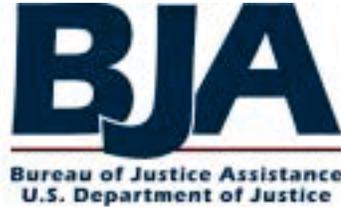


ADULT PRISONS & JAILS



<b>Auditor Information</b>			
<b>Auditor name:</b> E. Richard Bazzle			
<b>Address:</b> 11820 Parklawn Drive, Suite 240, Rockville, MD 20852			
<b>Email:</b> richard.bazzle@nakamotogroup.com			
<b>Telephone number:</b> 864-941-0383			
<b>Date of facility visit:</b> June 23-26, 2015			
<b>Facility Information</b>			
<b>Facility name:</b> Federal Transfer Facility, Oklahoma City			
<b>Facility physical address:</b> 7410 S. MacArthur Blvd. Oklahoma City, OK			
<b>Facility mailing address:</b> (if different from above) PO Box 898802, Oklahoma City, OK 73189			
<b>Facility telephone number:</b> 405-682-4075			
<b>The facility is:</b>	<input checked="" type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> John B. Fox			
<b>Number of staff assigned to the facility in the last 12 months:</b> 313			
<b>Designed facility capacity:</b> 1065			
<b>Current population of facility:</b> 1185			
<b>Facility security levels/inmate custody levels:</b> Administrative Security			
<b>Age range of the population:</b> 20-86			
<b>Name of PREA Compliance Manager:</b> Bridgette Nickerson		<b>Title:</b>	Associate Warden
<b>Email address:</b> OKL/PREAComplianceMgr@bop.gov		<b>Telephone number:</b>	405-682-4075
<b>Agency Information</b>			
<b>Name of agency:</b> Federal Bureau of Prisons			
<b>Governing authority or parent agency:</b> (if applicable) US Department of Justice			
<b>Physical address:</b> 320 First St. NW, Washington, DC 20534			
<b>Mailing address:</b> (if different from above)			
<b>Telephone number:</b> 202-307-3198			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Charles E. Samuels, Jr.		<b>Title:</b>	Director
<b>Email address:</b> BOP-CPD/PREA Coordinator@BOP.GOV		<b>Telephone number:</b>	202-514-4919
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Alix McLearen		<b>Title:</b>	National PREA
<b>Email address:</b> BOP-CPD/PREA Coordinator@BOP.GOV		<b>Telephone number:</b>	202-514-4919

## AUDIT FINDINGS

### NARRATIVE

The on-site visit for the initial Prison Rape Elimination Act (PREA) compliance audit for the Federal Transfer Center-Oklahoma City was conducted on June 23-26, 2015. FTC-Oklahoma City is an administrative security level Bureau of Prisons (BOP) facility with a design capacity of 1065 beds. On the first day of the audit, the facility population was 1185.

The standards used for this audit became effective August 20, 2012. Prior to the audit, the auditor received from the PREA Management Analyst of the Bureau of Prisons (BOP) Central Office and the PREA Compliance Manager of FTC-Oklahoma City the Pre-Audit Questionnaire and secondary documentation supporting standard compliance. The on-site audit began with an in-briefing attended by the Warden, Associate Warden, Acting PREA Compliance Manager/Chief of Psychology, BOP Management Analyst and department heads. Following the in-brief, the auditor was escorted on a comprehensive tour of the facility which included all inmate housing units, educational and vocational areas, food service area and other facility support and administrative areas. During the tour, staffing of areas and interactions between staff and inmates was observed, and informal interviews were conducted with both staff and inmates.

During the three day audit process, discussions and interviews were held with the executive staff, department heads, numerous specialized staff and contractors and security staff from all shifts. All staff interviewed, formally and informally, was extremely knowledgeable of their responsibilities relating to PREA. The National PREA Coordinator and the Agency Contract Administrator were previously interviewed telephonically, as was a designee of the Director of the BOP.

A total of 26 inmates were formally interviewed during the audit. All were informed and knowledgeable concerning PREA, their right not to be sexually abused or sexually harassed, how to report sexual abuse or sexual harassment and their right not to be punished if they did so. FTC-Oklahoma City had eight alleged incidents of sexual abuse or sexual harassment during this reporting period. Seven were found to be unsubstantiated or unfounded. One was found to be substantiated, investigated and appropriate action taken.

