest Oklahoma was received by CCDC shortly after the on-site audit.

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.

Third party reporting information is available on the CCDC website. The information is under the PREA tab and outlines the CCDC Zero tolerance policy on sexual abuse and sexual harassment of 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.

Section IX of the CCDC PREA Policy covers this standard. Staff were knowledgeable of their reporting duties during the formal and informal interviews.

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.

Staff were aware of this requirement when asked during both formal and informal interviews.

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.

This standard is covered in CCDC PREA Policy on page 21, Section X., A. There was one reported incident in the past twelve months and the other Sheriff’s Office was notified within the 72 hours and the notification was documented.

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.

Standard is covered in CCDC PREA Policy pages 18 and 19, section IX. A., 2 thru 8. Staff are issued pocket cards outlining the steps to be taken in the event of a sexual assault. Staff were aware of their first responder duties when questioned both formally and informally.

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.

There is not a detailed written institutional plan to coordinate actions taken in response to an incident of sexual abuse. Staff are provided a pocket card which outlines initial responder and Supervisory staff responsibilities. This does not constitute a written institutional plan.

CCDC was not in compliance with this standard in the Interim Report dated July 9, 2015, for the above reason. A detailed Coordinated Response plan to coordinate first responder actions was developed and provided to this auditor.

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.

- X Not Applicable** CCDC does not participate in any collective bargaining.

Standard 115.67 Agency protection against retaliation

Exceeds Standard (substantially exceeds requirement of standard)

- X Mets 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.

CCDC PREA Policy addresses this standard on page 20, Section IX C, 1 thru 6. It outlines the steps to protect an inmate from retaliation. Two incidents of sexual harassment were reported in the last twelve months. Both were investigated and determined to be unfounded. The inmates were notified of the results of the investigations. This notification was documented.

Standard 115.68 Post-allegation protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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.

Section VIII, F of the CCDC PREA Policy addresses this standard. There have been no uses of post-allegation protective custody in the past twelve months.

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.

OKDOC Office of the Inspector General investigates all allegations concerning OKDOC inmates. All of their investigators have received the required specialized training. Both CCDC Staff identified to investigate allegations involving county inmates have also received the required specialized training. There have been no allegations of sexual abuse reported in the past twelve months.

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.

CCDC PREA Policy addresses this standard in Section X, D, 3 on page 25.

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.

All elements of standard are outlined in CCDC PREA Policy. There have been no allegations of sexual abuse in the past twelve months occurring at CCDC.

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.

There have been no allegations of staff sexual misconduct in the past twelve months. 115.76 (b) is not addressed in the CCDC PREA Policy, nor the Sexual Misconduct with Inmates Policy.

CCDC was not in compliance with this standard in the Interim Report dated July 9, 2015, for the above reason. The Employee Disciplinary Policy was revised on July 23, 2015, to reflect this standard. A copy of this revised policy was provided to this auditor.

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.

There have been no allegations of misconduct involving contractors or volunteer in the past twelve months at CCDC. According to CCDC Policy all substantiated allegations of sexual misconduct with staff are reported to the District Attorney.

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.

OKDOC inmates are disciplined under the OKDOC Disciplinary Policy which meets the requirements of this standard. Items 115.78 c, e and f need to be addressed in CCDC policy to meet all elements of this standard.

CCDC was not in compliance with this standard in the Interim Report dated July 9, 2015, for the above reason. CCDC Inmate Disciplinary policy was revised on July 29, 2015, to reflect all elements of this standard. A copy was provided to this auditor.

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.

Screening required by Standard 115.41 is not being conducted.

CCDC was not in compliance with this standard in the Interim Report dated July 9, 2015, for the above reason. Inmate screening required by 115.41 is now being conducted.

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.

Emergency Medical Services would be contacted after hours in the event of a sexual assault. Medical treatment decisions are the sole judgement of medical providers.

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.

Staff is knowledgeable of the standard. There have been no instances requiring the offering of ongoing medical or mental health care in the past twelve months due to PREA related issues.

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.

Standard is outlined in policy and key staff are aware of the requirement. There have been no incidents requiring activation of the team in the past twelve months.

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.

Section XIV of the CCDC PREA Policy covers this standard. The PREA Compliance Manger has developed a tracking book to log all PREA related incidents.

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.

Standard is covered in CCDC PREA Policy. CCDC has developed an excel spreadsheet to track the required data. CCDC has a website to publish the information on once it is compiled.

Standard 11589 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)

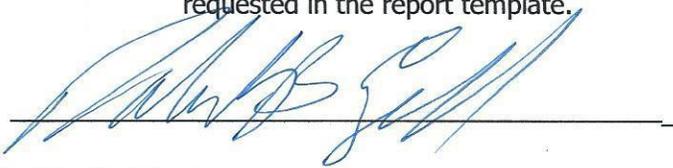
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations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

The PREA Compliance Manager is responsible for the collection and storage of all PREA related data for CCDC.

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.



Auditor Signature

5 JAN 2016

Date