## DESCRIPTION OF FACILITY CHARACTERISTICS

Located on the southwest edge of the Will Rogers World Airport in Oklahoma City, the Federal Transfer Center (FTC) was activated in 1995 and charged with the safe and efficient movement in and out of the institution of approximately 85,000 offenders per year. The facility, a seven-story 544,100 square foot high-rise, houses adult male and female holdover offenders in-route to other facilities nationwide. In addition to in-transit offenders, the FTC has a designated work cadre unit of 174 beds. The FTC is an integral component of the United States Marshals Service Justice Prisoner Alien Transportation System, also known as JPATS. The movement of offenders is accomplished through the use of two MD 83 aircraft operated by the U.S. Marshal Service and several buses operated by the Bureau of Prisons.

The mission of the Federal Bureau of Prisons is to protect society by confining offenders in the controlled environments of prisons and community-based facilities that are safe, humane, cost-efficient, and appropriately secure, and that provide work and other self-improvement opportunities to assist offenders in becoming law-abiding citizens. The mission of FTC-Oklahoma City is to provide safe and efficient movement of offenders in and out of the facility. This challenging task is accomplished with little information available on many prisoners, requiring staff to utilize the best screening techniques, cooperation and enhanced security measures to provide for the safety of offenders and staff.

The FTC has 11 male general population holdover units and one female general population holdover unit. These are single pod units in which offenders remain in at all times during their stay at the FTC, unless moved for emergencies or managerial purposes. Each of these units has 118 beds, except a handicap unit consisting of 116 beds. The male cadre unit has 174 beds, and a Special Housing Unit, with a section available for female offenders when necessary, has 173 beds.

Due to the main mission of the FTC being to process and temporarily house holdover offenders, programming is limited. However, every effort is made to provide programs that assist in eliminating idleness and offer positive use of leisure time.

The Education/Recreation Department programs at the FTC are designed to prepare work cadre offenders for successful re-entry into the community. Education programs include GED, English as a Second Language (ESL), Adult Continuing Education classes, job readiness skills leading to mock job fairs, correspondence college guidance, Dental Assistant Apprenticeship Program, leisure library services, and law library services.

Through formal and informal interviews with staff, contractors and offenders and review of policy and documentation, it was evident that FTC-Oklahoma City has an effective program in place to effectively educate all concerned in the zero-tolerance policy against sexual abuse established by the Federal Bureau of Prisons.

## SUMMARY OF AUDIT FINDINGS

At the conclusion of the on-site portion of the audit, a meeting was held to discuss the overall audit process with the Warden, Associate Warden, BOP Management Analyst and management staff of Federal Transfer Center-Oklahoma City.

After reviewing the documentation presented prior to the audit in the Pre-Audit Questionnaire, touring and inspecting the facility as it relates to PREA and interviewing staff, contractors and inmates, the conclusion indicates compliance with all Prison Rape Elimination Act standards that are applicable to the facility.

Throughout the review process, it was evident that the leadership and staff of FTC-Oklahoma City are committed to a zero-tolerance policy for all forms of sexual abuse and sexual harassment. The facility staff was well informed as to their duties and responsibility as it relates to PREA.

Number of standards exceeded: 3

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 1

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

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

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

BOP PS 5324.11, PS 3420.11, PS 5270.09 and OKL 5324.11A address this standard. The Federal Bureau of Prisons and FTC-Oklahoma City exceed the requirement of the PREA zero-tolerance standard with comprehensive policies and procedures and commitment of staffing, training and technical resources. The BOP has designated a National PREA Coordinator and a PREA Compliance Manager assigned to each regional office in the agency, as well as a PREA Compliance Manager at each of its facilities to ensure adherence to PREA.

### Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

The agency meets the requirements of this standard. A review of submitted documentation confirmed that all contracted entities for the confinement of inmates adopt and comply with PREA standards.

### 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.**

BOP PS 3000.03 addresses this standard. Policy requires each facility within the agency to review their respective staffing plans on an annual basis. In reviewing FTC-Oklahoma City Workforce Utilization and Work Programming meeting reports, compliance with PREA and other safety and security issues are always a primary focus and concern when considering and reviewing staffing plans. FTC-Oklahoma City has been provided all the necessary resources to support the programs and procedures to ensure compliance with PREA. During the course of the audit, the video monitoring systems were examined, inmate access to confidential e-mail system and ability to place confidential telephone calls to advocates were examined and staffing rosters were reviewed. Required forms submitted by Institution Duty Officer and logs documenting unannounced rounds covering all shifts were reviewed. Interviews with officers and inmates indicated that unannounced rounds were made weekly on all shifts.

### Standard 115.14 Youthful inmates

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

**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. FTC-Oklahoma City does not house youthful offenders.

### 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.**

BOP PS 5324.11 and FTC-Oklahoma City 5234.11 address this standard. The facility does not allow cross-gender strip or frisk searches of inmates by non-medical staff, except in exigent circumstances. Interviews with staff indicated that cross-gender pat search training was received during facility familiarization training, at the BOP training academy, and during annual refresher training. Interviews with both officers and inmates indicated that inmates are always allowed to shower and use the toilet facilities in private, without being viewed by female staff. Announcement of female staff on a living unit is made over an inter-com and made verbally by the female staff member upon entrance and signs are posted in units to remind inmates of female staff presence.

### 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.**

BOP 5324.11 addresses this standard. The facility takes necessary steps, through consultation between facility staff and responsible clinicians, to ensure inmates with disabilities and limited English proficiency have opportunity to participate in and benefit from the facility's effort to prevent, detect and respond to sexual abuse and sexual harassment. Information concerning PREA is distributed in English and Spanish on numerous postings, pamphlet handouts and in the inmate orientation handbook. Facility staff was aware that prisoners are not allowed to be used as interpreters in dealing with any PREA related matter. Staff has available a translation service through LanguageLine Solutions, if necessary.

### 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.**

BOP PS 3000.03 and PS 3420.11 address this standard. The Human Resources Manager was interviewed and stated all components of this standard were in compliance. Background checks were completed on all employees, contractors and volunteers, and a tracking system was in place to ensure that background checks were conducted every five years. Applicants for employment with any background of sexual abuse or sexual harassment are not hired. Policy states that material omission or false information submitted by an applicant shall be grounds for termination.

### 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.**

Since August 20, 2012, FTC-Oklahoma City has not had any upgrades to facilities and technologies. New video and other monitoring technology has been requested to upgrade computer server in order to add additional video monitoring cameras in various locations throughout the facility.

## Standard 115.21 Evidence protocol and forensic medical examinations

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

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

BOP PS 5324.11, PS 6031.03 and OKL 5324.11A address this standard. BOP and FTC-Oklahoma City policies are detailed in all areas of this standard. Interviews with staff, SIS investigators and medical personnel indicated that all were well versed in their roles of following established protocols for protection of victim and securing crime scene, required medical examination protocol, and investigative procedures for collection of usable physical evidence for administrative and criminal prosecutions. Staff was aware that all allegations of sexual misconduct are referred to the SIS Lieutenant for investigation. The facility has available the services of Sexual Assault Nurse Examiners (SANEs) through a local medical facility. No SANE exams were conducted during this reporting period. If this service or any other relating to PREA is required, the inmate will incur no expense. A Gratuitous Services Agreement is in place between the facility and YWCA Oklahoma City- Rapes Crisis Center to provide advocacy assistance to inmates of the facility.

## 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.**

BOP PS 5324.11 and PS 5508.02 address this standard. Policy requires that administrative or criminal investigations be conducted on all allegations of sexual misconduct. Investigations are conducted by the facility Special Investigative Supervisor (SIS) and referred to the FBI, if necessary. Interviews with the SIS Lieutenant and SIS Special Investigative Agents indicated a high degree of knowledge and responsibility in conducting investigations relating to PREA. Eight investigations of alleged sexual misconduct were conducted during this reporting period. Seven were found to be either unsubstantiated or unfounded. One was found to be substantiated and referred to the FBI for possible criminal investigation but declined to investigate, referring the case back to the facility. A review of the SIS investigative report was complete and thorough, with appropriate action taken.

### 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.**

BOP PS 5324.11 and Annual Training Plan address this standard. All custodial staff is required to attend and successfully complete training at the Federal Law Enforcement Training Center where extensive PREA standards training is provided. All other staff, volunteers and contractors receive PREA training relative to their responsibilities. The facility provides much of this training through BOP on-line courses. PREA refresher training is part of the annual training required to be taken by all employees. Training is documented through class rosters and signed statements signifying training received and understanding of the training.

### Standard 115.32 Volunteer and contractor training

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

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

BOP PS 5324.11 and Annual Training Lesson Plan (Sexually Abusive Behavior Prevention and Intervention) address this standard. All contractors and volunteers received annual training related to their responsibilities concerning PREA (zero- tolerance, detection, prevention, response, and reporting requirements). This training is documented through training roster sign-in sheets and signed acknowledgment sheets stating the training was received and understood.

### 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.**

BOP PS 5324.11 and PS 5290.14 address this standard. Inmates receive information concerning the facility's zero-tolerance policy regarding sexual misconduct and how to report incidents or suspicion of sexual misconduct during the Admission and Orientation (A&O) process upon arrival. This process is documented through signed rosters indicating receiving and understanding the information presented. Additional information is contained in the Inmate Orientation Handbook and a PREA pamphlet for the inmate to keep for reference (both are in English and Spanish). Inmates are provided access to PREA information through the TRU Links computer system, which also provides a direct and confidential e-mail link to the Office of the Inspector General to submit PREA concerns. Confidential telephone access is available to an outside victim advocacy agency and mailing addresses and telephone numbers are available, along with PREA posters throughout the facility. Interviews, formally and informally, with cadre and "holdover" inmates indicated an understanding of their rights as it related to PREA.

### 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.**

BOP PS 5324.11 and training lesson plans address this standard. A review of submitted documentation indicated that SIS staff and FBI criminal investigators have received specialized training relevant to PREA. The SIS unit staff were interviewed and presented, in detail, steps to be taken during a PREA-related investigation.

### 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.**

BOP PS 5324.11 and training lesson plans address this standard. All mental health and medical staff have received specialized training on victim identification, interviewing, reporting and clinical interventions. Lesson plans were reviewed, and annual refresher training is documented.

### 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.**

BOP PS 5324.11, PREA Intake Objective Screening Instrument and Psychological Assessment Logs address this standard. All inmates admitted to the facility are immediately assessed at intake by receiving staff for their risk of being sexually abused by other inmates or being sexually abusive towards other inmates. Other relevant information from other facilities is part of this assessment. An inmate identified as high risk for sexual victimization or at risk of sexually abusing other inmates is referred to a mental health professional for further assessment. An inmate so identified would be assigned to an appropriate housing area with additional supervision. Inmates reassessment occurs after 90 days.

### 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.**

BOP PS 5324.11 and OKL 5324.11A address this standard. Policy requires the use of a screening instrument to determine housing, bed, work, education and program assignment with the goal of keeping inmates at high risk of being sexually abused from inmates at high risk of being sexually abusive. Housing and program assignment is determined on a case-by-case basis.

### 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.**

BOP PS 5324.11 addresses this standard. The FTC-Oklahoma City Special Housing Unit (SHU) is a separate unit within the facility. Policy states inmates at high risk of sexual victimization shall not be placed in involuntary segregated housing (SHU) unless an assessment of all available alternatives has been made, and a determination has been made that there is no available means of separation from likely abusers. Policy states inmates placed in this status shall be reviewed every 30 days. During this reporting period, no inmates were placed in protective custody due to allegations of sexual assault.

### 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.**

BOP PS 5324.11, OKL 5324.11A, A&O Handbook, BOP website and PREA postings address this standard. A review of documentation, interviews with staff and inmates and observation of postings indicated that there are multiple ways for inmates to report sexual misconduct verbally or in writing directly to staff, anonymously or through a third party. Staff is trained to immediately document and report any allegation of sexual misconduct submitted by an inmate or information received through a third party.

### 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.**

BOP PS 1330.18 addresses this standard. Inmates may file a grievance concerning sexual misconduct without time limit constraints; however, when the grievance is received, it automatically opens a formal investigation, either administrative or criminal. The policy prohibits the grievance from being referred to a staff member who may be the subject of the complaint. Eight grievances were filed involving PREA related issues during this reporting period. Seven were determined to be unsubstantiated or unfounded, and one was found substantiated. All were investigated and appropriate action taken.

### 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.**

BOP PS 5324.11, Inmate Handbook and Gratuitous Service Agreement address this standard. The facility has a Gratuitous Service Agreement with the YWCA Oklahoma City Rape Crisis Center to provide confidential support services to inmates of FTC-Oklahoma City. Information is provided to inmates on how to place a confidential call to this advocacy organization. Inmates also have confidential access to the Rape Abuse and Incest National Network (RAINN), a national sexual abuse hot-line, as well as a confidential e-mail access to the Office of Inspector General regarding any PREA related matter. Inmates interviewed were knowledgeable of how to contact advocates.

### Standard 115.54 Third-party reporting

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

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

The BOP website and FTC-Oklahoma City public postings address this standard. Information regarding third party of sexual abuse or sexual harassment on behalf of inmates is posted on the BOP national website. Additionally, information regarding third party reporting is publicly posted in the facility's visiting room.

### 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.**

BOP PS 5324.11 addresses this standard. Interviews with staff at all levels confirmed that they were acutely aware of their responsibility to immediately report and document any allegation of sexual abuse, harassment, retaliation against individuals who report such incidents or any staff neglect or violations of responsibilities that may have contributed to an incident or retaliation. Information relating to a report of sexual abuse is limited to those with a need to know. All allegations of sexual misconduct are forwarded to the Special Investigative Supervisor for investigation.

### 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.**

BOP 5324.11 addresses this standard. All staff interviewed was knowledgeable of required duty and responsibility to protect an inmate if they became aware he/she was at substantial risk of imminent sexual abuse. During interviews, staff described steps to be taken to protect inmate and reporting duties.

### 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.**

BOP PS 5324.11 addresses this standard. Policy requires the warden of FTC-Oklahoma to report any PREA related allegation by an inmate that occurred at another facility to the warden of the facility where the alleged incident occurred as soon as possible, but at least 72 hours of receiving the allegation. Policy also requires the facility receiving the information to investigate the allegation. FTC-Oklahoma has provided 48 written notification to other confinement facilities during this reporting period.

### 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.**

BOP PS 5324.11 addresses this standard. All staff and contractors are trained in duties of first responders. Staff and contractors interviewed were very knowledgeable of their responsibilities as first responders. There were no PREA incidents reported requiring first responder duties during this reporting period.

### 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.**

OKL 5324.11A addresses this standard. Policy describes in detail the actions to be taken by staff in the event any PREA related incident occurs. Annual training is required of all personnel to ensure each is familiar with their duties and responsibilities. Interviews with staff, formally and informally, indicated a clear understanding of their responsibilities relating to PREA.

### 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.**

FTC-Oklahoma City submitted for review a copy of the Master Agreement between the Federal Bureau of Prisons and Council of Prison Locals American Federation of Government Employees, effective July 21, 2014-July 20, 2017. This agreement allows the BOP and FTC-Oklahoma City to reassign an employee to another job within the facility or remove the employee from the facility pending investigation of the matter. This agreement complies with the standard.

### Standard 115.67 Agency protection against retaliation

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

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

BOP PS 5324.11 addresses this standard. Agency policy forbids any type of retaliation to any staff member or inmate who has reported an incident of sexual abuse or sexual harassment or who has cooperated with an investigation into such matters. The Associate Warden/PREA Compliance Manager monitors all possibilities of retaliation and, at a , would follow-up with a staff member or inmate who may have been victimized or reported victimization at least every 30 days for 90 days following an allegation. Depending on circumstances, these checks may occur more frequently or be extended beyond 90 days. There have been no incidents of retaliation reported during this reporting period.

### Standard 115.68 Post-allegation protective custody

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

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

BOP PS 5324.11 addresses this standard. Agency policy prohibits the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and there is no available alternative means of separation from likely abusers. During this reporting period, no inmate was placed in involuntary segregated housing.

### 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.**

BOP PS 5324.11 addresses this standard. Investigations of alleged sexual misconduct are investigated by the SIS unit to determine if the allegation is substantiated, unsubstantiated or unfounded. If the allegation appears to be criminal in nature, the SIS will refer the incident to the FBI for investigation. There was one substantiated PREA allegation referred to the FBI during this reporting period. The FBI declined investigative jurisdiction. The SIS unit thoroughly and objectively investigated the matter, and appropriate action was taken.

### 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.**

BOP PS 5324.11 addresses this standard. Agency policy establishes the evidence standard as a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

### 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.**

BOP PS 5324.11 addresses this standard. Following an investigation into an inmate's allegation that they have suffered sexual misconduct in the facility, the inmate is notified in writing by the SIS Lieutenant as to whether the allegation was substantiated, unsubstantiated or unfounded. Documentation reviewed indicated that inmates were notified in writing by the SIS Lieutenant.

### 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.**

BO PS 5324.11 addresses this standard. Policy states that staff is subject to administrative action, up to and including removal, for violation of the agency's zero tolerance policy regarding sexual misconduct. No staff received administrative action of any kind for violation of the agency zero tolerance policy during this reporting period.

### 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.**

BOP PS 5324.11 addresses this standard. During this reporting period, there were no allegations of sexual misconduct with an inmate involving contractors or volunteers.

### 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.**

BOP PS 5324.11 addresses this standard. During this reporting period, there were no disciplinary sanctions against inmates issued as a result of sexual misconduct with other inmates or staff at FTC-Oklahoma City. Inmates are not disciplined for allegations of sexual misconduct made in good faith, even if an investigation does not establish evidence sufficient to substantiate the allegations.

### 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.**

BOP PS 5324.11 addresses this standard. Screening of inmates for sexual abuse begins during the initial intake process at FTC-Oklahoma City. Both medical and mental health personnel take part in the intake process and utilize information from an in-depth screening instrument and interview with inmate to assess if the inmate has a history of sexual abuse. Any inmate with a history of sexual abuse receives a follow-up review within 14 days with psychology services. Treatment services are offered at no financial cost to the inmate.

### 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.**

BOP PS 5324.11 and OKL 5324.11A address this standard. Policy states that health services personnel are responsible for ensuring that examination, treatment and documentation of injuries sustained by an inmate from sexual abusive behavior be conducted by a Sexual Assault Nurse Examiner (SANE) at a local medical facility. Health services personnel will treat and stabilize any immediate life threatening injuries and prepare the inmate to be received by the SANE nurse. Inmates requiring emergency medical treatment and crisis intervention receive services at no financial cost.

### 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.**

BOP PS 5324.11 addresses this standard. Policy states medical and mental health evaluation and, as appropriate, treatment is offered to all inmates who have been victimized by sexual abuse in prison, jail, lock-up or juvenile facility. Evaluation and treatment include follow-up services, treatment plan and, if necessary, referrals for continuing care following transfer or release.

### 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.**

BOP PS 5324.11 addresses this standard. Policy requires for a review team to meet at the conclusion of an investigation determining the allegation to be substantiated or unsubstantiated. The team is convened to consider whether the allegation indicates the need to change policy or practice, and to consider other factors that may have impacted the allegation. Recommendations of the team are implemented or reasons for not doing so are documented. A review of reports indicated policy was being adhered to.

### 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.**

BO PS 5324.11 addresses this standard. FTC-Oklahoma City collects accurate, uniform data for every allegation of sexual misconduct using a standard instrument and set of definitions from the most recent version of the Summary of Sexual Violence (SSV) conducted by the Department of Justice. This information is forwarded to the BOP central office, which aggregates all data and reviews annually.

### 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.**

BOP PS 5324.11 addresses this standard. FTC-Oklahoma City Associate Warden/PREA Compliance Manager ensures the data collected on sexual abuse for inmate-on-inmate cases is forwarded to the respective Regional PREA Coordinator annually. The BOP reviews all data collected to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, and to identify problem areas and take corrective action. An annual report is prepared and published on the BOP website.

## Standard 115.89 Data storage, publication, and destruction

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

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

BOP PS 5324.11 addresses this standard. The National PREA Coordinator reviews data compiled by the Regional PREA Coordinators, the Information, Policy, and Public Affairs Division, and the Office of Internal Affairs, and issues a report to the Director on an annual basis. The data is securely retained and published on the BOP website. The required reports cover all data noted in this standard and are retained in a file.

## 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.

**E. Richard Bazzle**

Digitally signed by E. Richard Bazzle  
DN: cn=E. Richard Bazzle, o, ou,  
email=richard.bazzle@nakamotogroup.com, c=US  
Date: 2015.07.23 11:33:06 -04'00'

07/23/2015

Auditor Signature

Date